

PLAYERS CASINO

Application for Employment

NOTE: All applications submitted to Players Casino are kept on file and considered active for a period of 90 days from the date of application.

DATE OF APPLICATION: ____ / ____ / ____

Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____ City _____ State _____ Zip Code _____

(____) _____ (____) _____
Home Telephone _____ Contact Telephone _____

(____) _____ (____) _____

Email Address _____

Position you are applying for

____ Dealer ____ Kitchen Staff ____ Other (please specify _____)

Date you can start: _____ Salary/Hourly rate desired: _____

Have you ever been convicted of a crime? (Exclude convictions for marijuana offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case dismissed.) Yes No

If yes, briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case:

A conviction will not necessarily disqualify you for employment depending on the nature and circumstances of the case and the nature of the position(s) for which you have applied.

Educational History

School Name/Location _____ Years Completed _____ Degree/Diploma _____

High School: _____

College: _____

Technical Training: _____

Other: _____

NOTE ANY SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EDUCATION, EMPLOYMENT OR OTHER EXPERIENCE:

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Employment History *Include all employment for the last 5 years with current or most recent first.*

1. _____
Company Name _____ Position Held _____
_____ Dates Employed: _____
Address _____ From _____ To _____
_____ (_____) _____
Manager / Supervisor _____ Telephone _____ Wage/Salary _____
Reason For Leaving _____
May we contact this employer? Yes No: If no, why? _____

2. _____
Company Name _____ Position Held _____
_____ Dates Employed: _____
Address _____ From _____ To _____
_____ (_____) _____
Manager / Supervisor _____ Telephone _____ Wage/Salary _____
Reason For Leaving _____
May we contact this employer? Yes No: If no, why? _____

3. _____
Company Name _____ Position Held _____
_____ Dates Employed: _____
Address _____ From _____ To _____
_____ (_____) _____
Manager / Supervisor _____ Telephone _____ Wage/Salary _____
Reason For Leaving _____
May we contact this employer? Yes No: If no, why? _____

NOTE: Use a separate sheet to list additional employers, if necessary

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What days and hours are you available to work?.

_____ ()
_____ ()

References *Please do not include relatives or former employers.*

1. _____ ()
Name Telephone Number Years Known

Address City, State Zip Code

2. _____ ()
Name Telephone Number Years Known

Address City, State Zip Code

3. _____ ()
Name Telephone Number Years Known

Address City, State Zip Code

I authorize Players Casino to verify any information provided in this application and release the Company and those releasing information to the Company from any liability that may result from the release or use of such information.

All employees are subject to a background check by the police department and/or the California Gambling Commission in order to obtain the appropriate license prior to beginning work at Players Casino.

If hired, I understand that I will be required to submit proof of identity and proof of legal right to work in the United States.

I understand that any falsifications, misstatements or omissions of material facts on this application can result in denial of or dismissal from employment.

If employed by Players Casino, I understand that employment is at the mutual consent of the employee and the Company. Either the employee or the Company may terminate the employment relationship at will.

Applicant Signature

Date