



## Application for Employment

**Please Print**

Position Requested			Today's Date	
Last Name		First Name		Middle
Address		City/Town	State	Zip
Home Telephone	Mobile Telephone		Email Address	
Desired Salary / Wage:			<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
Have you previously applied for employment here? Yes No			If Yes, When:	
Have you previously been employed by this company or any of its subsidiaries? Yes No			If Yes, When:	Company Name:

**Please Note:**

This application form is designed for use by applicants for various positions: clerical, professional, technical and administrative. Answer the questions to the best of your ability. All information will be treated confidentially. The issuance of this application in no way constitutes an employment agreement. This application and the contents of the application is not to be considered a contract for employment or promise of employment for any specific time and, where applicable, does not change, alter or otherwise revise the at-will employment status of the Employer.

**In completing this application, all candidates agree to resolve all disputes regarding this application for employment through the Company's Dispute Resolution Program.**

Failure to complete this application in its entirety may lead to rejection of the application by the Company. If the information supplied by the applicant is found to be false or misleading, the Company reserves the right to terminate the application process or the employee should you be hired.

EDUCATION	Print Name and Address for each School listing	Number of Years Completed	Degree, Major or Type of Course
High School			
College			
Trade, Business or Correspondence			
Other			

Do you have a gaming license?	Key	Support	Expiration Date

**EMPLOYMENT HISTORY (PLEASE PROVIDE A THREE (3) YEAR HISTORY. LIST YOUR MOST RECENT FIRST.)**

Employer Name		Date From:	Date To:
Employer Address			
Supervisor Name		Phone:	
May we contact this employer? Yes No	Salary Start:  (hourly/monthly/annual)	Salary End:  (hourly/monthly/annual)	
Your Job Title:	Job Duties:		
Reason for Leaving:			
Job Verification Completed By:		Date:	
Is this applicant eligible for Rehire? Yes No		If, No, is this normal company policy? Yes No	

Employer Name		Date From:	Date To:
Employer Address			
Supervisor Name		Phone:	
May we contact this employer? Yes No	Salary Start:  (hourly/monthly/annual)	Salary End:  (hourly/monthly/annual)	
Your Job Title:	Job Duties:		
Reason for Leaving:			
Job Verification Completed By:		Date:	
Is this applicant eligible for Rehire? Yes No		If, No, is this normal company policy? Yes No	

Employer Name		Date From:	Date To:
Employer Address			
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Your Job Title:	Job Duties:		
Reason for Leaving:			
Job Verification Completed By:		Date:	
Is this applicant eligible for Rehire? Yes No		If, No, is this normal company policy? Yes No	

**GENERAL INFORMATION**

Are you legally authorized to work in the United States? Yes No		Are you below the age of eighteen (18)? Yes No	
Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No		Please describe any accommodations required:	
Have you ever been convicted of a criminal offense? Yes No	If, Yes: Date:	Place:	
Nature of offense:			
Are you currently under indictment or awaiting trial for a criminal offense? Yes No		<b>An affirmative answer will not automatically disqualify you from being considered for employment</b>	

**APPLICANT STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_