

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

By checking this box I verify that I am at least 21 years old. (Only individuals 21 or over may work in the casino.)

Position you are applying for:

Poker Dealer Floorperson Server Porter
 Blackjack Dealer Tournament Dir Cashier Asian Games
 Kitchen Staff Office Other _____

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

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

What days and hours are you available to work?

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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

For the job(s) for which I am applying I am able to do the work without accommodation or with accommodation (modification or adjustment). _____ Yes _____ No
If accommodation is necessary, we will discuss with you possible reasonable accommodations.

PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING:

I authorize Players Casino to verify any information provided in this application. I authorize any references, former or current employers and supervisors to provide information concerning previous employment. I 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.

I understand that, if an offer of employment is made, I may then be asked about any criminal history, as allowed by law.

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.

PLEASE NOTE: ALL APPLICANTS WHO ARE OFFERED EMPLOYMENT MUST SUBMIT TO AND PASS A DRUG AND ALCOHOL TEST PRIOR TO THE BEGINNING OF EMPLOYMENT.

Applicant Signature

Date

Rev 8/2018