

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:

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Poker Dealer | <input type="checkbox"/> Floorperson | <input type="checkbox"/> Server | <input type="checkbox"/> Porter |
| <input type="checkbox"/> Blackjack Dealer | <input type="checkbox"/> Tournament Director | <input type="checkbox"/> Cashier | <input type="checkbox"/> Asian Games |
| <input type="checkbox"/> Kitchen Staff | <input type="checkbox"/> Office | <input type="checkbox"/> Maintenance | <input type="checkbox"/> 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: _____