



# Employment Application

**Please Print**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

**Social Security Card will be required at the time of hire.**

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
No. Street City State Zip

Street Address if different from mailing address

\_\_\_\_\_  
No. Street City State Zip

**THIS IS A SMOKING ESTABLISHMENT. (Initial here) \_\_\_\_\_**

## Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? ..... Yes \_\_\_ No \_\_\_

Regular part-time work? ..... Yes \_\_\_ No \_\_\_

Temporary work, e.g., summer or holiday work? ..... Yes \_\_\_ No \_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?  
From \_\_\_\_\_

Are you available for work on weekends? ..... Yes \_\_\_ No \_\_\_

Would you be available to work overtime, if necessary? ..... Yes \_\_\_ No \_\_\_

If hired on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

22223 HWY. 29 AT RANCHERIA ROAD • P.O. BOX 789, MIDDLETOWN, CA 95461  
Phone (707) 987-0197 ext. 113 & Fax (707) 987-3261  
(more)

**Personal Information**

Have you ever applied to or worked for Twin Pine Casino before? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Twin Pine Casino? Yes \_\_\_ No \_\_\_

If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at Twin Pine Casino?  
\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_ No \_\_\_

Are you at least 18 years old Yes \_\_\_ No \_\_\_  
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes \_\_\_ No \_\_\_

If hired all employees are required to apply for a gaming license and pay a non-refundable fee. Initial \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying? Yes \_\_\_ No \_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes \_\_\_ No \_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: Hiring may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes \_\_\_ No \_\_\_

If yes, state nature of the crime(s), when and where convicted and disposition of the case \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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Are you currently employed? Yes \_\_\_ No \_\_\_

If so, may we contact your employer? Yes \_\_\_ No \_\_\_

(more)

**Education, Training and Experience**

School	Name and Address	No. Of years Completed	Did you Graduate?	Degree or Diploma
High School			Yes ___ No ___	
College/University			Yes ___ No ___	
Vocational/ Business			Yes ___ No ___	
Health Care			Yes ___ No ___	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign Languages? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Twin Pine Casino? If so, please explain \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Answer the following questions if you are applying for a professional position**

Are you licensed/certified for the job applied for? Yes \_\_\_ No \_\_\_

Name of License/Certification \_\_\_\_\_

Issuing state \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? Yes \_\_\_ No \_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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(more)

## Employment History

List below all present and past employment starting with your most recent employer (Last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(more)



### Military Service

Have you obtained any special skills abilities as the result of service in the military? Yes \_\_\_\_ No \_\_\_\_

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

List below three persons not related to you, that we may contact. Who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

### Authorization

*“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any information concerning my previous employment and pertinent information they may have personal or otherwise and release the Twin Pine Casino from all liability for any damage that may result from utilization of such information.*

*I also understand and agree that no representative of the Twin Pine Casino has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Twin Pine Casino Representative.”*

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Date \_\_\_\_\_ Signature \_\_\_\_\_

(more)

## Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: \_\_\_\_\_

Sex      Male      Female

Race/Ethnicity:      American Indian/Alaskan Native  
 Asian/Pacific Islander  
 Black  
 Hispanic  
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

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To be completed by employer:

EEO-1 Category:

<input type="checkbox"/> 1. Officials and managers	<input type="checkbox"/> 6. Crafts - skilled
<input type="checkbox"/> 2. Professionals	<input type="checkbox"/> 7. Operatives – semi-skilled
<input type="checkbox"/> 3. Technicians	<input type="checkbox"/> 8. Laborers – unskilled
<input type="checkbox"/> 4. Sales	<input type="checkbox"/> 9. Service workers
<input type="checkbox"/> 5. Office and clerical	

Employer information completed by:

Name \_\_\_\_\_

Date \_\_\_\_\_