



MIDDLETOWN RANCHERIA TRIBAL GAMING REGULATORY AGENCY

P.O. Box 1539
Middletown, CA. 95461
(707) 987-8865 Phone (707) 987-9486 Fax

**MIDDLETOWN RANCHERIA TRIBAL GAMING REGULATORY AGENCY
EMPLOYMENT APPLICATION
Division 3**

Please Print

Date: _____

Name: _____
Last First Middle

Business Telephone (____) _____ Home Telephone (____) _____

Present Address: _____
No. Street City State Zip

Mailing address if different from present address:

No. Street City State Zip

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? _____

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: _____



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Personal Information

Have you ever applied for work at **Middletown Rancheria Tribal Gaming Regulatory Agency** before?
Yes____ No____

If yes, when? _____

Do you have any friends or relatives working for **Middletown Rancheria Tribal Gaming Regulatory Agency**?
Yes____ No____

If yes, state name(s) and relationship:

Why are you applying for work at **Middletown Rancheria Tribal Gaming Regulatory Agency**?

If hired, would you have a reliable means of transportation to and from work? Yes____ No____

Are you at least 21 years old? Yes____ No____

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____

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 crime(s), when and where convicted and disposition of the case: _____



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(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.)

Are you currently employed? Yes___ No___

If so, may we contact your employer? Yes___ No___

Education Training and Experience

School	Name and Address	No. of years completed	Did you graduate?	Degree/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 **Middletown Rancheria Tribal Gaming Regulatory Agency**? 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: _____

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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: _____

Employment History

List below all present and past employment starting with your most recent employer (last ten 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: _____



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Date of Employment: From: _____ To: _____

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Reason for Leaving: _____

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Type of Business: _____

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Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Supervisor's Name: _____

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Date of Employment: From: _____ To: _____

Weekly Pay: Starting: _____ Ending: _____

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Note: Attach additional page(s) if necessary



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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, who have knowledge of your work performance within the last three years that we may contact.

1. Name: _____

Address: _____
 No. Street City State Zip

Occupation: _____

Telephone No. (____) _____ No. of years acquainted: _____

2. Name: _____

Address: _____
 No. Street City State Zip

Occupation: _____

Telephone No. (____) _____ No. of years acquainted: _____

3. Name: _____

Address: _____
 No. Street City State Zip

Occupation: _____

Telephone No. (____) _____ No. of years acquainted: _____

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Applicant's Signature: _____ **Date:** _____

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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 process, and it will not become part of your personnel record if you are fired by this company.

Name: _____

Sex:

- Male
- Female

Race/Ethnicity:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- African American
- 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

To be completed by employer:

EEO-1 Category:

- 1. Officials and managers
- 2. Professionals
- 3. Technicians
- 4. Sales

- 5. Office and clerical
- 6. Crafts

- 7. Operatives - semi-skilled
- 8. Laborers - unskilled
- 9. Service workers

Employer information completed by:

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