



TWIN PINE
CASINO & HOTEL

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) 987-1244 or (707) 987-1245 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 (If under 18, hire is subject to verification that you are of minimum legal age.) 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 ___

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.)

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 _____

(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: _____

(more)

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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: _____

Note: Attach additional page(s) if necessary.

(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.”

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

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 _____