



Application Date

# APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, or the presence of a non-job related medical condition or handicap or any other protected status under state or federal law.

## TO ALL PROSPECTIVE EMPLOYEES OF CLUB ONE CASINO, INC

Subject to an offer of employment, you will be required to pay to the **CITY OF FRESNO \$152.00** for fingerprinting, photographs and a background check by the Fresno Police Department.

This takes approximately two weeks from the date of your payment to the City of Fresno.

### PERSONAL INFORMATION

\_\_\_\_\_  
 Last Name                                      First Name                                      MI                                      Telephone Number

\_\_\_\_\_  
 Present Address                                      City                                      State                                      Zip Code

**Are You 21 Years or Older?**    Yes       No

If you are not a citizen of the United States, please indicate your authorization to be employed:  
 \_\_\_\_\_

Have you ever been convicted of a Felony?    Yes     No

If yes, please explain:  
 \_\_\_\_\_

### EMPLOYMENT DESIRED

\_\_\_\_\_  
 Position Applying For                                      Date You Can Start                                      Referred By

Do you seek    full time only     part time only     full or part time

Shift Preferred \_\_\_\_\_                                      Salary Desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_    If so, may we contact your present employer? \_\_\_\_\_

Do you have special skills, experience or qualifications related to the position(s) applied for?  
 \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Please list most recent employer first. Explain any gap(s) in employment history.

Employed From	To	Salary	Position
Employer Name and Location			
Description of Work			
Supervisor Name and Title			Phone Number
Reason for Leaving			

Employed From	To	Salary	Position
Employer Name and Location			
Description of Work			
Supervisor Name and Title			Phone Number
Reason for Leaving			

Employed From	To	Salary	Position
Employer Name and Location			
Description of Work			
Supervisor Name and Title			Phone Number
Reason for Leaving			

## EDUCATION

	Name & Location of School	Years Completed	Did you Graduate?	Subject(s) Studied
High School				
College				
Trade/Business School				
Other Training/Certification				

## REFERENCES

Please provide the information of three persons not related to you, whom you have known at least one year.

Name	Title	Company	Phone Number

## AUTHORIZATION

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT ONLY THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO CHANGE THE EMPLOYMENT RELATIONSHIP INTO SOMETHING OTHER THAN AT-WILL, AND THEN, ONLY IF IN WRITING AND SIGNED BY THE PRESIDENT.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of the material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to alter the at-will nature of employment with the company. I understand and agree that if I am employed, my employment will be at-will meaning it is for no definite or determinable period of time and may be terminated at any time, by either me or the company, with or without notice and with or without cause. I confirm that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_