

APPLICATION FOR EMPLOYMENT

Club One Casino, Inc. is an equal opportunity employer. We do not discriminate based upon race, religion, color, national origin, gender, disability, medical condition, sexual orientation, gender identity, gender expression, age, marital or veteran status, or any other legally protected characteristics. If you need assistance or an accommodation due to a disability, you may contact us at rfox@clubonecasino.com or (559) 497-3000 extension 102.

TO ALL PROSPECTIVE EMPLOYEES OF CLUB ONE CASINO, INC.

This application is intended to provide information for evaluating your suitability for employment and is not intended to be, nor may it be construed to be, an offer of employment or a contract for employment of any type whatsoever. It is very important for you to read each question carefully and to give an honest and complete answer. Any offers of employment are contingent upon furnishing satisfactory evidence of identity and legal authority to work in the United States. Any job offers are also contingent upon the successful completion of a background check, which includes a work history and a criminal history. Subject to a conditional offer of employment, you will be required to pay \$152.00 to the CITY OF FRESNO for fingerprinting, a photograph and the background check.

The process takes approximately two weeks from the date of your payment to the City of Fresno. Should you receive a conditional offer of employment and fail to timely meet with the detective and submit payment to the City of Fresno, your offer of employment may be revoked.

PERSONAL INFORMATION

 Last Name First Name MI Telephone Number

 Present Address City State Zip Code

Are You 21 Years or Older? Yes No

Have you ever been convicted of a Felony? Yes No

Have you been convicted of a misdemeanor involving dishonesty or crime of moral turpitude in the past 10 years? Yes No

If yes to either question, 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 _____ Compensation 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	Position
Employer Name and Location		
Description of Work		
Supervisor Name and Title		Phone Number
Reason for Leaving		

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

Employed From	To	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 _____