

WILD CARD SALOON & SASQUATCH CASINO

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, color, gender, sexual orientation, marital status, religion, national origin, age, veteran status, disability, or any other group protected by law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Please PRINT all information except signature of affidavit. Each question should be fully and accurately answered. Resumes may be included with the completed application. In reading the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Applicant agrees that "IF" hired, they will do any/all tasks required to keep the casino open.

Job Positions Applied for:	Today's Date
Position you are seeking: Full Time Part Time Temporary	When Could you Start?
Shift Available: Day Shift Swing Shift	Hours you can work:

Personal Information

First Name	Last Name	M.I.
Physical Address		
Mailing Address		
City	State	Zip
Home Phone	Cell Phone	

General Information

Have you ever applied here before? Yes - When? / No	Were you ever employed here? Yes - When? / No
Are you at least 21 Years of Age? Yes / No	If hired, can you furnish proof you are eligible to work in the U.S.? Yes / No
Do you possess a Colorado Gaming License? Yes / No	Gaming License Number : Key / Support Expiration Date:
Do you possess a Valid Driver's License? Yes / No	
Has your Driver's License or Gaming License ever been suspended or revoked? Yes / No If Yes, please explain. _____ _____	
Are you now, or do you plan to be engaged in any other business or employment? Yes / No If Yes, please explain. _____ _____	

Education

Name	Location	Degree	Years Attended
High School or GED			
College or University			
Other			
List additional skills, training, machine and equipment operations that you have related to the positions you are applying for: _____ _____			

Employment History

services and any periods of unemployment. If Self-Employed, give company name and supply business references.

Employer	Worked Performed		
Address			
City, State, Zip			
Telephone Number	Supervisor		
Dates of Employment (Mo/Yr)	From	To	Reason for Leaving
			May We Contact Yes / No

Employer	Worked Performed		
Address			
City, State, Zip			
Telephone Number	Supervisor		
Dates of Employment (Mo/Yr)	From	To	Reason for Leaving
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Employer	Worked Performed		
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Employer	Worked Performed		
Address			
City, State, Zip			
Telephone Number	Supervisor		
Dates of Employment (Mo/Yr)	From	To	Reason for Leaving
			May We Contact Yes / No

Have you ever worked or attended school under any other name? Yes / No - Explain
Are you presently employed? Yes / No - Explain
Have you ever been fired from a job? Yes / No - Explain

Personal/Professional References Do not include family members or past supervisors			
Name	Phone Number	Best Time to call	Length and Type of Relationship
1.			
2.			
3.			

omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. school, current and past employers and organizations to provide relevant information and opinions that may be useful in making a hiring for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be

Signature of Applicant

Date