

# Assistant Gambling Manager EMPLOYMENT APPLICATION

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_  
First Last Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Position desired: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Type of employment:  Full-time  Part-time (# hrs/wk) \_\_\_\_\_  Temporary  Seasonal

Hours/days available:  Day  Evening  Night  Weekdays  Weekends

Are you 18 years of age or over?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Are you able to provide the acceptable Form I-9 document(s) for employment?  Yes  No

Can you do the listed job duties with or without reasonable accommodations?  Yes  No

## EDUCATION

(Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent education first.)

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

## EMPLOYMENT AND EXPERIENCE

Please list all work and volunteer experiences (include self-employment, if any) starting with most recent or current experience.

**1. MOST RECENT OR CURRENT EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
month/day/year month/day/year

Job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of work and skills used (include tools, equipment and computer skills): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
month/day/year month/day/year

Job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of work and skills used (include tools, equipment and computer skills): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
month/day/year month/day/year

Job title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of work and skills used (include tools, equipment and computer skills): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPLAIN GAPS IN WORK HISTORY** (please provide month/day/year for each gap)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Please list any other skills, abilities, worker traits, computer knowledge, licenses/certifications or anything else not listed above that would be a reason for us to hire you.

\_\_\_\_\_  
\_\_\_\_\_

List/describe your experience with computers and list software applications you have used.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List three persons (not related to you) who can be contacted regarding your qualifications, work habits and character.

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Name	Address	
<hr/>		
Telephone	Occupation	Years Known
<hr/>		
Name	Address	
<hr/>		
Telephone	Occupation	Years Known
<hr/>		
Name	Address	
<hr/>		
Telephone	Occupation	Years Known

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 and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date