

NEW PHOENIX / LAST FRONTIER CASINOS

♣ Cardroom ♦ Lounge ♣ Restaurant ♥
225 West 4th Street ♦ P.O. Box 1990 ♦ La Center, WA 98629
(360) 263-1290 ♦ (360) 263-3572 Fax

APPLICATION FOR EMPLOYMENT

(A complete application is required for each position; HR cannot make copies for you)

POSITION APPLYING FOR: _____ ARE YOU UNDER AGE 18? YES NO

DATE: _____ SOCIAL SECURITY #: _____ PHONE: _____

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

If you drive to work, Make of car: _____ Year: _____ Color: _____ License Plate #: _____

How did you hear about us? Walk-in Employee: _____ Advertisement in: _____

Other: _____

Have you ever worked for this company? YES NO

Department: _____ Position: _____ When: _____

Have you ever been barred from this company? YES NO If YES, When and Why: _____

Have you ever applied to this company before? YES NO If YES, When: _____

Do you have any relatives or friends working here? YES NO If YES, Name: _____

Are you able to perform the essential functions of the job with or without reasonable accommodation? YES NO

Do you have any reason that you cannot be available for full time work, Monday through Sunday? YES NO

If YES, Please Explain: _____

Will you work overtime if asked? YES NO

Have you ever been convicted of a crime other than a traffic citation? YES NO If YES, please list dates and crimes: _____

EDUCATION (Please Circle): High School Grade Completed: 1 2 3 4 College: 1 2 3 4

Skilled Training: _____

Computer Skills/Software Knowledge: _____

WORK EXPERIENCE

(Start with the most recent, and list ALL employers for the last 10 years, use extra sheets if necessary)

Date (Month and Year)	Employer Name and Address	Wage	Position	Reason for Leaving
From:		From:		
To:		To:		
Supervisor's Name:			Phone Number:	

Date (Month and Year)	Employer Name and Address	Wage	Position	Reason for Leaving
From:		From:		
To:		To:		
Supervisor's Name:			Phone Number:	

Date (Month and Year)	Employer Name and Address	Wage	Position	Reason for Leaving
From:		From:		
To:		To:		
Supervisor's Name:			Phone Number:	

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Supervisor's Name:			Phone Number:	

Date (Month and Year)	Employer Name and Address	Wage	Position	Reason for Leaving
From:		From:		
To:		To:		
Supervisor's Name:			Phone Number:	

REFERENCES:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: _____

I certify that the information contained in this application is correct and complete, and I understand that falsification of this information is grounds for discharge. I understand that if I am required to complete a WSGC License Application that all answers must be complete and accurate, and contain no misleading or concealed information according to instructions, and that I am subject to discharge if I do not comply. I authorize the references from former employers and personal references listed on this application to give you any and all information concerning employment and any pertinent information they may have. I also authorize a complete criminal background check. I understand that employment with the Company is "at will". There is no contract binding employee and employer to an agreement of employment for a specific period of time. Employment can be terminated by either employee or employer, at any time, for any reason, with or without notice. If hired, I acknowledge that I am responsible for knowing the Company Policies and following them. If I have any questions about Company Policy, I understand that I am to ask my Manager and the Human Resources Department for clarification.

SIGNATURE: _____

DATE: _____