

THE FAMOUS BONANZA & EASY STREET CASINOS APPLICATION FOR EMPLOYMENT

*Please submit only one application to the CASHIER'S CAGE at either casino OR
mail to LEAH CARRINGTON, HUMAN RESOURCES MGR., G.F. GAMING CORP., P.O. BOX 399, CENTRAL CITY, CO 80427*

GAMING LICENSE # _____ Exp. Date _____ Today's Date _____

PERSONAL INFORMATION

NAME: _____
Last
First
Middle

STREET ADDRESS: _____
Street
City
State
Zip Code

PERMANENT ADDRESS: _____
Street
City
State
Zip Code

PHONE NO: _____ REFERRED BY: _____

EMPLOYMENT DESIRED

POSITION _____ AVAILABLE START DATE _____ SALARY DESIRED _____

WHAT DAYS/HOURS ARE YOU AVAILABLE: _____

ARE YOU EMPLOYED? _____

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER YES _____ No _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION

	NAME & ADDRESS OF SCHOOL	YEARS ATTENDED*	DATE GRADUATED*	SUBJECTS STUDIED
HIGH SCHOOL	_____			
COLLEGE	_____			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____			

* THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE

GENERAL

SKILLS AND QUALIFICATIONS: LICENSES, TRAINING, AWARDS

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ _____ WRITE _____

SPECIAL QUESTIONS

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO _____

ARE YOU OVER THE AGE OF 21? YES _____ NO _____

WOULD YOU BE ABLE TO OBTAIN A GAMING LICENSE? YES _____ NO _____

HAVE YOU BEEN CONVICTED OF OR PLEADED NO CONTEST TO A FELONY WITHIN THE LAST FIVE YEARS? YES _____ NO _____

IF YES, PLEASE EXPLAIN:

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS

(LIST BELOW YOUR LAST FOUR EMPLOYERS STARTING WITH MOST RECENT FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS, AND PHONE # OF EMPLOYERS	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR

	NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS KNOWN
1				
2				
3				

Emergency Contact: _____
 Telephone Number: _____
 Relation: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT NOTICE

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DO NOT WRITE BELOW THIS LINE _____ DATE _____

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED _____ FOR DEPT _____ POSITION _____ WILL REPORT _____ SALARY/ WAGES _____

APPROVED 1. _____ 2. _____ 3. _____

HUMAN RESOURCE MANAGER

DEPT HEAD

GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONE FIDE OCCUPATIONAL QUALIFICATION OR FOR OTHER PERMISSIBLE PURPOSES. SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM OR ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.