

San Pablo Lytton Casino Application for Employment

employment@sanpablolytton.com

An Equal Opportunity Employer

Please Print

Date	Last Name	First Name	Middle
Present Address		City	State Zip
Permanent Address (If different from present address)		City	State Zip
Cell Phone	Home Phone	Email	

Employment Desired

Position applying for:

Personal Information

Have you ever applied for work at San Pablo Lytton Casino before? Yes No
If yes, when?

Have you ever worked for San Pablo Lytton Casino before? Yes No
If yes, when?

Do you have any friends or relatives working for San Pablo Lytton Casino? Yes No
If yes, state name(s) and relationship:

Name	Relationship
_____	_____
Name	Relationship
_____	_____

Why are you applying for work at San Pablo Lytton Casino?

Where did you hear about us? _____ Who were you referred by? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

Are you at least 21 years old? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you applying for regular full-time work? Yes No

Are you applying for part-time work? Yes No

Are you available for work on weekends/holidays? Yes No

Would you be available to work overtime, if necessary? Yes No

What days and hours are you available for work?

If hired, on what date can you start?

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicant/employees to perform essential functions. Hire may be subject to passing medical examination, and to skill and agility tests.)

What is your desired salary?

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Do you speak, write or understand any languages in addition to English? Yes No

If yes, which languages are you fluent in?

Do you have any other experience, training, qualification or skills that you feel make you especially suited for work at San Pablo Lytton Casino? Yes No

If yes, please explain:

If you are applying for a professional position, are you licensed/certified for the job applied for? Yes No Not Applicable

If yes, list name of license/certification, issuing state, and license/certification number.

Has your license/certification ever been revoked or suspended? Yes No Not Applicable

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement

Have you obtained any special skills or abilities as the result of service in the military? Yes No Not Applicable

If yes, please describe.

Have you ever been arrested, cited, charged, indicted or summoned to answer for any criminal offense or violation for any reason, (including any offense while in the armed forces)? **Failure to disclose any arrests and/or convictions is grounds for denial.** Yes No

If yes, please state the nature of the crime(s) when and where convicted, and disposition of the case.

Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you graduate?	Degree or Diploma
High School	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City	State	Zip	
College/ University	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City	State	Zip	
Vocational/ Business	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City	State	Zip	
Health Care Training	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City	State	Zip	

Employment History

List below **all present and past employment** starting with your most recent employer with a minimum of the past five years included. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer		Telephone No.		
Type of Business		Supervisor's Name		
Address		City	State	Zip
Dates of Employment	From	To	Hourly Pay	Starting
Your Position and Duties		Ending		
Reason for Leaving				
May we contact this employer for a reference?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History Cont.

Name of Employer	Telephone No.		
Type of Business	Supervisor's Name		
Address	City	State	Zip
Dates of Employment	From	To	Hourly Pay Starting Ending
Your Position and Duties			
Reason for Leaving			
May we contact this employer for a reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Telephone No.		
Type of Business	Supervisor's Name		
Address	City	State	Zip
Dates of Employment	From	To	Hourly Pay Starting Ending
Your Position and Duties			
Reason for Leaving			
May we contact this employer for a reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Telephone No.		
Type of Business	Supervisor's Name		
Address	City	State	Zip
Dates of Employment	From	To	Hourly Pay Starting Ending
Your Position and Duties			
Reason for Leaving			
May we contact this employer for a reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: Attach additional page(s) if necessary

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	Telephone No.
Relationship	No. of Years Acquainted	
First Name	Last Name	Telephone No.
Relationship	No. of Years Acquainted	
First Name	Last Name	Telephone No.
Relationship	No. of Years Acquainted	

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials 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 material fact on this application or on 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.

Initials I hereby authorize the San Pablo Lytton Gaming Commission, to perform a drug screen test and a complete background check. I understand also that if offered employment, the offer is contingent on my passing the drug test and the background check.

Initials 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 create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and 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.

Initials I understand that I should hand over my completed application form to the team member at the Security Desk located at the front of Casino San Pablo.

Initials I understand that my application will be reviewed and be kept on file for 30 days. If being considered for a position, I will be contacted within that time and I need not to call to check on my application status.

Initials I understand those hours/shifts of work may vary; however, there are job postings that have hours/shifts available listed.

Date

Applicant's Signature