

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE

Name (Last name first) _____

Phone Number _____ Fax _____ Email _____

Address _____

Mailing Address (if different than above) _____

Social Security Number _____

How did you hear about our job opportunities? _____

Are you 21 years or older? Yes No Nationality _____ Citizen of _____

Desired Position _____ Desired Salary _____ Start Date _____

Are you currently employed? _____ If yes, may we contact your present employer? _____

Have you ever applied to or worked for this company before and if so, when? Yes _____ No

Work Availability? Weekdays Weekends **Shifts:** Any Day Swing Grave

Free training is available for some positions. Would you like to attend free classes? Yes No

Training is conducted weekdays and Saturdays – My availability is _____

Emergency Contact Name: _____ Phone _____

Relationship: _____

Do you have any relatives working for the Las Vegas Hotel & Casino? No Yes

If yes, please list the names and departments of those relatives:

List Languages spoken: _____

APPLICATION FOR EMPLOYMENT / PRE-EMPLOYMENT QUESTIONNAIRE

EDUCATION	School Name & Location	Dates Attended	Year Graduated?	Subjects Studied?
High School				
College				
Business, Trade or Correspondence Schools				

EMPLOYMENT HISTORY FOR THE PAST 5 YEARS

Date Month & Year	Name and Address of Employer	Ending Salary	Position Held; Contact Name/Phone	Reason for Leaving
From				
To				
From				
To				
From				
To				

Special Study: _____

Please give details of any Military Service: _____

Have you ever been convicted of a crime? No Yes If yes, please fill out following information:

Charge(s): _____

Disposition(s): _____

Date(s): _____

Court(s): _____

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Please list previous addresses for past 5 years (Use another sheet of paper if necessary)

Please list any prior casino or gaming experience:

Please list any special skills:

Please list any medical problems:

REFERENCES Give below the names of three persons not related to you, whom you have known at least 3 years

Name	Address & Phone Number	Type of Business	Yrs Known

Can you be bonded? _____

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AUTHORIZATION

“I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein and, the references and employers listed within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said 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, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that drug use is not tolerated and will be cause for dismissal. I agree to be drug tested prior to employment and if I am subsequently employed I agree to unscheduled, periodic drug testing for the duration of my employment.”

Date _____ Signature _____

PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Interviewer’s Comments:

Abilities	Hire Date	Begin Salary/Wages
	Dismissal Date	End Salary/Wages