

# NEW PHOENIX / LAST FRONTIER CASINOS

♣ Cardroom ♦ Lounge ♠ Restaurant ♥  
225 West 4<sup>th</sup> 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
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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 and 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: \_\_\_\_\_

# *New Phoenix & Last Frontier Casinos*

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## Reference Information Release Form

***Please leave the Company Name section blank so that we may contact any of the previous employers that you listed on your application. Be sure to sign and date the bottom of this form. Thank you.***

May we contact your present employer? Yes  No

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

I, (please print): \_\_\_\_\_, request and authorize the release of information from my record(s) to any requests for the same from The New Phoenix/Last Frontier Casinos, which is considering me for employment.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In exchange for The New Phoenix/Last Frontier Casinos' consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides work-related information about me to The New Phoenix/Last Frontier Casinos or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against The New Phoenix/Last Frontier Casinos or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT INFORMATION FORM

The New Phoenix and The Last Frontier Casinos conduct business with governmental agencies which require that we report certain information, such as race/ethnic background of applicants. Qualified applicants are considered for employment, and employees are considered during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

Providing this information is voluntary, and refusal to provide it will not result in any adverse treatment. However, your completion of this form will assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. This information form will be kept in a separate, confidential file.

Position Applied for: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Gender:      **Male**                                      **Female**

### **Race/Ethnic Group (select one only):**

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- White - A person, not Hispanic or Latino, with origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black – A person, not Hispanic or Latino, with origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person (not Hispanic or Latino) having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian - A person (not Hispanic or Latino) with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaskan Native - A person (not Hispanic or Latino) with origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races – All persons (not Hispanic or Latino) who identify with more than one of the above five races.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IF YOU HAVE A DISABILITY WHICH WILL IMPAIR YOUR ABILITY TO PERFORM IN THE SELECTION PROCESS, YOU ARE RESPONSIBLE TO CONTACT THE HUMAN RESOURCES DEPARTMENT TO ARRANGE FOR REASONABLE ACCOMMODATION. IF YOU FEEL YOU HAVE BEEN TREATED UNFAIRLY OR DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT.