

**PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

Cadillac Jack's

DATE _____

Name _____

Last

First

Middle

(Maiden)

Present address _____

Number

Street

City

State

Zip

Date of Birth _____

Social Security No. _____ - _____ - _____

Telephone (____) _____

Referred By _____

If under 18, please list age _____

#1 Position applied for: _____

and wage desired: \$ _____

Indicate shifts available. to work on each day:

No Pref. _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Date you can start _____

#2 Position applied for: _____

and wage desired: \$ _____

Have you been employed by Cadillac Jack's in the past? _____ If so, when? _____

Why did you leave? _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Do you have a gaming license? _____ Support License Key License

FORMER EMPLOYERS

Date Month and Year	Name & Address of Employer	Salary	Position	Responsibilities
From				
To		Reason For Leaving:		
From				
To		Reason For Leaving:		
From				
To		Reason For Leaving:		

*****PLEASE COMPLETE 2nd PAGE*****

EDUCATION HISTORY				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
PROFESSIONAL REFERENCES Give below the names of three persons not related to you, whom you have known at least one year				
Name	Address	Business	Telephone	Years Known

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date _____

Signature _____