



PIT RIVER CASINO

20265 Tamarack Ave.
Burney, CA 96013
(530) 335-2334

INSTRUCTIONS FOR COMPLETION OF APPLICATION:

Print of type only. Use BLACK OR BLUE INK ONLY. If you make a mistake, draw a single line through the mistake. FILL IN ALL SPACES. If something does not apply to you, write N/A in the space provided. Only completed applications will be accepted. The Pit River Casino will keep all completed applications on file for a period of six months.

PLEASE READ BEFORE SIGNING:

In accordance with Public Law 280, "INDIAN PREFERENCE ACT" this agency will recruit and give preference to qualified American Indians in employment and training, please complete the questions in the application in regards to your eligibility for this preference.

As required by the Pit River Tribal Council, drug testing will be conducted prior to being hired, are you willing to volunteer for pre-employment drug testing? _____ Initial here.

The Pit River Casino Gaming Ordinance requires all Casino Employees to undergo a background investigation to determine eligibility for a Gaming License, which is required by Federal Law. All applicants applying for a Gaming License must comply with all requirements of the Pit River Casino Gaming Commission including completion of the license application and fingerprinting.

In completing this application and signing below, the applicant authorizes investigation of all statements contained herein (including all attachments).

I, _____, agree that any misinformation or omission of material facts herein or failure to complete all requirements of the Pit River Casino Gaming Commission will cause forfeiture on my part of all rights to employment at the Pit River Casino.

Signature

Date



EMPLOYMENT APPLICATION

DATE: _____

Internal Use Only
Date Received

POSITION DESIRED: (Please indicate in order of interest.)

No 1: _____

No 2: _____

No 3: _____

FULL TIME

PART TIME

Please indicate shifts you are available to work:

ALL

DAY

SWING

GRAVEYARD

NAME: _____
(Last) (First) (Middle)

LIST ANY OTHER NAMES YOU HAVE USED: (Married, Maiden, ECT...)

ADDRESS, CONTACT NUMBERS, LICENSE

STREET ADDRESS: _____ CITY _____ STATE _____

MAILING ADDRESS: (if different from above): _____

PHONE NUMBER: () _____ OTHER: () _____

SOCIAL SECURITY NUMBER: _____ -- _____ -- _____

List any other Social Security Numbers you have used: _____

DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____

List any other Drivers License numbers you have used: _____

1. HAVE YOU EVER HAD A GAMING LICENSE DENIED OR REVOKED: _____

2. ARE YOU OVER 18 YEARS OF AGE? _____ 21 YRS? _____

3. LANGUAGES SPOKEN BESIDES ENGLISH? _____

4. ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE? _____

Tribe _____ Enrollment# _____

5. DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

6. HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE PIT RIVER CASINO? _____
BY THE PIT RIVER TRIBAL OFFICE? _____

7. DO YOU HAVE RELATIVES/FRIENDS WHO ARE CURRENTLY WORKING FOR THE PIT RIVER CASINO? _____
IF YES WHAT IS THE RELATIONSHIP: _____

REFERRAL SOURCE: Current Employee Website Newspaper
Walk-in Friend

EDUCATION: **NAME** **ADDRESS** **YEARS COMPLETED** **GRADUATED?**

High School

College

Technical

Other

9. PLEASE LIST ANY SPECIAL SKILLS OR TRAINING THAT WOULD BENEFIT YOU IN YOUR DESIRED POSITION: _____

10. HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? _____

IF YES: BRANCH _____ TYPE OF DISCHARGE _____
YEAR _____

11. ARE THERE ANY PENDING OR ON-GOING FELONY PROSECUTIONS AGAINST YOU?

12. HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

Note: The existence of a criminal record does not constitute an automatic bar to employment. Individual circumstances will be considered.

If you answered yes to either or both questions, please explain:

13. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? _____

Please explain: _____

EMPLOYMENT HISTORY

List employees for the past 10 years (account for all periods of unemployment) starting with the most recent employer. Use additional paper if necessary. Resumes may be included with this application, but may not be substituted for this section.

1.

Dates	Employer	Address	Telephone Number
Wage Earned	Supervisor	Title	Reason for leaving
Duties performed			

2.

Dates	Employer	Address	Telephone Number
Wage Earned	Supervisor	Title	Reason for leaving
Duties performed			

3.

Dates	Employer	Address	Telephone Number
Wage Earned	Supervisor	Title	Reason for leaving
Duties performed			

4.

Dates	Employer	Address	Telephone Number
Wage Earned	Supervisor	Title	Reason for leaving
Duties performed			

5.

Dates	Employer	Address	Telephone Number
Wage Earned	Supervisor	Title	Reason for leaving
Duties performed			

PLEASE EXPLAIN ANY DISCHARGES OR UNFAVORABLE SEPERATIONS OF EMPLOYMENT:

REFERENCES: (MUST PROVIDE AT LEAST THREE REFERENCES: NOT INCLUDING RELATIVES)

NAME	RELATIONSHIP	TELEPHONE NUMBER
1.		
2.		
3.		



AUTHORIZATION TO RELEASE INFORMATION

The undersigned has applied for employment with the Pit River Casino. In connection with said application, the undersigned hereby request any and all former employers to whom a copy of this authorization is furnished to release any information requested concerning former employment to the Pit River Casino in care of the Human Resource Department, 20265 Tamarack Ave, Burney CA 96013, including copies of documents contained in my personnel file, whether or not said information or documents are otherwise regarded as confidential.

This authorization shall remain in effect for one year from the date of application. While the purpose of this authorization is to provide the Pit River Casino with the information it needs to evaluate my qualifications for employment, I agree that my former employers shall not be liable for any damages that may result from their release of information to the Pit River Casino pursuant to this authorization. I shall not seek to recover any such damages from my former employers.

This authorization to release information is intended to satisfy the requirements of U.S.C section 552 (a) (b) and (d) (1) or any similar federal statute, regulation, rule or policy authorizing or requiring the release of information about an individual maintained by any person, entity or governmental agency.

Date

Signature

Print Name

Social Security Number