



# Employment Application

Please fill this application out completely. Incomplete applications may be rejected.

## APPLICANT INFORMATION

Last Name:		First Name:		Middle Initial(s):	
Mailing Address:			Position(s) Applied for:		
City:		State:	Zip:		Desired Salary:
Home Phone:			Date available:		
Cell Phone:			What Shifts are you available for: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard		
E-Mail:			Have you ever worked for Garcia River Casino before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Tribal Affiliation (if none please put N/A):			Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Are you at least 21 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not 21, are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Have you ever been arrested of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION

Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, did you obtain a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of High School:			
College or University attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree & Major:	
Other Educational Institution attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree & Major:	

## REFERENCES

Please List 3 professional references you have known for at least 1 year, who are not related to you.

Reference #1 Name:	Relationship:
Address:	Job Title:
City, State, Zip	Phone number:
Reference #2 Name:	Relationship:
Address:	Job Title:
City, State, Zip	Phone number:
Reference #3 Name:	Relationship:
Address:	Job Title:
City, State, Zip	Phone Number:

**PREVIOUS EMPLOYMENT**

Company Name:	Job Title:	
Address:	Starting date:	Ending date:
City, State, Zip	Starting wage:	Ending wage:
Phone #	Description of Duties:	
Supervisor:		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:	

Company Name:	Job Title:	
Address:	Starting date:	Ending date:
City, State, Zip	Starting wage:	Ending wage:
Phone #	Description of Duties:	
Supervisor:		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:	

Company Name:	Job Title:	
Address:	Starting date:	Ending date:
City, State, Zip	Starting wage:	Ending wage:
Phone #	Description of Duties:	
Supervisor:		
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:	

**MILITARY SERVICE**

Branch:	From:	To:
Rank at discharge:	Type of discharge:	
Please explain if discharge was other than Honorable:		

