

EMPLOYMENT APPLICATION

You are not required to answer any question(s) you feel may violate federal, state and/or local law or which you feel is not related to the position for which you are applying.



84-245 Indio Springs Parkway
Indio, California 92203-3499
FantasySpringsResort.com



760 342-5000 Job Line: Ext 85644

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)				SOCIAL SECURITY NO. (OPTIONAL)		
PRESENT ADDRESS	APT. NO	CITY	STATE	ZIP	DATE	
21 YEARS OF AGE OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE () -	ALT. PHONE () -	NATIVE AMERICAN TRIBE NAME		ENROLLMENT#	

DESIRED EMPLOYMENT PLEASE CIRCLE: FULL TIME PART TIME EITHER

POSITION (1)	POSITION (2)	POSITION (3)
EXPECTED WAGE		DATE YOU CAN START
WE ARE A 24 HOUR OPERATION. ARE YOU AVAILABLE TO WORK FLEXIBLE HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE LIST ANY RESTRICTIONS ON YOUR AVAILABILITY TO WORK DIFFERENT SHIFTS OR DIFFERENT DAYS:	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU PREVIOUSLY APPLIED TO THIS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROXIMATE DATE OF APPLICATION	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE EMPLOYMENT DATES:	
IF YES, THE REASON FOR LEAVING		
IF YES, NAME THE LAST SUPERVISOR AT THIS COMPANY		
CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW WERE YOU REFERRED TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND NAME _____ <input type="checkbox"/> STATE EMPLOYMENT AGENCY <input type="checkbox"/> RADIO ADVERTISING <input type="checkbox"/> OTHER _____ <input type="checkbox"/> INTERNET ADVERTISING <input type="checkbox"/> WALK IN <input type="checkbox"/> EMPLOYEE NAME _____ # _____		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST COMPLETED	DID YOU GRADUATE:	SUBJECTS STUDIED	TYPE OF DEGREE
HIGH SCHOOL		9 10 11 12			
COLLEGE		1 2 3 4			
GRADUATE SCHOOL		1 2 _____			

TRADE BUSINESS, OR CORRESPONDENCE SCHOOL	
CERTIFICATIONS	
FOREIGN LANGUAGES SPOKEN	WRITTEN:
SKILLS - COMPUTER , ETC.	

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY WILL BE VERIFIED. Please list present or last employer first. Give accurate and complete information. Failure to complete employment history will result in disqualification. Required history is for the last 7 years, however, please list as much "related experience" as you have, as that information could improve your chances of employment. An application must be completed for all positions. A resume may be attached to the completed application.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	ENDING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	ENDING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	ENDING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR ? YES NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES – Please include work related individuals.

Name	Address/Telephone	Yrs Known/Relationship
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Name	Address/Telephone	Yrs Known/Relationship
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Name	Address/Telephone	Yrs Known/Relationship
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AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize Fantasy Springs Resort Casino and Cabazon Band of Mission Indians to seek information about me from the Federal Bureau of Investigation (FBI) or other such clearance agencies and former employers, and I give the company the right to access any and all of the files and/or records maintained by these agencies and former employers. I further understand that, should these clearance checks reveal any negative information about me, I may be subject to immediate dismissal as an employee of the Fantasy Springs Resort Casino or Cabazon Band of Mission Indians. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Special Notice to Applicants

In compliance with Privacy Act of 1975, as amended the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C, 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have a need for the information in performance of their official duties. The information may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or in connection with hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with the tribe or a gaming operation. You can not be considered for a primary management, official, or key employee position if you do not consent to the disclosure indicated. The disclosure of Social Security number (SSN) is voluntary. However, failure to supply a SSN may result in error in processing your application.

SIGNED: _____ DATED: _____

Please Print Full Name: _____

AUTHORIZATION FOR DRUG/ALCOHOL TESTING

It is the policy of Fantasy Springs Resort Casino and Cabazon Band of Mission Indians to maintain a drug and alcohol-free workplace. Please read this statement carefully and sign where indicated.

If I am offered a position with the Fantasy Springs Resort Casino, and/or Cabazon Band of Mission Indians, I hereby agree to submit to any lawful drug testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of employment will be grounds for termination. I authorize any physician, hospital, laboratory, or collection site to release to the Company results of any test or examination or other information which may be employment or in the future during my employment with Fantasy Springs Resort Casino and/or Cabazon Band of Mission Indians.

I understand that failure to complete the drug screening at the designated time will result in denial or termination of employment.

SIGNED: _____ DATED: _____

Please Print Full Name: _____