



PECHANGA GAMING COMMISSION

APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME	FIRST NAME	MI	E-MAIL ADDRESS	DATE
PERMANENT ADDRESS		CITY	STATE	ZIP
				AREA CODE/TELEPHONE () Home/Cell (Circle One)
ARE YOU OVER 21 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>		CAN YOU FURNISH PROOF OF LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		OTHER NAMES UNDER WHICH YOU MAY HAVE BEEN EMPLOYED:
NAMES OF FRIEND/RELATIVES EMPLOYED BY PECHANGA:			HAVE YOU APPLIED WITH PECHANGA BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DATE AND POSITION: _____	
HAVE YOU EVER BEEN EMPLOYED BY THE PECHANGA GAMING COMMISSION? IF YES, DATES OF EMPLOYMENT _____			WILL YOU COMPLY WITH THE SAFETY, WORK AND ATTENDANCE POLICIES OF OUR COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
TRIBAL AFFILIATION YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, WHAT TRIBE?		

EMPLOYMENT INTERESTS

POSITION DESIRED OR AREA OF INTEREST:	SECOND CHOICE:	DATE AVAILABLE:
TYPE OF EMPLOYMENT YOU ARE SEEKING: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ANY AVAILABLE <input type="checkbox"/>		SHIFTS YOU CAN WORK:
HOW WERE YOU REFERRED TO OUR COMPANY? JOB POSTING _____ CURRENT/FORMER PGC EMPLOYEE _____ SELF _____ OTHER _____		SALARY EXPECTED:
		NAME OF REFERRAL SOURCE:

EDUCATION/MILITARY SERVICE

SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND GPA	DEGREES/DIPLOMA
HIGH SCHOOL				
COLLEGE				
OTHER				
HONORS OR AWARDS RECEIVED:		PROFESSIONAL CERTIFICATES/LICENSES HELD:	COMPUTER SKILLS: MS WORD _____ MS EXCEL _____ MS ACCESS _____ OTHER	
INDICATE FOREIGN LANGUAGES THAT YOU: SPEAK _____ READ _____ WRITE _____		PRESENT COMMUNITY AND PROFESSIONAL AFFILIATIONS (EXCLUDE AFFILIATIONS WHICH MIGHT INDICATE RACE, RELIGION, AGE, SEXUAL ORIENTATION OR NATIONAL ORIGIN)		
HAVE YOU EVER SERVED IN THE ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/>		MILITARY DUTIES AND SPECIAL TRAINING		RANK AT DISCHARGE

REFERENCES

LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)					TELEPHONE (MUST BE CURRENT) WITH AREA CODE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	CITY	STATE	ZIP			

GIVE EMPLOYMENT HISTORY AS COMPLETELY AS POSSIBLE FOR LAST 10 YEARS. LIST CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART TIME OR SUMMER WORK. YOU MAY USE ADDITIONAL SHEETS IF NECESSARY. THIS SECTION MAY DISQUALIFY YOU IF NOT COMPLETED IN FULL.

COMPANY NAME	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME/TITLE	TYPE OF BUSINESS	
DESCRIPTION OF DUTIES	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

COMPANY NAME	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME/TITLE	TYPE OF BUSINESS	
DESCRIPTION OF DUTIES	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

COMPANY NAME	ADDRESS	TELEPHONE ()	DATES EMPLOYED (MONTH/YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME/TITLE	TYPE OF BUSINESS	
DESCRIPTION OF DUTIES	REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

ACKNOWLEDGEMENT (PLEASE READ CAREFULLY BEFORE SIGNING BELOW)

I hereby affirm that the information provided on this employment application form and my resume is true and complete to the best of my knowledge. I understand and agree that falsified information or omissions may result in termination from employment if discovered after my employment has begun.

I hereby authorize Pechanga Gaming Commission (hereinafter referred to as the Company) to substantiate and verify my past employment, previous salary history, credentials, and any of the information associated with my qualifications. I also authorize my previous schools, employers, and listed references to release to the Company any relevant information that may be requested in connection with my employment. I agree that the Company and my previous employers; schools and references shall not be held liable if any employment offers not tendered, is withdrawn, or employment is terminated due to falsity or omissions in the information I have provided.

I understand and agree that any employment offer I might receive may be contingent upon my passing a drug and alcohol-screening test. I consent to any testing necessary to determine the presence and/or level of drugs and alcohol in my body other than drug prescribed by a physician. This also includes, but is not limited to, random testing of me as an employee. In addition, if reasonable cause is suspected or I am involved in a work-related accident or injury, I consent to submit to a drug and alcohol screening.

I further agree to comply with all health and safety rules and reporting requirements. I agree to abide by the Gaming Commission and rules of conduct of the Company.

I understand that no statement in this form, related policies, or any offer of employment is construed as an employment contract, and that either party, without the other's consent, may terminate the employment relationship at any time for any reason with or without cause or notice. Any agreement which varies the right of the employee or the Gaming Commission to terminate the employment relationship at any time, with or without cause or notice, must be set forth in an express written agreement and signed by both the employee and the Company.

I understand that my application for employment will be placed in an active status for a period of six (6) months during which time it will be reviewed as job openings occur in my area(s) of job interest. I understand that the Company may or may not contact me on the status of my application based on my qualifications and available openings and I should assume that my application has been reviewed. I further understand that if I wish my application to remain active for a period longer than six (6) months, I must complete a new application.

SIGNATURE: _____ **DATE:** _____