

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer) Email to: [hiring@calgrand.com](mailto: hiring@calgrand.com)

California Grand Casino ("The Company") is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin, ancestry, sex, gender, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, gender identity, gender expression, marital status, or any other legally recognized protected basis under federal, state, or local law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act, California's Fair Employment and Housing Act, and local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the Company. Please inform the Company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

APPLICATIONS WILL NO LONGER BE CONSIDERED 30 DAYS AFTER SUBMISSION.

All questions must be answered. Please use ink or type.		DATE	REFERRED BY - SOURCE	
PERSONAL INFORMATION				
FULL NAME: LAST	FIRST	MIDDLE	TELEPHONE #	
PRESENT ADDRESS	STREET	CITY	STATE ZIP	
CELL/ALTERNATE #				
POSITION APPLIED FOR	DESIRED SALARY	DATE AVAILABLE	EMAIL ADDRESS	
CHECK THE FOLLOWING OPTIONS WHICH YOU WOULD CONSIDER: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> FILL-IN	PREVIOUSLY EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?	CAN YOU AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU WILLING TO WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE THERE ANY DAYS OR HOURS WHICH YOU ARE NOT ABLE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:			
ARE YOU ABLE, WITH OR WITHOUT ACCOMMODATION, TO PERFORM THE ESSENTIAL TASKS OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST ANY RELATIVE(S) WORKING FOR THIS ORGANIZATION: NAME: POSITION:			
EDUCATION AND TRAINING				
NAME AND LOCATION OF SCHOOL(S)	MAJOR SUBJECTS	NO. OF YEARS ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
POST GRADUATE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL TRAINING/TRADE SCHOOLS			<input type="checkbox"/> YES <input type="checkbox"/> NO	
INDICATE ANY ADDITIONAL OR SUPPLEMENTAL EDUCATION, INCLUDING EXTENSION COURSES, SEMINARS, MILITARY TRAINING, ETC. THAT APPLIES TO THE POSITION YOU ARE APPLYING FOR:				
MILITARY	HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE DESCRIBE ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY:				
EMPLOYMENT HISTORY				
Start with your most recent employment and list all jobs you have held in the past ten years, including time spent in school, self-employment, etc. Please account for all time whether or not employed. Additional information may be written on a separate sheet and attached. Please complete carefully.				
To prevent the possibility of jeopardizing your present position, we do not contact your present employer unless you indicate that we may.				
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:				
COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	MO. FROM YR.	TO YR.	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING				

If you have questions about the collection and processing of your Personal Information or about the security of your Personal Information, there is a copy of our Privacy Policy at the cashier's cage and at our website. <https://www.californiagrandcasino.com/privacy-policy/>
157848473.1

COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	MO.	FROM YR.	TO YR.
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING				

COMPANY NAME		ADDRESS		PHONE NO.
JOB TITLE	SUPERVISOR	MO.	FROM YR.	TO YR.
DESCRIBE JOB DUTIES AND RESPONSIBILITIES				
REASON FOR LEAVING				

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME: FIRST	LAST	PHONE #	HOW KNOWN	YEARS KNOWN
				TO
				TO
				TO

CERTIFICATION

Please read carefully before signing. If you have any questions about the following, please ask for clarification.

- I hereby certify that I have personally completed this application. I further certify that the answers given by me are true and correct without omissions of any kind whatsoever. I understand that any omission or misstatement of fact on this application (or on any document used to secure employment) shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I agree that the Company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application (or any document used to secure employment).
- If selected for employment by the Company, I acknowledge my employment will be contingent upon a satisfactory background check, including the verification of the information provided in this application and/or during the interviewing process.
- I hereby authorize the Company to thoroughly investigate my references, prior employment, work record, public records, education and any other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- In consideration of my employment, I agree to conform to the rules and standards of the Company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, at my option or at the option of the Company. I understand that no employee or representative of the Company has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement.
- I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or the Company at any time, with or without cause, and with or without notice.
- I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THE ABOVE STATEMENTS, AND CERTIFY UNDER PENALTY OF PERJURY THAT THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE SIGNED

INTERVIEWER REMARKS (PLEASE DO NOT WRITE BELOW THIS LINE)

INTERVIEWED BY

DATE SIGNED