



Application for Employment

An Equal Opportunity Employer



Last Name				First Name				Middle							
Street Address								Mailing Address (if different)							
City				State		Zip		Home Telephone				Message Telephone			

Have you ever applied at Big B Bingo before? YES NO If YES, give date of application _____

After employment, are you able to submit
Verification of your legal right to work in the
United States?

Are you 18 years of age or older?
YES NO

YES NO

What type of employment do you desire?
Full Time Part Time Temporary

Position Applying For:				Desired Rate of Pay				First Day Available For Work			
Bingo	Casino	Snack Bar	Any Available								

Have you ever been convicted of a felony? YES NO
Conviction of a felony will not necessarily disqualify applicant from employment.

If YES, please explain in detail _____

Are you currently a student? YES NO

Indicate the highest level or equivalent level of education completed

Elementary School
8

High School
9 10 11 12

College/Trade School
1 2 3 4

Name of College, University, or Trade Schools attended _____

AVAILABILITY - Please circle below the hours for each day that you are available to work Casino open all hours shown, Bingo only during shaded hours.

MONDAY	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM
TUESDAY	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM
WEDNESDAY	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM
THURSDAY	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM
FRIDAY	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM
SATURDAY	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM
SUNDAY			11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM	12 AM	1 AM	2 AM

Employment Experience - Start with your present or last job. Include military service assignments and volunteer activities. Include any times which you were unemployed or self-employed. All time for the past three years should

Last or Current Employer	Job Title/Duties		Final Wage
City/State	Supervisor	Reason For Leaving	
Phone #	<div>Dates of Employment</div> <div>From To</div>		

Employer	Job Title/Duties		Final Wage
City/State	Supervisor	Reason For Leaving	
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Are you currently employed? YES NO If YES, may we contact your current employer? _____

REFERENCES - Please give the name of two people (not relatives) with whom you have worked with and that we may contact for a personal reference if necessary.

Name	Name
Business/Profession	Business/Profession
Telephone #	Telephone #
City/State/Zip	City/State/Zip

APPLICANT’S STATEMENT

IMPORTANT - Please read the following statements carefully before you sign and return this application. By signing below, I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I also understand that the first ninety (90) days of employment are a probationary period. During this time I will receive instruction in my work responsibilities and learn what is expected of me. If my performance is not fully satisfactory, the probationary period may be extended an additional (30) days. If during the probationary period, or any extension, I do not fulfill the expectations of the Company, I can be terminated without further reason.

Signature of Applicant	Today's Date
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