

# BULL DURHAM SALOON & CASINO APPLICATION FOR EMPLOYMENT

Personal Information				
Date _____			Gaming License # _____	
Name _____			Social Security # _____	
Last	First	Middle		
Present Address _____				
Street		City	State	Zip
Phone Number _____			Referred by: _____	

Employment Desired		
Position _____	Date you can start _____	Salary Desired _____
Are you currently employed?		If so, may we inquire of your present employer?
Have you applied to this company before?		When?

Education				
	Name and location of school	Years Attended	Date Graduated	Subjects studied
High School				
College				
Trade, Business or Other School				
<small>*THE AGE DISCRIMINATION ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.</small>				

General	
Subjects of special study/research work or special training skills	
US Military or naval service	Rank

(CONTINUED ON OTHER SIDE)

**Physical Record**

Do you have any physical defects that preclude you from performing any work for which you are considered? \_\_\_\_\_

Please explain: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

**Former Employers**

List below your last four employers, starting with the most recent.

Date	Name and phone of employer	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**References**

Give below the names of three persons not related to you whom you have known at least one year.

Name	Phone	Business	Years Known

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and in the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for any specified amount of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

**Remarks**

Interviewed by:

Date: