



# General Application Questions

**1. Can you perform the essential functions of the position for which you are applying?**

Yes \_\_\_\_\_ No \_\_\_\_\_ *If no, please specify any reasonable accommodation that will allow you to perform the essential functions of the job.* \_\_\_\_\_

**2. If offered employment, can you submit verification of your legal right to work in the United States?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**3. If applying for any Food & Beverage position, do you have a current county Food Workers Certificate?**

Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, Expiration Date:* \_\_\_\_\_ *County:* \_\_\_\_\_

**4. Do you have a current Gaming License? Yes \_\_\_\_\_ No \_\_\_\_\_**

*If yes, specify Gaming Number:* \_\_\_\_\_ *Expiration Date:* \_\_\_\_\_

**5. Have you been convicted of a crime other than minor traffic violations or are you awaiting trial for a crime?**

Yes \_\_\_\_\_ No \_\_\_\_\_ *If yes, please give dates, locations, nature and disposition of the convictions: (Answering "yes" will not necessarily disqualify an applicant for employment):* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Have you ever applied at Spotlight 29 Casino? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_**

*What position?* \_\_\_\_\_ *Under what name?* \_\_\_\_\_

**7. Do you have any relatives employed by Spotlight 29 Casino? Yes \_\_\_\_\_ No \_\_\_\_\_**

*If yes, please give name(s), and relationship: (Relatives include mother, father, aunts, uncles, nephews, nieces, grandparents, brother, sister, domestic partners, the equivalent in-laws, step relatives, or special equivalent and their dependents employed by Spotlight 29 Casino or Tortoise Rock Casino.)*

\_\_\_\_\_  
 \_\_\_\_\_

**8. References**

*Please give three (3) references (not related to or former employers) that you have known for at least five (5) years.*

Name	Relationship	Phone #	Years

**9. What is your language capability?**

Language(s)	Read	Write	Speak
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Applicant Questionnaire

**10. What are your Qualifications, Skills, Experiences, etc. for the employment you are seeking?**


**11. Please check the box that best describes you and the employment you are seeking.**

<b>Desired Employment</b>	<input type="checkbox"/> Full-Time (Over 30 hrs)	<input type="checkbox"/> Part-Time (Less than 30 hrs)	<i>(All employees are required to be available for any shift on weekends, holiday, etc.)</i>		
<b>Desired Shift Availability</b>	<input type="checkbox"/> Available all Shifts	<input type="checkbox"/> Day Shift Only	<input type="checkbox"/> Swing Shift Only	<input type="checkbox"/> Grave Yard Only	
<b>Daily Availability</b>	<input type="checkbox"/> Monday-Friday Only	<input type="checkbox"/> Weekends Only Sat. & Sun.	<input type="checkbox"/> Extended Weekend Fri., Sat., & Sun	<input type="checkbox"/> Available Any Day of the Week	
<b>Highest Completed Schooling</b>	<input type="checkbox"/> Do NOT Possess Diploma or GED	<input type="checkbox"/> High School Diploma / GED	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Masters/ Doctorate
	School Name: _____		Major Field of Study: _____		
<b>Experience in Desired Position</b>	<input type="checkbox"/> None	<input type="checkbox"/> 1 to 2 Years	<input type="checkbox"/> 2 to 3 Years	<input type="checkbox"/> 3 to 5 Years	<input type="checkbox"/> Greater than 5 Years
	Where: _____				
<b>Training / Schooling in Desired Position</b>	<input type="checkbox"/> None	<input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Certificate Program	<input type="checkbox"/> Academic Schooling	
	Where: _____				
<b>Current Computer Skills</b>	<input type="checkbox"/> None	<input type="checkbox"/> Basic Computer Skills	<input type="checkbox"/> Proficient in MS Office	<input type="checkbox"/> Experienced on Different Apps	<input type="checkbox"/> Program or Troubleshoot
	Where: _____				
<b>Supervisory Experience</b>	<input type="checkbox"/> None	<input type="checkbox"/> 1 to 2 Years	<input type="checkbox"/> 2 to 3 Years	<input type="checkbox"/> 3 to 5 Years	<input type="checkbox"/> Greater than 5 Years
	Where: _____				
<b>Customer Service Experience</b>	<input type="checkbox"/> None	<input type="checkbox"/> 1 to 2 Years	<input type="checkbox"/> 2 to 3 Years	<input type="checkbox"/> 3 to 5 Years	<input type="checkbox"/> Greater than 5 Years
	Where: _____				
<b>Cash Handling Experience</b>	<input type="checkbox"/> None	<input type="checkbox"/> 1 to 2 Years	<input type="checkbox"/> 2 to 3 Years	<input type="checkbox"/> 3 to 5 Years	<input type="checkbox"/> Greater than 5 Years
	Where: _____				

# Work History

Beginning with your **most recent work experience**; list below all present and past employment for the last ten (10) years. Include summer or part-time employment, any unemployment period, or self-employed periods. Show dates and locations.

*NOTE: Any misrepresentation or omission of facts in this application or in any attachments may result in refusal of employment, or, if employed, termination from employment. No expressed or implied covenants exist that in any way conflict with "employment at will" relationship. Any relationship between an employee and Spotlight 29 Casino or Tortoise Rock Casino is for an unspecified term and considered employment at will.*

## Employer #1

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Ending Job Duties: \_\_\_\_\_

Dates	
From:	_____
To:	_____

Job Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_

Ending Wage \$ \_\_\_\_\_

Check One	
Resigned	<input type="checkbox"/>
Terminated	<input type="checkbox"/>
Laid off	<input type="checkbox"/>

## Employer #2

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Ending Job Duties: \_\_\_\_\_

Dates	
From	_____
To	_____

Job Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_

Ending Wage \$ \_\_\_\_\_

Check One	
Resigned	<input type="checkbox"/>
Terminated	<input type="checkbox"/>
Laid off	<input type="checkbox"/>

## Employer #3

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Ending Job Duties: \_\_\_\_\_

Dates	
From	_____
To	_____

Job Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_

Ending Wage \$ \_\_\_\_\_

Check One	
Resigned	<input type="checkbox"/>
Terminated	<input type="checkbox"/>
Laid off	<input type="checkbox"/>

## Employer #4

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

Ending Job Duties: \_\_\_\_\_

Dates	
From	_____
To	_____

Job Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_

Ending Wage \$ \_\_\_\_\_

Check One	
Resigned	<input type="checkbox"/>
Terminated	<input type="checkbox"/>
Laid off	<input type="checkbox"/>

### Employer #5

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_  
 Ending Job Duties: \_\_\_\_\_

Dates	
From	_____
To	_____

Job Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Starting Wage \$ \_\_\_\_\_  
 Ending Wage \$ \_\_\_\_\_

Check One	
Resigned	<input type="checkbox"/>
Terminated	<input type="checkbox"/>
Laid off	<input type="checkbox"/>

### Employer #6

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_  
 Ending Job Duties: \_\_\_\_\_

Dates	
From	_____
To	_____

Job Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Starting Wage \$ \_\_\_\_\_  
 Ending Wage \$ \_\_\_\_\_

Check One	
Resigned	<input type="checkbox"/>
Terminated	<input type="checkbox"/>
Laid off	<input type="checkbox"/>

### Employer #7

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_  
 Ending Job Duties: \_\_\_\_\_

Dates	
From	_____
To	_____

Job Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Starting Wage \$ \_\_\_\_\_  
 Ending Wage \$ \_\_\_\_\_

Check One	
Resigned	<input type="checkbox"/>
Terminated	<input type="checkbox"/>
Laid off	<input type="checkbox"/>

### Employer #8

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_  
 Ending Job Duties: \_\_\_\_\_

Dates	
From	_____
To	_____

Job Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Starting Wage \$ \_\_\_\_\_  
 Ending Wage \$ \_\_\_\_\_

Check One	
Resigned	<input type="checkbox"/>
Terminated	<input type="checkbox"/>
Laid off	<input type="checkbox"/>

### 12. How did you hear about openings at Spotlight 29 Casino?

Referred by: \_\_\_\_\_

<input type="checkbox"/>	Walk-In	<input type="checkbox"/>	www.Spotlight29.com
<input type="checkbox"/>	Desert Sun	<input type="checkbox"/>	www.CasinoCareers.com
<input type="checkbox"/>	El Informador Del Valle	<input type="checkbox"/>	www.CareerBuilder.com
<input type="checkbox"/>	Radio	<input type="checkbox"/>	www.Craigslist.com
<input type="checkbox"/>	Other Media _____	<input type="checkbox"/>	www.CalJobs.ca.gov



## Applicant Acknowledgement

I acknowledge and understand that Spotlight 29 Casino is a 24 hours per day, 7 days per week, 365 days per year operation. All employees are required to be available to work any and all shifts, as they may be assigned, based upon the needs of Spotlight 29 Casino. I understand and acknowledge that Spotlight 29 Casino is a gaming facility and a smoking environment.

Any misrepresentation or omission of facts on this application or in any attachments may result in refusal of employment or, if employed, termination from employment. No expressed or implied covenants exist that in any way conflict with the "employment at will" relationship. Any relationship between an employee and Spotlight 29 Casino is for an unspecified term and considered employment at will.

Spotlight 29 Casino is governed by the provisions of federal law, not state law except where specifically stated under Tribal ordinance or required by state compact.

The typing of my name on the line below or a valid digital signature will be interpreted as a legal signature. If an offer of employment is made, I may be asked to physically sign the application at that time.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Thank you for your interest in joining the Spotlight 29 Casino Team.  
Your application will be reviewed and, if you meet the requirements for an available position,  
you will be contacted for an interview.***