



## Application for Employment

**THE AVIATOR CASINO IS AN EQUAL OPPORTUNITY EMPLOYER TO ALL REGARDLESS OF RACE, COLOR, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, MARITAL STATUS, DISABILITY, RELIGIOUS OR POLITICAL AFFILIATION, AGE OR SEXUAL ORIENTATION.**

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Fill out each box and do not just indicate "See Resume." Applications missing an indicated position will not be considered.

### PERSONAL INFORMATION

Position Applying For:  <input type="checkbox"/> P/T <input type="checkbox"/> F/T		Date Available to Start:	
Name (Last, First, Middle):		Maiden or other names you have been known under:	
Street Address:		City:	State & Zip:
Home Phone:	Work Phone:	Other Phone:	
Are you a citizen or national of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, are you legally eligible to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 21 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
In the last 7 years, have you been convicted of a felony? A misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain in detail:	
Have you ever applied to The Aviator Casino?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, date applied and for which position(s):	
Are you related to any current employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in newspaper: _____ <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> EDD <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

### EDUCATION

Name of School	City/State	Did you graduate?	If No, # yrs to graduate	Date of Graduation	Degree received
High School/GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Trade School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include foreign language comprehension with both written and oral proficiency levels:


**WORK EXPERIENCE-**Begin with your current or most recent employer. **PLEASE DO NOT** complete this information with the notation "See Resume."

1. Dates Employed To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
	If part-time, # hrs./wk:	Salary:
From:		

Employer Name and Address:		Primary Duties and Responsibilities:	
Supervisor's Name, Title & Phone #:			
Other Reference Name, Title and Phone #:		May we contact employer/references: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
2. Dates Employed To:  From:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:	Salary:
	If part-time, # hrs./wk:		
Employer Name and Address:		Primary Duties and Responsibilities:	
Supervisor's Name, Title & Phone #:			
Other Reference Name, Title and Phone #:		May we contact employer/references: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
3. Dates Employed To:  From:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:	Salary:
	If part-time, # hrs./wk:		
Employer Name and Address:		Primary Duties and Responsibilities:	
Supervisor's Name, Title & Phone #:			
Other Reference Name, Title and Phone #:		May we contact employer/references: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:
<b>Military Service</b>			
Branch of Service:	Period of Active Duty From: _____ To: _____	Rank at Discharge	
Describe Duties:			

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete this form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize The Aviator Casino to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. I agree to submit to a criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that I must pass a background investigation by the City of Delano Chief of Police, including "Live Scan" fingerprinting in order to obtain a Work Permit issued by the City of Delano. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of The Aviator Casino serve at-will, and the employment relationship may be terminated at any time by either party, with any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first THREE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion or to participate in applicable benefit plans.

**IT IS AN OBJECTIVE OF THE AVIATOR CASINO TO ACHIEVE A DRUG-FREE WORK PLACE. ANY APPLICANT FOR EMPLOYMENT WILL BE EXPECTED TO BEHAVE IN ACCORDANCE WITH THIS OBJECTIVE BECAUSE THE USE OF ILLEGAL DRUGS IS INCONSISTENT WITH THE LAW OF THE STATE AND THE RULES APPLICABLE TO EMPLOYEMENT AT ALL FACILITIES OWNED BY ABA PROPERTIES, LLC dba THE AVIATOR CASINO.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_