

APPLICATION FOR EMPLOYMENT

Date: _____

OFFICE INFORMATION DATE RECEIVED: _____ RECEIVED BY: _____



QUECHAN
CASINO • RESORT
525 Los Algodones Road
P.O. Box 818, Winterhaven, California 92283
1-888-777-4946 ♠ Fax: 1(760) 572-2210



Paradise
CASINO
450 Quechan Drive
P.O. Box 2737, Yuma, Arizona 85366
1-888-777-4946 ♠ Fax: 1(760) 572-2210

Quechan Casino Resort

Quechan Paradise Casino

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE
MAILING ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE		CELL PHONE/MESSAGE PHONE
SOCIAL SECURITY NUMBER (Optional)		EMAIL ADDRESS

Desired Positions:

1. _____ 2. _____ 3. _____

Are you available for: Part Time Full Time Temporary Date Available: _____

Are you 21 or older? Yes No

(Note: Applicants must meet the minimum age requirements for position vacancy; 18 yrs in Arizona and 21 yrs in California)

Are you legally authorized to work in the United States? Yes No If hired, can you provide proof that you are authorized to work in the United States? Yes No

Referral Source: _____ Walk In _____ Newspaper _____ Internet _____ Company Employee _____ Agency _____ Other

Name of Referral Source: _____

Have you worked for this company before? Yes No If Yes, Date: _____ Position: _____

Have you held or currently hold a Gaming License? Yes No If yes, explain: _____

Do you have any immediate family members or relatives that are currently employed with the Quechan Casino Resort or Paradise Casino? Yes No

If yes, please lists who and what positions they hold: _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

(Note: A yes response requires a complete explanation or your application will not receive further consideration)

EMPLOYMENT HISTORY

STARTING WITH YOUR MOST RECENT EMPLOYER, LIST ALL POSITIONS FOR THE PAST 10 YEARS AND ACCOUNT FOR PERIOD OF UNEMPLOYMENT. PLEASE LIST SIGNIFCANT EXPERIENCE MORE THAN 10 YEARS OLD. RESUMES ARE WELCOME; HOWEVER COMPLETION OF THE APPLICATION IS REQUIRED. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** ADDITIONAL SHEETS ARE AVAILABLE IF NEEDED.

LAST OR PRESENT EMPLOYER		ADDRESS	TELEPHONE
POSITION TITLE		DATES EMPLOYED	SUPERVISOR NAME/TITLE
STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	MAY WE CONTACT
DESCRIBE DUTIES AND RESPONSIBILITIES			
IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY			
LAST OR PRESENT EMPLOYER		ADDRESS	TELEPHONE
POSITION TITLE		DATES EMPLOYED	SUPERVISOR NAME/TITLE
STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	MAY WE CONTACT
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STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	MAY WE CONTACT
DESCRIBE DUTIES AND RESPONSIBILITIES			
IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY			

EDUCATION AND TRAINING

NAME OF SCHOOL & LOCATION		MAJOR COURSE OF STUDY	DID YOU GRADUATE	DEGREE OR CERTIFICATE RECEIVED	SPECIALIZED TRAINING, EXPERIENCE, SKILLS OR ACTIVITIES
HIGH SCHOOL	CITY & STATE				
COLLEGE	CITY & STATE				
BUSINESS, VOCATIONAL, TECHNICAL SCHOOL	CITY & STATE				
OTHER	CITY & STATE				

REFERENCES

PLEASE GIVE THREE PERSONAL REFERENCES THAT ARE ***NOT*** YOUR RELATIVES OR PREVIOUS EMPLOYERS

NAME	ADDRESS	
	CITY & STATE	
TELEPHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	
	CITY & STATE	
TELEPHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	
	CITY & STATE	
TELEPHONE	OCCUPATION	YEARS KNOWN

*****ALL APPLICANTS ARE SUBJECT TO PRE-EMPLOYMENT DRUG AND CONTROLLED SUBSTANCE ABUSE TESTING*****

ALL APPLICANTS PRIOR TO EMPLOYMENT IN THE CASINO OPERATION WILL BE SUBJECTED TO CRIMINAL AND BACKGROUND INVESTIGATIONS PURSUANT TO THE STATE OF CALIFORNIA, THE QUECHAN GAMING COMPACT, THE TRIBAL GAMING CODE, AND THE INDIAN REGULATORY ACT OF 1988. DENIAL OF STATE CERTIFICATION OR TRIBAL GAMING LICENSE WILL RESULT IN IMMEDIATE WITHDRAWAL OF EMPLOYMENT OFFER OR TERMINATION AS PROVIDED UNDER SUCH LAWS.

IN COMPLIANCE WITH THE PRIVACY ACT OF 1974, THE FOLLOWING INFORMATION IS PROVIDED: SOLICITATION OF THE INFORMATION ON THIS FORM IS AUTHORIZED BY 24 U.S.C. 2701 ET SEQ. THE PURPOSE OF THE REQUESTED INFORMATION IS TO DETERMINE THE ELIGIBILITY OF THE INDIVIDUALS TO BE EMPLOYED IN THE GAMING OPERATION. THE INFORMATION WILL BE USED BY THE NATIONAL GAMING COMMISSION MEMBERS AND STAFF WHO HAVE NEED FOR THE INFORMATION IN THE PERFORMANCE OF OFFICIAL DUTIES. THE INFORMATION MAY BE DISCLOSED TO APPROPRIATE FEDERAL, TRIBAL, STATE, LOCAL OR FOREIGN LAW ENFORCEMENT AND REGULATORY AGENCIES WHEN RELEVANT TO CIVIL, CRIMINAL, OR REGULATORY, INVESTIGATIONS, OR PROSECUTIONS, OR WHEN PURSUANT TO A REQUIREMENT BY A TRIBE OF THE NATIONAL INDIAN GAMING COMMISSION IN CONNECTION WITH THE HIRING OR FIRING OF AN EMPLOYEE, THE ISSUANCE OR REVOCATION OF A GAMING LICENSE, OR INVESTIGATION OF ACTIVITIES WHILE ASSOCIATED WITH A TRIBE OR GAMING OPERATION. FAILURE TO CONSENT TO THE DISCLOSURES INDICATED IN THIS NOTICE WILL RESULT IN THE TRIBE BEING UNABLE TO HIRE YOU.

I (PRINT FULL NAME OF APPLICANT) _____ DO HEREBY ATTEST THAT THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, I UNDERSTAND THAT ANY FALSE STATEMENTS OR OMISSIONS OF RELEVANT INFORMATION MAY BE GROUNDS FOR NOT HIRING ME, OR FOR FIRING ME AFTER I BEGIN WORK. ALSO, I MAY BE PUNISHED BY FINE OR IMPRISONMENT (US CODE, TITLE 18, SECTION 1001). I UNDERSTAND THAT ACCEPTANCE OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. IN PROCESSING MY APPLICATION, YOU

MAY VERIFY INFORMATION PROVIDED BY ME. I AUTHORIZE AND REQUEST THAT ALL MY PRESENT AND FORMER EMPLOYERS AND THOSE INDIVIDUALS I HAVE LISTED AS REFERENCE FURNISH INFORMATION ABOUT MY EMPLOYMENT RECORD, INCLUDING REASONS FOR TERMINATION OF EMPLOYMENT, WORK PERFORMANCE, ABILITIES AND OTHER QUALITIES PERTINANT TO MY QUALIFICATIONS FOR EMPLOYMENT, HEREBY RELEASING THEM FROM ANY AND ALL LIABILITY FOR DAMAGES ARISING FROM FURNISHING THE REQUESTED INFORMATION. I UNDERSTAND THAT I MAY BE REQUIRED TO POST A FIDELITY BOND AND I KNOW OF NO CONDITIONS THAT WOULD BAR SUCH COVERAGE. IN THE EVENT THAT I CAN NOT BE COVERED UNDER SUCH BOND, YOU MAY TERMINATE MY EMPLOYMENT IMMEDIATELY. AS A FURTHER CONDITION OF EMPLOYMENT, I UNDERSTAND AND AGREE THAT ALL INFORMATION I WOULD ACQUIRE IN MY EMPLOYMENT IS CONFIDENTIAL AND THAT I MUST NOT REVEAL ANY SUCH CONFIDENCES OR INFORMATION UNDER ANY CIRCUMSTANCES. IN CONSIDERATION OF EMPLOYMENT, I AGREE TO COMPLY WITH THE PERSONNEL POLICIES OF QUECHAN CASINO RESORT OR QUECHAN PARADISE CASINO. I UNDERSTAND THAT MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE OR NOTICE AT ANY TIME, AT THE OPTION OF THE EMPLOYER OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF QUECHAN CASINO RESORT OR QUECHAN PARADISE CASINO, OTHER THAN AN AUTHORIZED REPRESENTATIVE OF THE QUECHAN TRIBAL COUNCIL, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT FOR ANY SPECIFIED TIME OR TO MAKE ANY AGREEMENT DIFFERENT FROM OR CONTRARY TO FOREGOING. ANY SUCH AGREEMENT, IF MADE, SHALL NOT BE ENFORCEABLE UNLESS IT IS IN WRITING AND SIGNED BY ME AND AN APPROVED REPRESENTATIVE OF THE QUECHAN TRIBAL COUNCIL.

I AM SIGNING THIS APPLICATION FORM AND HEREBY TESTIFY THAT I DO UNDERSTAND ALL CONTENTS.

SIGNATURE OF APPLICANT: _____ DATE: _____

**PREFERENCE FOR QUALIFIED NATIVE AMERICAN INDIANS FOR EMPLOYMENT
INDIAN PREFERENCE DECLARATION**

IT IS THE POLICY OF THE QUECHAN CASINO RESORT AND QUECHAN PARADISE CASINO TO ASSURE FAIR AND EQUITABLE TREATMENT OF APPLICANTS IN CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO AGE, MARITAL STATUS, RACE, COLOR, SEX, NATIONAL ORIGIN, DISABILITY, RELIGION, OR SEXUAL ORIENTATION. IN ACCORDANCE WITH THE INDIAN PREFERENCE ACT (TITLE 25 US CODE, SECTIONS #472 AND #473) QUECHAN CASINO RESORT AND QUECHAN PARADISE CASINO HAS ESTABLISHED AN INDIAN PREFERENCE POLICY WHEREBY PREFERENCE (QUECHAN TRIBAL RESOLUTION R-35-88) IN FILING VACANCIES WILL BE GIVEN TO QUALIFIED NATIVE AMERICANS OF THE QUECHAN INDIAN TRIBE, NATIVE AMERICANS OF OTHER TRIBES AND THEN TO NON INDIANS. YOU MUST PROVIDE ACCEPTABLE DOCUMENTATION IF YOU CLAIM INDIAN PREFERENCE.

DO YOU CLAIM INDIAN PREFERENCE? YES NO

TRIBAL AFFLIATION: _____ ENROLLMENT NUMBER: _____

