



EMPLOYMENT APPLICATION
WILDWOOD CASINO, INC.
119 Carbonate Street
Cripple Creek, CO 80313
(719) 689-2814

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Gaming License Number/Expiration Date		
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States?
(Proof of eligibility will be required upon offer of employment) YES NO

Are you over the age of 18 years?
(If no, you may be required to provide authorization) YES NO

Can you with or without reasonable accommodation perform the essential functions of this job?
(If you have any questions about the functions of the job, please ask the interviewer before answering this question.) YES NO

Have you ever applied to WILDWOOD CASINO before? (If yes, please give date.) _____ YES NO

Have you ever worked for WILDWOOD CASINO before? (If yes, please give date.) _____ YES NO

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) YES NO
If yes, please explain: _____

Do you have a valid driver's license? (driving positions only.) YES NO

Have you been convicted of any moving violations in the past five years? YES NO
If yes, please explain: _____

Is anyone related to you employed by WILDWOOD CASINO.? YES NO
If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES NO
If yes, please explain. _____

On what date would you be available to work? _____

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School				
College				
Graduate				
Vocational				

EMPLOYMENT HISTORY

(Begin with current or most recent employer. Attach another sheet if necessary.)

Company Name Current inc.	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

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Address		\$ \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

REFERENCES

Please list three persons, not related to you, who can provide professional references.

Name	Address	Phone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by WILDWOOD CASINO. Corporation (hereinafter referred to as "WILDWOOD") that such employment with WILDWOOD is at will, for no specified duration and may be terminated by either WILDWOOD or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of WILDWOOD or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with WILDWOOD, if employed, I agree to conform to the rules, regulations, policies and procedures of WILDWOOD at all times and understand that such obedience is a condition of employment. I understand that due to the nature of WILDWOOD business, attendance and punctuality are considered essential requirements of every job at WILDWOOD and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with WILDWOOD, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to WILDWOOD and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

WILDWOOD CASINO IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.