

## DIAMOND MOUNTAIN CASINO & HOTEL EMPLOYMENT APPLICATION

Date of Application: Ph			one No		
Name:			SSN:		
Last	First	MI			
Address:					_
Street  Mailing Address: (If different	nt from above)	City	State	Zip	
maning Addition (in dimore)	n nom above,				
Address:Street		City	State	Zip	_
		Oity	Otate	ΖΙΡ	
Position applying for:		Wage expected:	Date Available		
Do you have any friends or relative	s working for Diamo	ond Mountain Casino?	Yes	No	
If yes, state name(s) and relationsh	nip:				
Name			Relationshi	p	
Name		<del></del> -	Relationshi	p	
Are you <b>under</b> 21 years of age?			-	Yes	No
If hired, would you have problems	getting reliable trans	sportation to and from work?	_	Yes	No
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?			-	Yes	No
Are you a member of the Susanville Indian Rancheria?			-	Yes	No
Are you eligible for Indian preference hiring?			-	Yes	No
Are you eligible for preference as a member of an SIR household?			-	Yes	No
If you answered <b>yes</b> to any quest	ion(s) above, pleas	e explain:			
If you answered <b>yes</b> to any quest	ion(s) above, pleas	e explain:			

PLEASE INCLUDE A COPY OF ENROLLMENT CARD IF YOU ARE APPLYING UNDER INDIAN PREFERENCE (PL 93-638)

(Note: Applicants with felony convictions within the last ten years MAY NOT qualify for the licensing required by the SIR Gaming Commission to be eligible for employment at Diamond Mountain Casino & Hotel.)

	•	nd Experience	No. of years	Did y		D	
			Completed	Grad	luate?	D	egree
High School _					Yes _	No	
_	Name						
_	Address		_				
-	City		State	Zip	_		
College/ _					Yes	No	
University	Name		<u> </u>		• • -		
-	Address						
-	City		State	Zip	_		
Vocational/ _					Yes _	No	
Business	Name						
-	Address		_				
-	City		State	Zip			
Name of Employer			()			From_ Dates Employe	Tod (Month and Yea
Trans of Division on		Vern Desition		- C N.			
Type of Business		Your Position	You	r Supervisor's Na	ame		
Address	Street		City			State	Zip
Reason for Leaving							
√lay we contact t	his employer for a	reference?Yes	No				
Name of Employer			() _ Telephone No.			Dates Employe	
tario oi Employor			rolophone No.			Dates Employe	<b>-</b>
Type of Business		Your Position	You	r Supervisor's Na	ame		
Address	Street		City			State	Zip
Reason for Leaving							
		reference? Yes	No				

Note: Attach additional page(s) if necessary.

			<del></del>	()	<del></del>
First Name		Last Name		Telephone No.	
Address	Street		City	State	Zip
Occupation	1		No. Years Acquainted		
First Name				() Telephone No.	
		Lastivanie		relephone ivo.	
Address	Street		City	State	Zip
Occupation	1		No. Years Acquainted		
				()	
First Name		Last Name		Telephone No.	
Address	Street		City	State	Zip
Occupation	 1		No. Years Acquainted		
Dlose	o Poad Carofull	ly Initial Each Da	aragraph and Sigr	Rolow	
my kno that any shall be	wledge. I further ce y omission or misst	rtify that I, the undersi atement of material fa	igned applicant, have p act on this application	ersonally completed thi or on any document us	e and correct to the best is application. I understar sed to secure employme red, regardless of the time
suitabili reports hereby	ity for employment a and other information release the compar ims, demands, or lia	nd, further, authorize on related to my work ny, my former employe	the references I have line records, without giving ers and all other persor	sted to disclose to the c g me prior notice of suc	other matters related to not company any and all letter ch disclosure. In addition rships and association frosclosure.
my empunderst termina represe	ployment, if hired, i tand and agree tha ited at any time, with	s intended to create t if I am employed, n or without prior notic the foregoing are bin	an employment contra my employment is for e, at the option of either	act between the compa no definite or determi er myself or the compar unless made in writing	n may be granted, or during any and me. In addition, inable period and may be any, and that no promises and signed by me and the