



APPLICATION FOR EMPLOYMENT

**PLEASE PRINT
ANSWER ALL QUESTIONS**

5035 Turner Hole
Christiansted, VI 00820

Divi Carina Bay Casino is committed to equal employment opportunities for all of its applicants. Hiring is done on the basis of abilities and qualifications without regard to race, color, national origin, sex, age, or disability.

PERSONAL INFORMATION

DATE	
LAST NAME	FIRST NAME
PRESENT STREET ADDRESS	CITY STATE ZIP
PHONE NUMBER	SOCIAL SECURITY #

POSITIONS APPLIED FOR

1st CHOICE	2nd CHOICE
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> DESIRED SALARY:	SHIFT PREFERENCE: DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE <input type="checkbox"/>

EMPLOYMENT HISTORY

Beginning with your most recent employment, list below all present and past employment for the past ten years (use a separate sheet, if necessary). Include summer or part-time employment. For unemployment or self-employed periods show dates, locations and earnings (if any).

COMPANY NAME, ADDRESS, CITY, STATE, ZIP CODE	DATES MONTH/YEAR	START/ENDING PAY	YOUR JOB TITLE, SUPERVISOR NAME, TITLE	WHY DID YOU LEAVE?
NAME	FROM	START	TITLE:	
ADDRESS	TO	END	SUPERVISOR	
CITY STATE ZIP			COMPANY PHONE	MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

NAME	FROM	START	TITLE:	
ADDRESS	TO	END	SUPERVISOR	
CITY STATE ZIP			COMPANY PHONE	MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

NAME	FROM	START	TITLE:	
ADDRESS	TO	END	SUPERVISOR	
CITY STATE ZIP			COMPANY PHONE	MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

NAME	FROM	START	TITLE:	
ADDRESS	TO	END	SUPERVISOR	
CITY STATE ZIP			COMPANY PHONE	MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION

HIGH SCHOOL AND/OR COLLEGE ATTENDED	CITY	STATE	DEGREE / MAJOR	YEAR GRADUATED

CHECK ANY OF THE FOLLOWING OFFICE EQUIPMENT OR COMPUTER/SOFTWARE PACKAGES THAT YOU HAVE KNOWLEDGE OF IF YOU BELIEVE THEY ARE RELEVANT TO THE POSITION YOU ARE APPLYING FOR.

- | | | |
|--|--|--|
| <input type="checkbox"/> WORD PROCESSING | <input type="checkbox"/> WORD PERFECT | <input type="checkbox"/> MICROSOFT WORD |
| <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> POWER POINT | <input type="checkbox"/> MICROSOFT EXCEL |
| <input type="checkbox"/> DICTAPHONE | <input type="checkbox"/> PLAYER TRACKING SYSTEMS | <input type="checkbox"/> PRINT SHCP |
| <input type="checkbox"/> INTERNET | <input type="checkbox"/> OTHER _____ | |

SPECIAL EDUCATION OR TRAINING

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REFERENCES

NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #

ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? YES NO

IF REQUIRED FOR YOUR JOB CATEGORY, WILL YOU TAKE A PRE-EMPLOYMENT DRUG TEST? YES NO

IF HIRED, CAN YOU PRESENT STATE OR FEDERALLY ISSUED IDENTIFICATION AND YOUR SOCIAL SECURITY CARD? YES NO

MILITARY

BRANCH	RANK	RESERVE STATUS
DATE OF DISCHARGE	TYPE OF DISCHARGE	

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED FOR:

YES <input type="checkbox"/>	NO <input type="checkbox"/>	ABSENTEEISM	YES <input type="checkbox"/>	NO <input type="checkbox"/>	THEFT OR UNAUTHORIZED REMOVAL OF COMPANY PROPERTY
YES <input type="checkbox"/>	NO <input type="checkbox"/>	TARDINESS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	VIOLATING ORGANIZATION SAFETY RULES
YES <input type="checkbox"/>	NO <input type="checkbox"/>	INSUBORDINATION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	VIOLATING ORGANIZATION ALCOHOL OR DRUG POSSESSION POLICIES
YES <input type="checkbox"/>	NO <input type="checkbox"/>	FIGHTING OR ASSAULT			

PLEASE EXPLAIN EACH "YES" ANSWER.

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HAVE YOU EVER BEEN ARRESTED? YES NO IF SO, PLEASE EXPLAIN:

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF SO LIST DISPOSITION:

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ARE YOU RELATED TO ANYONE IN THE EMPLOYMENT OF DIVI CARINA BAY? YES NO

NAME	RELATIONSHIP

APPLICATION RELEASE

READ CAREFULLY BEFORE SIGNING

I hereby certify that the answers and statements given by me in this application are true and correct. I understand that any misrepresentation or omission of facts in this application, or during the course of an interview, may be justification for refusal of employment, or if employed, termination from employment. I authorize Divi Carina Bay Casino ("the company") and its entities to investigate all that it believes is relevant to my employment application including, but not limited to, my employment history, educational background, credit history, and record of criminal convictions. I also authorize my former employers, educational institutions, and individuals whom I have given as personal references to provide information that they may have about me in response to inquiry from the company as a result of my application for employment. I specifically consent to and authorize any agency of the criminal justice system to release to the company any records of criminal conviction as may be procured under NRS Chapter 179A and understand that such records will not necessarily disqualify me for employment.

I also acknowledge, that if requested, I will submit to hair, blood, or urine tests to determine if I am drug free. I understand that my refusal to submit to such tests may result in withdrawal of any offer of employment, or if employed, termination of employment.

Applicant Signature _____ Date _____

WHY DO YOU WISH TO WORK FOR DIVI CARINA BAY CASINO?

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