



CHANCES GAMING ENTERTAINMENT

Employment Application

APPLICANT INFORMATION					
Last Name:		First Name:		Initial:	
Street Address:					
City:		Province:		Postal Code:	
Telephone:		Cell Phone:		SIN:	
Position Applied For:				Date Available:	
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you age 19 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				If so, when?	
Is there any reason you might not be eligible to work for this company? If yes, explain.					
EDUCATION					
High School		Address	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Address	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University		Address	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CERTIFICATIONS AND LICENSING		Please check applicable information			
First Aid Certification <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3		Expiration Date of Certification	
FoodSafe BC <input type="checkbox"/> Y <input type="checkbox"/> N					
Serving It Right <input type="checkbox"/> Y <input type="checkbox"/> N					
Appropriate Response Training <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2			
Gaming Security Officer Training <input type="checkbox"/> Y <input type="checkbox"/> N					
PREVIOUS EMPLOYMENT					
Company			Phone: ()		
Address			Supervisor:		
Job Title:					
Responsibilities:					
From		To	Reason for Leaving:		
May we contact your previous supervisor for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone #

PREVIOUS EMPLOYMENT		
Company	Phone: ()	
Address	Supervisor:	
Job Title:		
Responsibilities:		
From	To	Reason for Leaving:
May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone #

PREVIOUS EMPLOYMENT		
Company	Phone: ()	
Address	Supervisor:	
Job Title:		
Responsibilities:		
From	To	Reason for Leaving:
May we contact your previous supervisor for a reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone #
Do you have any relatives working for this company?	If so, please provide their name	

REFERENCES:	
Full Name:	Relationship:
Company:	Phone Number: ()
Address:	
Full Name:	Relationship:
Company:	Phone Number: ()
Address:	
Full Name:	Relationship:
Company:	Phone Number: ()
Address:	

DISCLAIMER AND SIGNATURE:	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. My signature is your authorization to complete any employment checks that might be necessary including personal and business reference checks, criminal record and checks as required by the BC Gaming Policy Enforcement Branch.	
Signature _____	Date _____

Resume attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover Letter attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No