



BRONCO BILLY'S CASINO

P.O. Box 590 / 233 E. Bennett Avenue
Cripple Creek, CO 80813

(719) 689-2142 / Fax: (719) 689-9167 / www.broncobillyscasino.com

APPLICATION FOR EMPLOYMENT

Applications are kept on file for six (6) months.

All information must be completed for consideration. All applicants receive consideration without discrimination due to gender, race, creed, color, age, national origin, disability or veteran status.

| | | | | | |
|---|--|------------------------------|--------------------------------------|---|--|
| PERSONAL | Last Name | First | Middle | <u>Today's Date (Do not leave blank)</u> | |
| | Mailing Address | City | State | Zip Code | |
| | Home Telephone | () | | | |
| | Physical Address | City | State | Zip Code | |
| | Other Telephone | () | | | |
| | Are You At Least 21 Years of Age? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | When will you be available to begin work? | |
| | Have you ever been employed with us? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type of employment desired | |
| | If yes, when and reason for leaving: _____ | | | _____ FT _____ PT _____ Extraboard | |
| Do you have a Gaming License? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Has Expired <input type="checkbox"/> | Position(s) You Are Interested In | |
| If yes , License #: _____ Expiration Date: _____ | | | | | |
| If no , are you eligible to obtain a gaming license? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| If hired, can you furnish proof you are eligible to work in the United States? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Pay Range You Expect | |
| Have you ever been convicted of any law violation (include any plea of guilty or no-contest). Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details (a conviction will not necessarily prevent you from consideration for employment). | | | | Explanation | |

Applicants may be subject to drug/alcohol tests and/or background checks at the discretion of Bronco Billy's.

| EDUCATION | School | Name & Address of School | What You Studied | # of Years Completed | Did you Graduate | Degree, Diploma or Certification |
|-----------|--------------------------------|--------------------------|------------------|----------------------|---|----------------------------------|
| | High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Graduate School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Business/Trade/Technical/Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employer.

| | | |
|---|--------------------------------|---|
| 1 | Company Name | Telephone () |
| | Address | Length of Employment- (Date/Month/Year) From To |
| | Name of Supervisor | What Was Your Base Pay? |
| | Job Title and Responsibilities | Why Did You Leave? <input type="checkbox"/> Still there |

| | | |
|----------|--------------------------------|---|
| 2 | Company Name | Telephone () |
| | Address | Length of Employment- (Date/Month/Year) From To |
| | Name of Supervisor | What Was Your Base Pay? |
| | Job Title and Responsibilities | Why Did You Leave? |

| | | |
|----------|--------------------------------|---|
| 3 | Company Name | Telephone |
| | Address | Length of Employment- (Date/Month/Year) From To |
| | Name of Supervisor | What Was Your Base Pay? |
| | Job Title and Responsibilities | Why Did You Leave? |

| | | |
|----------|--------------------------------|---|
| 4 | Company Name | Telephone |
| | Address | Length of Employment- (Date/Month/Year) From To |
| | Name of Supervisor | What Was Your Base Pay? |
| | Job Title and Responsibilities | Why Did You Leave? |

| | | |
|----------|--------------------------------|---|
| 5 | Company Name | Telephone |
| | Address | Length of Employment- (Date/Month/Year) From To |
| | Name of Supervisor | What Was Your Base Pay? |
| | Job Title and Responsibilities | Why Did You Leave? |

May we contact the employers above? _____ If not, indicate below which one(s) you do not wish us to contact.

IN CASE OF EMERGENCY NOTIFY

| NAME | RELATIONSHIP | ADDRESS | PHONE NO. |
|--|--------------|-------------|-----------|
| <p>“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.</p> <p>I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. IF I AM HIRED PRIOR TO THE COMPLETION OF MY BACKGROUND CHECKS, CONTINUED EMPLOYMENT IS CONDITIONAL UPON THE RESULTING INFORMATION.</p> <p>I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL AND MAY BE TERMINATED WITH OR WITHOUT NOTICE AT ANY TIME AT MY OPTION OR AT THE OPTION OF THE COMPANY. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY.”</p> | | | |
| SIGNATURE | | DATE | |