



BRONCO BILLY'S CASINO

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

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

APPLICATION FOR EMPLOYMENT

Applications are kept on file for one (1) year.

Please complete all information requested.
Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

PERSONAL	Last Name	First	Middle	Today's Date	
	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: _____			_____ Full-Time _____ Part-Time	
Do you have a Gaming License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Position Desired		
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 Expected					
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 bar you from employment).					

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

EDUCATION	School	Name & Address of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
	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	Employed- (Date/Month/Year)
	Name of Supervisor	From To
	Job Title and Responsibilities	Base Pay Start Last Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed- (Date/Month/Year) From To
	Name of Supervisor	Base Pay Start Last
	Job Title and Responsibilities	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed- (Date/Month/Year) From To
	Name of Supervisor	Base Pay Start Last
	Job Title and Responsibilities	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed- (Date/Month/Year) From To
	Name of Supervisor	Base Pay Start Last
	Job Title and Responsibilities	Reason for Leaving

5	Company Name	Telephone ()
	Address	Employed- (Date/Month/Year) From To
	Name of Supervisor	Base Pay Start Last
	Job Title and Responsibilities	Reason for Leaving

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	