

The New Pioneer LLC

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER – We consider applicants for all positions without regard to race, color, religion, sex, pregnancy, national origin, age-40 or older, marital or veteran status, sexual orientation or gender identity/expression, genetic information or disability.

Date: _____

Name (*Please Print*)

Last: _____ First: _____ M.I.: _____

Address: _____ City / State: _____ Zip: _____

Previous Address: _____ City /State: _____ Zip: _____

Email Address: _____

Telephone Number: (_____) _____ Secondary Phone #: (_____) _____

Position Applied For: _____ Experience: _____ Years _____ Months

Salary Desired: \$ _____

Secondary Position Applied For: _____ Experience: _____ Years _____ Months

Salary Desired: \$ _____

Will you work any shift? Yes No Are you willing to work overtime? Yes No

Type of work desired: Full-Time Part-Time Seasonal

Do you have a Gaming Card? Yes No Expiration Date: _____ # _____

Do you have a Health Card? Yes No Expiration Date: _____ # _____

Do you have a TAM/Alcohol Awareness Card? Yes No Expiration Date: _____ # _____

Can you, after employment, submit verification of your legal right to work in the United States?

Yes No As a condition of employment all new employees will be required to submit proof of citizenship or immigration documentation at the time of hire. Additional requirements may be necessary in order to comply with State and Federal Law.

Have you ever been convicted of a felony, or within the last three years, a misdemeanor?

Yes No a conviction does not necessarily disqualify applicant from the job applied for.

If yes, please explain:

EMPLOYMENT HISTORY:

Beginning with your present or most recent employment, list ALL present and past employment (use a separate sheet, if necessary), include summer or part-time employment. For unemployment or self-employment periods, show dates, earnings (if any) and locations. You may exclude volunteer organizations which indicate race, color, religion, gender, national origin. Disability, sexual orientation or gender identity/expression, genetic information or other protected status.

Company Name Street Address: City, State, Zip Code	Dates of Employment Month & Year	Last Pay Rate Or Salary	Your Job Title Supervisors Name	Detail Reason for Leaving
Name:	From:		Job Title:	
Street Address:	To:		Supervisors Name:	
City: State: Zip:		Phone:		
Name:	From:		Job Title:	
Street Address:	To:		Supervisors Name:	
City: State: Zip:		Phone:		
Name:	From:		Job Title:	
Street Address:	To:		Supervisors Name:	
City: State: Zip:		Phone:		
Name:	From:		Job Title:	
Street Address:	To:		Supervisors Name:	
City: State: Zip:		Phone:		
Name:	From:		Job Title:	
Street Address:	To:		Supervisors Name:	
City: State: Zip:		Phone:		
Name:	From:		Job Title:	
Street Address:	To:		Supervisors Name:	
City: State: Zip:		Phone:		

EDUCATION:

Type of School	Name of School	School Address City & State	Courses Majored In	Circle Last Year Completed	Yes/No Graduated
High School				9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
College				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Training					Yes <input type="checkbox"/> No <input type="checkbox"/>

Please specify the skills you possess for the position(s) for which you have applied:

Have you ever served in the United States Armed Forces? Yes No

Special training or skills you acquired during your service:

GENERAL INFORMATION:

Reason for seeking employment with The New Pioneer LLC:

Employee Reputation Friends Relatives Advertisement Other _____

Employee Name:

Have you previously been employed at The New Pioneer LLC? Yes No

If YES, provide dates of employment, and reason for leaving:

Indicate any foreign language you can speak, read and /or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List three (3) references who are not related to you.

Full Name:	Address (City, State, Zip)	Area Code – Telephone #	Years Known
		()	
		()	
		()	

Signature

Date