



**EMPLOYMENT APPLICATION**

8630 San Ysidro Ave. #100 Gilroy, CA 95020  
(408) 847-3777 play@garliccityclub.com www.garliccitycasino.com

Qualified application are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, or the presence of a non-job related medical condition or handicap or any other protected status under state or federal law.

**TO ALL PROSECTIVE EMPLOYEES OF GARLIC CITY CLUB**

Subject to an offer of employment, you will be required to submit Gilroy Police Department Background check and finger print Live Scan for approval. (Separate Forms) Live Scan \$25, City of Gilroy Work Permit \$385. You will recieve a Cardroom Registration Card with 1 year expiration. Background Check processing approximately take two weeks from time submitted and permit payment with be to Gilroy Police Department

PRIVACY POLICY AGREEMENT: See information at [www.garliccityclub.com/privacy-policy.html](http://www.garliccityclub.com/privacy-policy.html)

**POSITION(s) DESIRED:** Please indicate interest.

- Game Dealer
- Cashier/Cage
- Kitchen Staff
- Security Guard
- Other

**PLEASE INDICATE SHIFTS YOU ARE AVAILABLE TO WORK:**

- |                                    |                              |                                |       |
|------------------------------------|------------------------------|--------------------------------|-------|
| <input type="checkbox"/> FULL TIME | <input type="checkbox"/> ALL | <input type="checkbox"/> SWING | _____ |
| <input type="checkbox"/> PART TIME | <input type="checkbox"/> DAY | <input type="checkbox"/> GRAVE | _____ |

**ARE YOU 21 YEARS OR OLDER?**  YES  NO

**IF YOU ARE NOT A CITIZEN OF THE UNITED STATES,** please indicate your authorization:

\_\_\_\_\_

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**BELOW LIST ANY OTHER NAMES YOU HAVE USED:** (Married, Maiden, etc.)

\_\_\_\_\_

**PHYSICAL ADDRESS:**

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**PHONE NUMBER:** ( \_\_\_\_ ) \_\_\_\_\_ **MOBILE:** ( \_\_\_\_ ) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Administration Fields

<b>SSN:</b> _____	<b>DOB:</b> _____
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**HAVE YOU EVER HAD A GAMING LICENSE DENIED OR REVOKED?**  YES  NO

If YES, please explain: \_\_\_\_\_

**LANGUAGES SPOKEN OR WRITTEN BESIDES ENGLISH:**

\_\_\_\_\_

**HAVE YOU PREVIOUSLY BEEN EMPLOYED BY GARLIC CITY CLUB?**  YES  NO

If YES, when and what department: \_\_\_\_\_

**DO YOU HAVE RELATIVES/FRIENDS WHO CURRENTLY WORK FOR GARLIC CITY CLUB?**  YES  NO

If YES, what are their name(s) and relationship(s): \_\_\_\_\_

\_\_\_\_\_

<b>EDUCATION:</b>	Name	Address (City & State)	Years Completed	Graduate
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Technical			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any special skills or training that would benefit you in your desired position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY HISTORY:**

Have you ever served in the United States Armed Forces?  YES  NO

IF YES: Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_ Dates of Service: \_\_\_\_/\_\_\_\_

**CRIMINAL HISTORY:**

Note: The existence of a criminal record does not constitute an automatic bar to employment. Individual circumstances will be considered.

Have you ever been convicted of a felony?  YES  NO

Are there any pending or on-going felony prosecutions against you?  YES  NO

Have you ever been convicted of a misdemeanor?  YES  NO

Are there any pending or on-going misdemeanor Prosecutions against you?  YES  NO

**EMPLOYMENT HISTORY:**

Note: List all recent employers (explain any gap(s) in employment history) starting with the most recent employer. Resumes may be included with this application, but will NOT substitute for this section.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## REFERENCES

Please provide the information of three persons not related to you, whom you have know at least one year.

NAME	TITLE	COMPANY	PHONE NUMBER

## AUTHORIZATION:

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT TO FALSIFY INFORMATION IS GROUNDS FOR REFUSING TO HIRE ME, OR FOR DISCHARGE SHOULD I BE HIRED.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN AND MAY BE TERMINATED, OR ANY OFFER OR ACCEPTANCE OF EMPLOYMENT WITHDRAWN, AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE AT THE OPTION OF THE COMPANY. I UNDERSTAND THAT ONLY THE OWNER OF THE COMPANY HAS THE AUTHORITY TO CHANGE THE EMPLOYMENT RELATION INTO SOMETHING OTHER THAT AT-WILL, AND THEN, ONLY IF IN WRITING AND SIGNED BY THE OWNER.

Application's Signature \_\_\_\_\_

\_\_\_\_\_ initial I hereby certify that I have not knowingly withheld any information that might adversely affect my changes for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ initial I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

\_\_\_\_\_ initial I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT.

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

Application's Signature \_\_\_\_\_ Date: \_\_\_\_\_