

LAKE ELSINORE CASINO

APPLICATION FOR EMPLOYMENT

Visit <http://lercasino.com/careers> to see what positions are available
 Once application is completely filled you can email it to jobs@lercasino.com or drop it off at the Hotel Front Desk at
 Lake Elsinore Casino - 20930 Malaga Road - Lake Elsinore, CA 92530

Name _____
 Last First Middle

Address _____
 Street City State Zip

Contact _____
 Home Mobile Email

Date of Application: _____ Position Applying For: _____

Positions Applying for:

- | Casino | | Hotel | | Maintenance | Admin / Public Safety |
|---|---|---------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> Dealer - Pan | <input type="checkbox"/> Dealer - Other | <input type="checkbox"/> Casino Host | <input type="checkbox"/> Front Desk | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Dealer - 21 | <input type="checkbox"/> Chip Runner Server | <input type="checkbox"/> Tournaments | <input type="checkbox"/> House Person | <input type="checkbox"/> Landscaper | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Dealer - Poker | <input type="checkbox"/> Chip Runner | <input type="checkbox"/> Cage Agent | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Dealer - Pai Gow | <input type="checkbox"/> Porter | <input type="checkbox"/> Board Person | <input type="checkbox"/> Laundry Attendant | | |

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-related medical condition, handicap, or other legitimate protected status.

How did you hear about us? _____

Are you over 21 years of age? Yes No

Have you been employed here before? Yes No

Have you been convicted of any felonies or misdemeanors? Yes No

If so, please explain _____

Are you eligible to lawfully work in the US, and if so, are you able to provide necessary documentation? Yes No

On what date will you be available to work? _____

Do you prefer: Full-time Part time

If hired, do you have reliable means of transportation? Yes No

How much would you like to earn in this position? \$ _____

Do you have any friends or relatives presently working for us? Yes No

If yes, friend's or relative's name _____

FOR OFFICIAL USE ONLY	DOH: _____ POSITION: _____ <input type="checkbox"/> Background Check <input type="checkbox"/> Live Scan / Work Permit <input type="checkbox"/> Drug & Alcohol Screening RATE: _____ EMP# _____ BC Approval: _____ Food Handler Card _____ <input type="checkbox"/> SS# E-Verify
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Hours Availability for Work Schedule

Please mark hours you will be (preferred) available for work & hours you will be Unavailable for work. If not sure just leave blank.

Do you prefer: Days Swing Graveyard

Preferred Unavailable Not sure

	FRI	SAT	SUN	MON	TUES	WED	THURS
12 am - 1 am							
1 am - 2 am							
2 am - 3 am							
3 am - 4 am							
4 am - 5 am							
5 am - 6 am							
6 am - 7 am							
7 am - 8 am							
8 am - 9 am							
9 am - 10 am							
10 am - 11 am							
11 am - 12 pm							
12 pm - 1 pm							
1 pm - 2 pm							
2 pm - 3 pm							
3 pm - 4 pm							
4 pm - 5 pm							
5 pm - 6 pm							
6 pm - 7 pm							
7 pm - 8 pm							
8 pm - 9 pm							
9 pm - 10 pm							
10 pm - 11 pm							
11 pm - 12 am							

Acknowledgement of my Availability:

I, _____ have marked the hours I will be (preferred) available for work & hours I will be Unavailable for work. If hired for this position and I may need to request any changes in the future to my hour’s availability for my working schedule, it will be my responsibility to let my supervisor/ manager know with advance notice.

Signature _____

Date _____

Previous Employment: List your last five (5) years of Employment – Starting with your last job

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ (optional) Starting Salary\$ _____ (optional) Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ (optional) Starting Salary\$ _____ (optional) Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ (optional) Starting Salary\$ _____ (optional) Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ (optional) Starting Salary\$ _____ (optional) Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Education Background

High School _____ City _____ Did you graduate? Yes No

College _____ City _____ Degree Received _____

Trade School _____ City _____ Diploma Received _____

Dealer _____

References: Give the name, address and telephone number of three references who are not related to you

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Information: List name, address and phone number of person(s) to contact in case of emergency

Name	Relation	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

For Safety Security Officer Applicants Only

CA Guard Card#: _____ CA Pepper Spray: _____

CA Firearm#: _____ CA Baton#: _____

First Aid/CPR: _____

DO NOT WRITE BELOW THIS - For Office Use Only

This area must be filled out completely only by Department Manager/ Supervisor that would conduct Interview/ Audition

1st Interview By: _____ Date: _____ Position/Shift: _____

Remarks: _____

Neatness: _____ Ability: _____ Hrs. Availability: _____

Proceed to 2nd Interview? Yes No Pay: _____

Approved By: _____ Mgmt. Approval: _____ Date: _____

2nd Interview By: _____ HR Approval: _____ Date: _____

Confidential

This last page should ONLY be filled by Applicant once "Proceed to 2nd Interview" has been checked.

This should only apply to those who are considered for employment after initial interview/ audition from a Department Manager.

Background Check Consent

I understand that I must pass a background check in order to be employed here. I hereby authorize Lake Elsinore Casino and its designated agents and representatives HireRight, LLC ("HireRight"), to conduct a comprehensive review of my background causing a consumer report to be generated for employment purposes. I understand that the scope of the investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, educational background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

The information contained is correct to the best of my knowledge. I also understand that if I cannot pass the required background check administered and required by the Division of Gambling Control I voluntarily resign my position at the Lake Elsinore Casino with no claims to any benefits.

Former Name(s) _____ Social Security Number _____

Current Address _____ Date of Residency _____

Previous Address _____ Date of Residency _____

Birthdate ___/___/___ Driver's License/ Identification Number/State _____

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Drug and Alcohol Screening Test Consent

We have a vital interest in a safe, healthful and efficient environment for our employees, customer and visitors. Accordingly, to protect the above, as well as safeguard our property, equipment and operation, we have established a drug and alcohol policy prohibiting employee's use, possession, purchase and transfer of alcohol or drugs in the work place.

_____, freely and voluntarily agree to submit to a drug and alcohol screening test at a medical facility designated by my employer and fully understand and acknowledge that I will not be eligible for hire unless I pass the medical test. I also understand and agree to random testing for drugs and alcohol during employment with your casino.

Applicant Signature _____ Date _____

Applicant Statement

I understand and agree that the employment for which I am making application is, and intended to be, "At Will" and such employment may be terminated at any time with or without cause, with or without prior notice by either my employer or me. Any change to the "At Will" employment relationship can only be made in writing and only by the managing partner.

Any offer of employment has been read, are understood, and if offer is herewith accepted. I understand that my employment is contingent upon completion of background check, drug test, or any other contingencies the employer and/or Department of Justice require for position(s).

I certify that the information contained in this application is correct to the best of my knowledge and understand that misrepresentation or omission of facts called for may result in denial of employment or discharge. I authorize investigation of all statements contained in this application.

Applicant Signature _____ Date _____

Additional Notices

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, LLC ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.