

APPLICATION FOR EMPLOYMENT



REDCO

INSTRUCTIONS FOR COMPLETION OF APPLICATION:

Print or type only. Use **BLACK INK ONLY**. If you make a mistake, draw a single line through the mistake. **FILL IN ALL SPACES**. If something does not apply to you, write **N/A** in the space provided. Only completed applications will be accepted.

PLEASE READ BEFORE SIGNING:

The Redding Rancheria Gaming Ordinance requires all Redding Rancheria Economic Development Corporation employees to undergo a background investigation to determine eligibility for a Gaming License, which is required by Federal Law. All applicants for a Gaming License must comply with all requirements of the Redding Rancheria Gaming Commission including completion of the license application and fingerprinting.

Redding Rancheria Economic Development Corporation is a drug free work place and as such all potential employees are required to pass a pre-employment drug screening, as outlined in the Redding Rancheria Economic Development Corporation Drug and Alcohol Policy.

In completing this application and signing below, the applicant authorizes investigation of all statements contained herein (including all attachments).

I, _____, agree that any misinformation or omission of material facts herein, or failure to complete all requirements of the Redding Rancheria Gaming Commission will cause forfeiture on my part of all rights to employment at Redding Rancheria Economic Development Corporation.

Signature

Date

Position Desired: _____ Full-Time _____ Part-Time _____

Full Name: _____
Last First Middle

Other Names Used (including maiden name) _____

Mailing Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Driver's License or ID Number: _____ State: _____ Expiration: _____

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EMPLOYMENT HISTORY: (List all employment held in the last five years)

Employer: _____ Supervisor: _____

Address: _____

Dates of Employment: From: ___/___/___ To: ___/___/___

Position: _____ Salary: _____

Phone: (____) _____ Reason for Leaving: _____

Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Dates of Employment: From: ___/___/___ To: ___/___/___

Position: _____ Salary: _____

Phone: (____) _____ Reason for Leaving: _____

Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Dates of Employment: From: ___/___/___ To: ___/___/___

Position: _____ Salary: _____

Phone: (____) _____ Reason for Leaving: _____

Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Dates of Employment: From: ___/___/___ To: ___/___/___

Position: _____ Salary: _____

Phone: (____) _____ Reason for Leaving: _____

Duties: _____

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AUTHORIZATION TO RELEASE INFORMATION

The undersigned has applied for employment with Redding Rancheria Economic Development Corporation. In connection with said application, the undersigned hereby requests any and all former employers to whom a copy of this authorization is furnished to release any information requested concerning former employment to Redding Rancheria Economic Development Corporation in care of the Chief Executive Officer, 2100 Redding Rancheria Road, Redding CA 96001, including copies of documents contained in my personnel file, whether or not said information or documents are otherwise regarded as confidential.

This authorization shall remain in effect for one year from the date of application. While the purpose of this authorization is to provide Redding Rancheria Economic Development Corporation with the information it needs to evaluate my qualifications for employment, I agree that my former employers shall not be liable for any damages that may result from their release of information to Redding Rancheria Economic Development Corporation pursuant to this authorization. I shall not seek to recover any such damages from my former employers.

This authorization to release information is intended to satisfy the requirements of U.S.C. section 552(a)(b) and (d) (1) or any similar federal statute, regulation, rule or policy authorizing or requiring the release of information about an individual maintained by any person, entity or governmental agency.

Date: _____

Signature

Type or print name

Social Security Number

