



APPLICATION FOR EMPLOYMENT

Colorado Grande Casino is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including but not limited to race, color, creed, religion, age, sex, national origin, ancestry, sexual preference, marital status, handicap, disability related to pregnancy or childbirth, membership or activity in any local commission, or status regarding public assistance. None of the questions in this application or related employee selection procedures are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job related information or protected characteristics.

If you are hired by Colorado Grande Casino you will be employed on at at-will basis. As an at-will-employee, you may terminate your employment at any time for any reason, without notice. Similarly, if you are hired, Colorado Grande Casino will have the right to terminate your employment at any time for any reason, without prior notice. No Colorado Grande Casino supervisor or manager has the authority to offer or promise anything other than at-will employment.

Please print all information.

PERSONAL DATA		Today's Date	
Name (Last, First, Middle)			
Address		How Long?	
City		State	Zip Code
Home Telephone () ()	Alternate Telephone () ()	E-mail Address	
Gaming License #:		Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you at least 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you furnish proof that you are legally authorized to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied at the Colorado Grande Casino? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____		Please list any relatives at Colorado Grande Casino. _____ _____ _____	
Have you ever been convicted or pled guilty or no contest to a felony? (Conviction will not automatically disqualify you from eligibility for employment.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____ _____			
Position you are applying for? First Choice _____ Other _____		Expected Salary: \$ _____ Shift Available: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Any Date available to work _____	

EMPLOYMENT AND BUSINESS EXPERIENCE			
MOST RECENT JOB HELD	Please give accurate and complete full-time and part time employment information. Start with your present or most recent employer. LIST ALL EMPLOYERS.		
	Employer Name	Work Phone No. ()	DATE OF EMPLOYMENT FROM (Mo/Yr) TO (Mo/Yr)
	Address		
	Supervisor's Name	Phone No. ()	HOURLY RATE / SALARY STARTING FINAL
	Job Title / Work Performed		
	Reason for Leaving		

PREVIOUS EMPLOYMENT	Employer Name	Work Phone No. ()	DATE OF EMPLOYMENT FROM (Mo/Yr) TO (Mo/Yr)
	Address		
	Supervisor's Name	Phone No. ()	HOURLY RATE / SALARY STARTING FINAL
	Job Title / Work Performed		
	Reason for Leaving		

PREVIOUS EMPLOYMENT	Employer Name	Work Phone No. ()	DATE OF EMPLOYMENT FROM (Mo/Yr) TO (Mo/Yr)
	Address		
	Supervisor's Name	Phone No. ()	HOURLY RATE / SALARY STARTING FINAL
	Job Title / Work Performed		
	Reason for Leaving		

PREVIOUS EMPLOYMENT	Employer Name	Work Phone No. ()	DATE OF EMPLOYMENT FROM (Mo/Yr) TO (Mo/Yr)
	Address		
	Supervisor's Name	Phone No. ()	HOURLY RATE / SALARY STARTING FINAL
	Job Title / Work Performed		
	Reason for Leaving		

Is any additional information relative to change of name, assumed name or nickname necessary to enable us to check your record? Yes No

If yes, please explain: _____

EDUCATION						
SCHOOL	NAME & LOCATION OF SCHOOL		MAJOR FIELD	GPA	DEGREE RECEIVED	
					DEGREE	
HIGH SCHOOL						
COLLEGE / UNIVERSITY						
GRADUATE / PROFESSIONAL						
VO-TECH						
All other educational course work or programs, including any programs or courses not completed.						

PROFESSIONAL CERTIFICATIONS / LICENSES				
Certification / Designation	State of Issuance	Date Received	Certification / Designation	Date Expired / Rescinded / Suspended / Revoked

SKILLS & SPECIAL TRAINING (Provide information which is relevant to the position you are applying.)	
<input type="checkbox"/> Clerical Approximate WPM: _____ Type of Equipment: _____ Type of Software: _____	<input type="checkbox"/> Electronics training / experience Explain: _____ _____ _____
<input type="checkbox"/> Bookkeeping/Accounting Explain: _____ _____ _____	<input type="checkbox"/> Heating & Air Conditioning Maintenance training / exper. Explain: _____ _____ _____
<input type="checkbox"/> Casino/Gaming Training Explain: _____ _____ _____	<input type="checkbox"/> Construction trades training / experience Explain: _____ _____ _____
<input type="checkbox"/> Computer software/hardware knowledge Explain: _____ _____ _____ _____	<input type="checkbox"/> Other Explain: _____ _____ _____ _____

ADDITIONAL INFORMATION

Please state any other information that you feel would be helpful to us in considering your application: Do not provide any protected characteristics or information.

PLEASE READ AND SIGN

By my signature below, I promise that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete. I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date.

Colorado Grande Casino has a no-tolerance drug and alcohol abuse policy. Employees are required to submit to a pre-employment drug test after an offer of employment is made and random testing after and during their employment for illegal and non-prescribed drugs and alcohol abuse.

I understand that Colorado Grande Casino may obtain a consumer and/or investigative consumer report for employment purposes that may contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Colorado Grande Casino as part of the pre-employment background investigation and if hired, at any time during my employment.

I authorize any person, school, current employer (except as previously noted), past employer(s), and organizations named in this application form (and accompanying resume, if any) to provide Colorado Grande Casino with any information and opinion requested by Colorado Grande Casino in connection with any application, and I release such persons and organization from any legal liability in making such statement.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT NOTICE. I UNDERSTAND THAT NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION. I ALSO UNDERSTAND AND AGREE THAT I SHALL, IF EMPLOYED BY COLORADO GRANDE CASINO, HAVE NO EXPECTATION OF OR RIGHT TO PRIVACY. MY PERSON, PERSONAL PROPERTY, AND PREMISES UNDER MY CONTROL, INCLUDING PURSE, CLOTHING, LOCKER, AND VEHICLE MAY BE SEARCHED AT ANY TIME.

I AGREE TO IMMEDIATELY NOTIFY COLORADO GRANDE CASINO WITHIN 3 BUSINESS DAYS IF I SHOULD BE OR CONVICTED OF A FELONY, OR ANY CRIME INVOLVING DISHONESTY, BREACH OF TRUST, ASSAULT, BATTERY, OR HARASSMENT WHILE MY JOB APPLICATION IS PENDING, OR DURING MY PERIOD OF EMPLOYMENT, IF HIRED.

Applicant's Signature _____ Date _____



APPLICANT INTERVIEW QUESTIONS

Applicant Name: _____

1. Everyone has certain principles, standards or qualities they view as worthwhile or desirable. We call these Values. List your top values and why they are important.

2. What commitment will you make to improve the Colorado Grande Casino and when will you do it?

3. What commitment, at work or in your personal life, will you make for yourself and when will you do it?

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

