



LUCKY CHANCES

Casino & Fine Dining

1700 Hillside Blvd.

Colma, CA 94014

Tel: (650) 758-2237

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Email: Jobs@LuckyChances.com

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Incomplete applications will NOT be processed

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)				TODAY'S DATE	
MAILING ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
EMAIL ADDRESS					
ARE YOU <u>AT LEAST</u> 21 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, CAN YOU SHOW PROOF OF LEGAL AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE NO.	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED:					

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHAT DAYS AND HOURS ARE YOU <u>AVAILABLE</u> FOR WORK?	ARE YOU AVAILABLE FOR WORK ON WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO WOULD YOU BE ABLE TO WORK OVERTIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HAVE YOU EVER WORKED AT LUCKY CHANCES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	POSITION?
REASON FOR LEAVING		
DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED AT LUCKY CHANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST HIS/HER NAME(S):		

HOW WERE YOU REFERRED TO LUCKY CHANCES?		
<input type="checkbox"/> COLMA RESIDENT	<input type="checkbox"/> ONLINE AD	<input type="checkbox"/> FRIEND
<input type="checkbox"/> WALK IN	<input type="checkbox"/> OTHER: _____	

EDUCATION, TRAINING & EXPERIENCE

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE ?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

GENERAL

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT LUCKY CHANCES, INC?

SPECIAL LICENCES OR CERTIFICATIONS:

MANY OF OUR CUSTOMERS DO NOT SPEAK ENGLISH. DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGES? IF YES, WHAT LANGUAGES?

EMPLOYMENT HISTORY (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT.)

NAME OF PRESENT OR LAST EMPLOYER		STARTING DATE	LEAVING DATE
ADDRESS	CITY	STATE	ZIP
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER		STARTING DATE	LEAVING DATE
ADDRESS	CITY	STATE	ZIP
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER		STARTING DATE	LEAVING DATE
ADDRESS		CITY	STATE ZIP
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE NO.	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES (LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST FIVE YEARS.)

NAME	ADDRESS/TELEPHONE NO.	OCCUPATION	YEARS ACQUAINTED

MILITARY SERVICE

HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE.

CRIMINAL CONVICTIONS

The Gambling Control Act requires that all individual who are employed as gambling enterprise employees hold a valid work permit. The Work Permit Application requires fingerprinting and a photograph and the application is processed through the Colma Police Department. Failure to list all convictions will result in denial or revocation of a work permit and termination of employment with Lucky Chances, Inc. Any information regarding criminal history will be maintained confidentially.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or misdemeanor)? Please do not list: misdemeanor convictions for marijuana-related offenses that are more than two years old; infraction; records relating to diversion programs; convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law; or any convictions, adjudications or other court actions by a juvenile court. <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, please list the crime(s) you were convicted of and when and where convicted. Please also include any other information you want to share with us about this conviction, any mitigating circumstances or any additional information you believe may be relevant.

NOTE: As permitted by Government Code Section 125952(d) Lucky Chances is required by state law to conduct criminal background checks for employment purposes.

AUTHORIZATION

PLEASE READ CAREFULLY, INITIAL EACH PARARAPH AND SIGN BELOW

_____(Initials) I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES 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.

_____(Initials) I HEREBY AUTHORIZE LUCKY CHANCES INC. TO THOROUGHLY INVESTIGATE MY REFERENCE, WORK RECORD, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT UNLESS OTHERWISE SPECIFIED ABOVE. I FURTHER, AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE TO THE COMPANY ANY AND 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 ALL OTHER PERSONS, CORPORATION, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

_____(Initials) I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND LUCKY CHANCES, INC. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR LUCKY CHANCES, INC., AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY THE COMPANY'S CEO & PRESIDENT.

_____(Initials) I ALSO UNDERSTAND THAT EMPLOYMENT WITH LUCKY CHANCES, INC. CANNOT COMMENCE UNTIL REFERENCES HAVE BEEN CHECKED (AT THE OPTION OF LUCKY CHANCES, INC.), THE DRUG SCREEN TESTING HAS BEEN COMPLETED AND PASSED AND THE TOWN OF COLMA HAS ISSUED AN EMPLOYEE WORK PERMIT BADGE TO ME AND I HAVE SIGNED AN "AT WILL ACKNOWLEDGEMENT/ARBITRATION AGREEMENT."

_____(Initials) IN COMPLIANCE WITH FEDERAL LAW, ALL PERSONS HIRED WILL BE REQUIRED TO VERIFY IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUESTED EMPLOYMENT ELIGIBILITY VERIFICATION DOCUMENT FORM UPON HIRE.

APPLICANT SIGNATURE

DATE

PRINT NAME

Equal Employment Opportunity Data

To be completed by Applicant:

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Completion of this form is entirely VOLUNTARY. YOU DO NOT HAVE TO PROVIDE THE INFORMATION BELOW. All information will remain confidential and will not affect your application for employment or subject you to any adverse treatment. It will not become part of your personnel record if you are hired by this company and will only be used as required by law. When reported, data will not identify any specific individual.

Name _____ Date _____

Position you are applying for _____

Gender: Male Female Prefer not to answer

Race/Ethnicity: American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 White (not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander
 Two or More Races
 Prefer not to answer

Definitions of the EEO-1 race and ethnicity categories are as follows:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African-American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Equal Employment Opportunity Data

To Be Completed by Employer

EEO-1 Category:

- | | |
|--|---|
| <input type="checkbox"/> (1.1) Executive/Senior Level Officials & Managers | <input type="checkbox"/> (5) Administrative Support Workers |
| <input type="checkbox"/> (1.2) First/Mid Level Officials & Managers | <input type="checkbox"/> (6) Craft Workers |
| <input type="checkbox"/> (2) Professionals | <input type="checkbox"/> (7) Operatives |
| <input type="checkbox"/> (3) Technicians | <input type="checkbox"/> (8) Laborers & Helpers |
| <input type="checkbox"/> (4) Sales Workers | <input type="checkbox"/> (9) Service Workers |

Employer information completed by:

NAME

DATE