



**MIDDLETOWN RANCHERIA TRIBAL GAMING REGULATORY AGENCY**

P.O. Box 1539  
Middletown, CA. 95461  
(707) 987-8865 Phone (707) 987-9486 Fax

**MIDDLETOWN RANCHERIA TRIBAL GAMING REGULATORY AGENCY  
EMPLOYMENT APPLICATION  
Division 3**

**Please Print**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

Mailing address if different from present address:

\_\_\_\_\_  
No. Street City State Zip

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for: \_\_\_\_\_

Regular full-time work? Yes\_\_\_\_ No\_\_\_\_

Regular part-time work? Yes\_\_\_\_ No\_\_\_\_

Temporary work, e.g., summer or holiday work? Yes\_\_\_\_ No\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available? \_\_\_\_\_

Are you available for work on weekends? Yes\_\_\_\_ No\_\_\_\_

Would you be available to work overtime, if necessary? Yes\_\_\_\_ No\_\_\_\_

If hired on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_



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**Personal Information**

Have you ever applied for work at **Middletown Rancheria Tribal Gaming Regulatory Agency** before?  
Yes\_\_\_\_ No\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for **Middletown Rancheria Tribal Gaming Regulatory Agency**?  
Yes\_\_\_\_ No\_\_\_\_

If yes, state name(s) and relationship:  
\_\_\_\_\_  
\_\_\_\_\_

Why are you applying for work at **Middletown Rancheria Tribal Gaming Regulatory Agency**?  
\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes\_\_\_\_ No\_\_\_\_

Are you at least 21 years old? Yes\_\_\_\_ No\_\_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes\_\_\_\_ No\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying? Yes\_\_\_\_ No\_\_\_\_

If no, describe the functions that cannot be performed: \_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes\_\_\_\_ No\_\_\_\_

If no, describe the functions that cannot be performed: \_\_\_\_\_  
\_\_\_\_\_

(Note: Hiring may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes\_\_\_\_ No\_\_\_\_

If yes, state nature of crime(s), when and where convicted and disposition of the case: \_\_\_\_\_  
\_\_\_\_\_



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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes\_\_\_ No\_\_\_

If so, may we contact your employer? Yes\_\_\_ No\_\_\_

**Education Training and Experience**

| School                  | Name and Address | No. of years completed | Did you graduate? | Degree/Diploma |
|-------------------------|------------------|------------------------|-------------------|----------------|
| High School             |                  |                        | Yes ___<br>No ___ |                |
| College/University      |                  |                        | Yes ___<br>No ___ |                |
| Vocational/<br>Business |                  |                        | Yes ___<br>No ___ |                |
| Health Care             |                  |                        | Yes ___<br>No ___ |                |

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes\_\_\_ No\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at **Middletown Rancheria Tribal Gaming Regulatory Agency**? If so, please explain:

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

**Answer the following questions if you are applying for a professional position**

Are you licensed/certified for the job applied for? Yes\_\_\_ No\_\_\_

Name of License/Certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

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Has your license/certification ever been revoked or suspended? Yes\_\_\_\_ No\_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement: \_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_



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Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekly Pay: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**Note: Attach additional page(s) if necessary**

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**Military Service**

Have you obtained any special skills/abilities as the result of service in the military? Yes\_\_\_\_ No\_\_\_\_

If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

**List below three persons not related to you, who have knowledge of your work performance within the last three years that we may contact.**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ No. of years acquainted: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ No. of years acquainted: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                    No.                    Street                    City                    State                    Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ No. of years acquainted: \_\_\_\_\_

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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is **entirely voluntary**, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment process, and it will not become part of your personnel record if you are fired by this company.

Name: \_\_\_\_\_

Sex:

- Male
- Female

Race/Ethnicity:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- African American
- Hispanic
- White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a disability

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To be completed by employer:

EEO-1 Category:

- 1. Officials and managers
- 2. Professionals
- 3. Technicians
- 4. Sales
  
- 5. Office and clerical
- 6. Crafts
  
- 7. Operatives - semi-skilled
- 8. Laborers - unskilled
- 9. Service workers

Employer information completed by: Name: \_\_\_\_\_ Date: \_\_\_\_\_

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