



# APPLICATION FOR EMPLOYMENT

Delaware North Companies, Incorporated and its subsidiaries consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Delaware North is an equal opportunity employer.  
All applicants may be subject to pre-employment drug testing.

**PLEASE READ CAREFULLY – PRINT CLEARLY – ANSWER ALL QUESTIONS – “SEE RESUME” IS NOT ACCEPTABLE**

THE QUESTIONS ON THIS FORM ARE ASKED TO ALLOW US TO THOROUGHLY EVALUATE YOUR ABILITY AND CHANCE FOR SUCCESS IN THE POSITION FOR WHICH YOU ARE APPLYING. EVERY EFFORT HAS BEEN MADE TO COMPLY WITH APPLICABLE FEDERAL AND STATE LAWS.

Position(s) Applying For \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Referral Source:  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_  
Name of Source (If Applicable) \_\_\_\_\_

## PERSONAL DATA

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(last) (first) (middle)

Indicate any other name by which you have been known \_\_\_\_\_

Please provide (5) year residence history beginning with your present address:

_____ (#/street)	_____ (city)	_____ (county)	_____ (state)	_____ (zip code)
_____ (#/street)	_____ (city)	_____ (county)	_____ (state)	_____ (zip code)
_____ (#/street)	_____ (city)	_____ (county)	_____ (state)	_____ (zip code)
_____ (#/street)	_____ (city)	_____ (county)	_____ (state)	_____ (zip code)
_____ (#/street)	_____ (city)	_____ (county)	_____ (state)	_____ (zip code)

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been employed by Delaware North Companies, Incorporated (“DNC”) or any DNC subsidiary?  
 Yes  No If yes, where? \_\_\_\_\_ when? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Do you have any relatives currently employed by DNC or any DNC subsidiary?  Yes  No If yes, who? \_\_\_\_\_

Are you below the age of 18?  Yes  No If yes, can you furnish a work permit?  Yes  No

Have you, since the age of 18, ever been convicted of a felony?  Yes  No  
If yes, explain \_\_\_\_\_

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

Are you authorized to work in the United States?  
 Yes  No (Proof of citizenship or immigration status will be required upon employment)

## WORK PREFERENCE

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No

Are you currently on “lay off” status subject to recall?  Yes  No

Will you accept  full-time work  part-time work  temporary work

Will you work any day of the week including Saturdays, Sundays, and Holidays?  Yes  No

If No, what days are you available to work \_\_\_\_\_

On what date would you be available to begin work? \_\_\_\_\_

Are you willing to relocate?  Yes  No If yes, to what areas? \_\_\_\_\_

Can you travel if your job requires it?  Yes  No If yes, what % \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last (5) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. Indicate your activities during that time as well as the name, address, and telephone number of a reference (not a relative) who can verify your activities.

Employer	Telephone (      )	Dates Employed From      To		Summarize the nature of the work performed and job responsibilities
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Ending		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone (      )	Dates Employed From      To		Summarize the nature of the work performed and job responsibilities
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Ending		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone (      )	Dates Employed From      To		Summarize the nature of the work performed and job responsibilities
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
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Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Ending		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of gaps in employment)

**EDUCATION & TRAINING**

	Name and Address of School	Major/Minor	Did You Graduate?	# of Credits Earned	Diploma/Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					
Additional Training	Description		Degree/Certification/License		Date Completed

**MILITARY SERVICE**

Have you ever served in the United States Armed Services or in a State Militia?  Yes  No If yes, complete the following:

Service Branch \_\_\_\_\_ Reserve Organization \_\_\_\_\_

Final Rank or Rate \_\_\_\_\_

Describe any training in your military experience that is relevant to the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

**SPECIFIC SKILLS**

Indicate experience you may have in any of the following skill areas pertinent to the position for which you are applying.

Shorthand \_\_\_\_\_ WPM       Typing \_\_\_\_\_ WPM       Data Entry \_\_\_\_\_ Keystrokes

Fax Machine       PC       Data Processing/Computers

**SOFTWARE:**

Microsoft Word       Excel       Microsoft PowerPoint       Peoplesoft

**OTHER:** Other skills or qualifications relevant to the position being applied for (software, hardware, foreign languages, etc.)

\_\_\_\_\_

\_\_\_\_\_

Driver's License Number (if required by job) State \_\_\_\_\_ Number \_\_\_\_\_

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner or with reasonable accommodations the essential functions of the job or occupation for which you have applied? If applicable, a description of the essential functions of such a job or occupation is described below.

Yes  No

\_\_\_\_\_

\_\_\_\_\_

**ACTIVITIES**

List any hobbies or interests you may have, or any clubs, organizations, or professional groups to which you belong that have a direct bearing on your qualifications for the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List names of persons not related to you whom we may contact to verify your qualifications for the job for which you are applying:

Name & Nature of Affiliation	Address	Occupation & Company	Telephone#

Provide any additional information you feel may be helpful to us in considering your application.

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**CERTIFICATION OF ACCURACY AND AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I certify that the information provided is true, correct and complete in all material respects. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of Delaware North Companies, Incorporated and its subsidiaries ("DNC").

In connection with my application for employment with DNC, I hereby authorize DNC and any of its officers, agents, employees, and servants to solicit all relevant information with regard to this application. This authorization includes, but is not limited to, matters of opinion related to my character, ability, reputation, credit history, and past conduct. I understand that such information will be used by DNC in making its decision regarding my employment.

I hereby authorize and request all persons, schools, companies, corporations, governmental units, credit bureaus, and law enforcement agencies to release such information to DNC and its agents without restriction or qualification. I voluntarily waive all recourse and release all such providers of said information from liability for complying with this authorization.

I hereby release and discharge DNC, its agents and servants, their respective parents, subsidiaries, affiliates, successors and assigns, and their respective shareholders, officers, directors, employees, former employees, agents, contractors, and attorneys from any claim or liability, including attorney's fees, relating to or arising out of, but not limited to, the performance of the pre-employment investigation, the ultimate employment determination, and the disclosure of the information as described herein and as required by law, and any termination of my employment because of the falsity, answers or omissions made by me in this application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with DNC is of an "at will" nature, which means that DNC may discharge me at any time with or without cause, and with or without notice, except to the extent my employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of DNC.

Signature \_\_\_\_\_ Date \_\_\_\_\_