

EMPLOYMENT HISTORY (Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at CMG Corporation).

Company Name	Employment Dates From To	Salary Start End
Address	City & State	Supervisor & Title
Phone	Describe your duties:	
Reason for leaving and explanation		

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Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons who are not related to you who can provide professional references).

Name	Address	Phone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may lead to denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by CMG Corporation (hereinafter referred to as "CMG") that such employment with CMG is at will, for no specified duration and may be terminated by either CMG or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of CMG or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of CMG except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the forgoing statements and that any such agreements must be made in writing and signed by the President of CMG.

In consideration for employment with CMG, if employed, I agree to conform to the rules, regulations, policies and procedures set forth by CMG. I understand that due to the nature of CMG business, attendance and punctuality are considered essential requirements of every job at CMG and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with CMG, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to CMG and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____

Date _____

CMG IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

EMPLOYMENT APPLICATION

Club Monaco Gaming, LLC
 111 S Third St Renton, WA. 98057
 Tel: (425) 228-3700 Fax: (425) 277-0953



Check Appropriate Company



Position(s) Applied For:

Date:

Name:	Last	First	M.I.	
				Telephone _____
				Cell/Msg. # _____
Current Address	City		State	Zip Code

Are you legally eligible to work in the United States? Yes No
(Proof of eligibility will be required upon offer of employment)

Are you over the age of 21 years? Yes No

Can you with or without reasonable accommodation perform the essential functions of this job? Yes No
(If you have any questions about the functions of the job, please ask the interviewer before answering this question)

Have you ever applied to CMG Corporation before? *(If yes, please give date.)* _____ Yes No

Have you ever worked for CMG Corporation before? *(If yes, please give date.)* _____ Yes No

Have you ever been convicted of a felony? *(A conviction will not necessarily disqualify you.)* Yes No
If yes, please explain:

Is anyone related to you employed by CMG Corporation? Yes No
If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? Yes No
If yes, please explain.

On what date would you be available to work? _____ Type Employment Desired F/T _____ P/T _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change).

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

EDUCATION

	Name & Location of School	Course of Study	Years Completed	Graduated Yes/No	Degree Received
High School					
College					
Other					

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status).* _____

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? Yes No