



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

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 1) _____ 2) _____ 3) _____ Date of Application ____/____/____

Referral Source: Advertisement Employee Relative Employment Office
 Walk-in Private Employment Agency Other _____

Are you willing to accept any position if your first three choices are not available? _____

PERSONAL DATA

Name _____
(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)

Home Phone #- (_____) _____ - _____ Alternate Phone #- (_____) _____ - _____

E-mail Address _____

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? _____ where? _____

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

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

Date you can begin work _____ Date you must leave work _____

Will you need an RV site? Yes No If yes, RV length? _____

Are you applying with someone or have a roommate preference? _____

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. **COMPLETE THIS SECTION EVEN IF RESUME IS ATTACHED.**

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	
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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	
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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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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 any 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/Certificate/License		Date	

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 skills areas pertinent to the position for which you are applying.

- | | |
|--|---|
| <input type="checkbox"/> Shorthand _____ WPM
<small>(speed)</small> | <input type="checkbox"/> Fax Machine |
| <input type="checkbox"/> Typing _____ WPM
<small>(speed)</small> | <input type="checkbox"/> PC |
| <input type="checkbox"/> Data Entry _____ Keystrokes
<small>(speed)</small> | <input type="checkbox"/> PBX System / Switchboard |
| <input type="checkbox"/> Data Processing/Computers | |

SOFTWARE:

- Lotus 123, Excel, Word IBM Displaywrite Wordperfect Dbase III Plus

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 attached. Yes No

ACTIVITIES

List any hobbies or interests that you have, or any clubs, organizations, or professional groups to which you belong that have a direct bearing on your qualification 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.

CERTIFICATION OF ACCURACY AND AUTHORIZATION FOR THE RELEASE OF INFORMATION

I certify that the information I have 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 requested 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 may be covered by a Collective Bargaining Agreement. It is further understood that this "at will" 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 _____



RELEASE AND AUTHORIZATION

Disclosure: A consumer report may be procured for employment purposes.

I voluntarily and knowingly authorize for employment purposes only, any present or past employer, supervisor, university or learning institute, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch, Minnesota Bureau of Criminal Apprehension, personal reference, and/or other person, to give records information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, CREDIT HISTORY, or any other information requested to Employment Screening Services, Inc. and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be as valid as the original. According to the FAIR CREDIT REPORTING ACT, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. I will be so advised and given the name of the agency or source of information. If the decision was made in whole or part on credit information I will also be given a summary of my rights and a copy of the credit report.

Signature _____ Date _____

Print Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ / _____ / _____ Date of Birth _____ / _____ / _____

Driver's License Number _____ State of Issue _____

- **California Applicants Only:** You have a right to receive a copy of your Consumer Credit Report should one be requested for employment reasons.

_____ I wish to be furnished with a copy of my consumer report should one be ordered.



**Delaware North Companies
Incorporated**

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CONSENT AND RELEASE

APPLICANT:

If you are presently taking, or have recently taken [within the last six (6) months] any medications, including prescription and over-the-counter medications, it is essential to the analysis of your drug test results that you furnish this information on the Five-Part Drugs of Abuse Test Request Form and submit it to the collection facility.

I, _____, candidate for employment with Delaware North Companies or one of its affiliates ("the Company"), hereby acknowledge that I have been given copies of the corporation's Applicant Substance Abuse Policy (the "Policy") and a summary of the procedures to review and that I understand their terms.

I hereby consent to be tested for the presence of illegal drugs and controlled substances pursuant to the Policy and to the disclosure of the results of the test to the Company for use by and internal communication to personnel who, by reason of their job responsibilities or position of supervision of me, have a reason to know.

I understand that the collection facility may ask for a photo identification. I also understand that the facility, in accordance with its own procedures and requirements, may ask me to complete a medical history survey. I understand that this survey is not part of the Company's hiring process and that the survey will not be provided to the Company.

I release and discharge the Company, its parent, subsidiaries, affiliates, successors and assigns, and their respective shareholders, officers, directors, employees, former employees, agents, contractors, and attorneys from any claim or liability relating to or arising out of the performance of the test, the analysis, and/or the employment determination, including, without limitation, the testing procedures, the analysis, any follow-up investigation, the ultimate employment determination, and the disclosure of the test results as described herein and as required by law.

Date: _____

Signed: _____

Address: _____

Witness: _____

Parental Authorization: _____
(required for minors) _____ Date _____