



Employment Application Form

Download application and mail or fax to Personnel.

Casa De Shenandoah 3310 E Sunset Road, Las Vegas NV 89120. Fax number 702 547 4565.

Completed applications can also be sent via email to accounting@casadeshenandoah.com

PLEASE COMPLETE PAGES 1-3.			DATE _____	
Name				
Last	First	Middle		
Present address				
Number	Street	City	State	Zip
How long at current address			Telephone - Home: (____) _____	
Telephone – Mobile: (____) _____		Email: _____		
Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO				
Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.				
Position applied for (1) _____			Days/hours available to work	
and wage desired (2) _____			No Pref _____ Thur _____	
<i>(Be specific)</i>			Mon _____ Fri _____	
			Tue _____ Sat _____	
			Wed _____ Sun _____	
How many hours can you work weekly? _____				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> TEMPORARY/CONTRACT				
When are you available to start work? _____				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

WN Casa de Shenandoah, LLC Application

Have you ever been convicted of a crime? No Yes (A Conviction record will not necessarily disqualify you from employment.)

Provide details with dates and location of case:

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER in the ARMED FORCES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From	Start
Phone number		To	Final

Your last job title

Reason for leaving (be specific)

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From	Start
Phone number		To	Final

Your Last Job Title

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From	Start
Phone number		To	Final

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Reason for leaving (be specific)

WN Casa de Shenandoah, LLC Application

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who did? _____			
After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation ____ Yes ____ No.			

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex (including pregnancy) gender, sexual orientation, national origin, citizenship, age (40 or older), height, weight, or disability or genetic information. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Applicant Signature

Print

Date