



450 Harbor Court  
Fort Myers Beach, FL 33931

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**APPLICATION FOR EMPLOYMENT**

**PLEASE COMPLETE PAGES 1-6.** DATE \_\_\_\_\_

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

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

and salary desired (2) \_\_\_\_\_  
 (Be specific)

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

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

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

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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	Your Last Job Title		

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Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?     Yes     No

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____ _____	Address _____ _____
Telephone (    ) _____	Telephone (    ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

# APPLICANT DRUG TESTING CONSENT AND RELEASE

Pursuant to my application for employment, I understand that all job offers are expressly conditioned upon submitting to and passing a drug test to detect the presence of illegal drugs or alcohol use. I hereby consent to submit to a urinalysis or other tests as required by The Big M Casino, Inc. for the purpose of testing for the presence of illegal drugs or alcohol abuse. I agree that a clinic or laboratory approved by the Florida Agency for Health Care Administration may collect and test any specimens I provide for these tests. I further agree to authorize the release of the results of these tests to the Medical Review Officer (MRO) employed or retained by the Company, to the General Manager of the Company and to such other Management Personnel as may require this information on a need to know basis. However, my understanding is that any information derived from these tests will be confidential between the laboratory, the Personnel Manager of the Company, and the Medical Review Officer, except as otherwise provided by law, or if I place the test or its results in issue in any administrative, legal, or other proceedings.

I further agree to release and hold The Big M Casino, Inc. and its agents, employees and assigns, including the laboratory collecting and conducting these tests, harmless from any liability arising in whole or in part out of the collection or testing of the specimens I provide or from the use of the information derived from these tests in consideration of my employment application.

I have carefully read this consent and release form and understand it completely. I also understand that execution of the consent and release is a condition of employment with the company and my refusal to sign will result in withdrawal of any offer of employment I may receive. I am signing this form voluntarily and have not been coerced nor placed under duress by any person.

**APPLICANT**

**WITNESS:**

\_\_\_\_\_  
**APPLICANT'S NAME**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



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## PLEASE READ CAREFULLY

Employment is conditioned on the successful completion of the screening process. By signing this application, I represent that the information in this form is given voluntarily, may be used in filing reports required by state and federal governments and agencies, may be disclosed to others and used for any other purpose not prohibited by law. The Big M Casino, Inc. requires all individuals who successfully complete the initial employment screening process to submit to a drug screening program, which may include the taking of blood and /or urine samples, and requires that all employees submit to a drug and alcohol testing during the course of their employment. The result of such testing will be initially disclosed to decision makers for The Big M Casino, Inc. and may be the basis for disqualifying any candidate for employment and for termination during employment. The Big M Casino, Inc. reserves the right to utilize this information in any way it deems necessary, such as but not limited to civil, criminal and administrative proceedings, and any other similar matters by signing this application, I agree to the foregoing and further agree to hold The Big M Casino, Inc. harmless for any claims resulting from such testing for drug and / or alcohol use.

**Note: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.**

The Big M Casino, Inc. may terminate my employment at any time with or without cause or notice. I understand that no manager or representative of The Big M Casino, Inc. other than the President or Vice President or Secretary has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing either now, in the past or in the future. I further understand that even such an agreement must be in writing and signed by the President or Vice President or Secretary for it to be binding on either myself or The Big M Casino, Inc. I further understand that this supersedes any prior oral or written understanding and bars any future oral understandings to the contrary. \_\_\_\_\_(initial)

I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact The Big M Casino, Inc. Personnel Manager or the President or Vice President or Secretary or Chief Financial Officer immediately to obtain assistance in the resolution of such matters. \_\_\_\_\_(initial)

I also understand that all statements made by me in connection with my application for employment may be checked by The Big M Casino, Inc. to contact my prior employers, including each of those employers listed and other sources of information regarding my background, and I hereby authorize and direct each employer and source of information to answer any and all questions regarding my prior employment and background. I hereby indemnify The Big M Casino, Inc. each of my prior employers listed and each of the other sources of information contacted, and agree to hold them harmless from any claims arising from this authorization and direction. \_\_\_\_\_(initial).

The Big M Casino, Inc. background investigation of each applicant may result in the preparation of an investigative consumer report which would include information as to the applicant's character, general reputation, personal disclosure of the nature and scope of the requested investigation. I hereby release The Big M Casino, Inc. and any person, company or institution that provides The Big M Casino, Inc. from any and all liability for any damage that may result from the investigation, use or disclosure of such information to The Big M Casino, Inc. \_\_\_\_\_(initial).

I understand further that any misstatement or omissions in this application will result in a decision not to hire me or to discharge me if discovered only after hire. \_\_\_\_\_(initial)

If employed, I agree to conform to the rules and regulations of The Big M Casino, Inc.. I understand that as a condition of my employment and continued employment, I will be required to submit to, and do voluntarily agree to submit to any testing for the presence of drugs or alcohol, and to submit to any procedure to assess my qualifications for employment. I also agree that, just as I have, if hired the right to terminate my employment at any time, with or without cause and with or without notice. I hereby represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

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

# THE BIG M CASINO, INC.

## NOTICE TO APPLICANTS

The Big M Casino, Inc. has established and maintains a Drug-Free Workplace Program. This Drug Free Workplace Program is in conformity with chapter 440.102, Fla. Stat, its implementing regulations, and Federal law.

As part of this program, offers of employment are expressly conditioned upon passing a drug test. In addition, employees of the Company may be subject to drug testing under those conditions outlined in the Company's Drug and Alcohol Policy Statement.

For persons receiving a conditional offer of employment, failure of a drug test or refusal to submit to drug testing when required by the Company shall terminate any job offer. For employees, failing a drug test or refusing to submit to a drug test will result in action against an employee up to and including termination of employment.

Persons receiving a conditional offer of employment will have an opportunity to confidentially report to the Medical Review Officer (MRO) the use of prescription or non-prescription medications both before and after being tested. Additionally, job applications shall receive a list of common medications which may alter or affect a drug test.

Any person receiving a conditional offer of employment who fails a drug test may challenge or explain the result within (5) working days after written notification of the test result. A job applicant will also have an opportunity to request a retest at the job applicant's expense. If a job applicant's explanation or challenge is unsatisfactory, the job applicant may contest the drug results pursuant to rules adopted by the Department of Labor and Employment Security or the Agency for Health Care Administration.

The job applicant also has the responsibility to notify the laboratory or clinic for technical information regarding prescription and non-prescription medication. In addition, each job applicant will be given a list of the substances to be tested prior to administration of the drug tests. All test results will remain confidential except as allowed by law. The Company will provide all job applicants with a copy of the Company's Drug and Alcohol Abuse Statement prior to administration of a drug test.

Nothing in this Notice will affect these rights provided in any collective bargaining agreement between the Company and its employees. Refusal to complete or sign this document will result in an withdrawal of any offer of employment

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Signature of Applicant

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Date

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