



Pennsylvania Gaming Control Board Employment Application

SECTION 1

TELEPHONE #	LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS – STREET & NUMBER		CITY	STATE
			ZIP CODE
E-MAIL ADDRESS	DATE AVAILABLE FOR WORK	MINIMUM ACCEPTABLE SALARY	POSITION THAT YOU ARE APPLYING FOR:
PLEASE INDICATE THE LOCATION(S) IN WHICH YOU ARE AVAILABLE TO WORK: <input type="checkbox"/> PHILADELPHIA <input type="checkbox"/> HARRISBURG <input type="checkbox"/> PITTSBURGH (NOTE: MOST PGCB POSITIONS ARE LOCATED IN HARRISBURG) <input type="checkbox"/> SCRANTON <input type="checkbox"/> ERIE			
WHICH AREA(S) ARE YOU APPLYING FOR:			
<input type="checkbox"/> ADMINISTRATIVE/CLERICAL	<input type="checkbox"/> GAMING LABORATORY	<input type="checkbox"/> INFORMATION TECHNOLOGY	
<input type="checkbox"/> COMMUNICATIONS	<input type="checkbox"/> FINANCE/BUDGET	<input type="checkbox"/> REGULATORY AND FISCAL COMPLIANCE	
<input type="checkbox"/> COMPULSIVE GAMBLING PROGRAMS	<input type="checkbox"/> LICENSING	<input type="checkbox"/> INVESTIGATIONS	
<input type="checkbox"/> CASINO COMPLIANCE	<input type="checkbox"/> HUMAN RESOURCES	<input type="checkbox"/> LEGAL	<input type="checkbox"/> MISCELLANEOUS
ARE YOU A VETERAN OF THE US ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU SUBJECT TO ANY VISA OR IMMIGRATION STATUS WHICH WILL PREVENT LAWFUL EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST FIFTEEN (15) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>I CERTIFY THAT ALL OF THE STATEMENTS MADE BY ME ARE TRUE, COMPLETE, AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I AM AWARE THAT ALL STATEMENTS MADE BY ME ON THIS DOCUMENT ARE SUBJECT TO INVESTIGATION INCLUDING VERIFICATION OF PRIOR EMPLOYMENT AND EDUCATION.</i>			
SIGNATURE (IN INK) OF APPLICANT			DATE

SECTION 2 (OPTIONAL)

PLEASE BE ADVISED THAT THE INFORMATION REQUESTED BELOW WILL BE KEPT CONFIDENTIAL AND WILL NOT AFFECT YOUR CHANCES FOR EMPLOYMENT. YOUR COOPERATION IN PROVIDING ACCURATE INFORMATION IS IMPORTANT. YOU ARE NOT REQUIRED TO COMPLETE THIS PORTION OF THE FORM. YOUR ANSWERS WILL BE USED FOR RESEARCH PURPOSES AND TO HELP ASSURE EQUAL EMPLOYMENT OPPORTUNITIES. PLEASE CHECK THE APPROPRIATE RESPONSE TO EACH QUESTION.

GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:
RACE (HOW DO YOU DESCRIBE YOURSELF?)	
<input type="checkbox"/> HISPANIC/LATINO: Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
<input type="checkbox"/> WHITE (NOT HISPANIC/LATINO): Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
<input type="checkbox"/> BLACK/AFRICAN-AMERICAN (NOT HISPANIC/LATINO): Persons having origins in any of the Black racial groups of Africa.	
<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER (NOT HISPANIC/LATINO): Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> ASIAN (NOT HISPANIC/LATINO): Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> NATIVE AMERICAN/ALASKAN (NOT HISPANIC/LATINO): Persons having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment.	
<input type="checkbox"/> TWO OR MORE RACES (NOT HISPANIC/LATINO): Persons who identify with more than one of the races described above.	

NOTE: Employment is contingent upon the completion of a Personal History Questionnaire with a thorough background investigation, including drug screening and the subsequent review and approval by the Board.

WE ARE PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER SUPPORTING WORKFORCE DIVERSITY.

Revised 12-2015