

APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire • An Equal Opportunity Employer • Pre-employment Drug Test Required)

270 Main Street
Deadwood, SD 57732
www.firstgold.com



Toll Free 1-800-274-1876
605-578-9777
Fax 605-722-0442

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ IF NECESSARY FOR JOB, ARE YOU OVER? 16 18 21 25

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes _____ No _____

JOB INTEREST

Position Desired:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	Wage or Salary Expected \$ _____	Date Available _____
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Have you ever been employed by this Company?
 Yes No If yes, when? _____

SD GAMING LICENSE: Yes No CERTIFICATION: SERVE SAFE EXPIRATION: _____
 TAM EXPIRATION: _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No OTHER _____

Please check (✓) the shifts you are available to work (hours may vary depending on position):

Availability:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
DAYS 8-4							
SWING 4-12							
GRAVE 12-8 AM							

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	Highest Grade Completed				GRADUATED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High School		9	10	11	12			
College/Vocation		13	14	15	16			

Degree: _____
Major: _____

List any additional skills, licenses or professional certification which you feel may qualify you for the position for which you are applying

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATIONAL ORIGIN OF IT'S MEMBERS.

EMPLOYMENT HISTORY

(COMPLETE THIS SECTION IN ADDITION TO ANY RESUME YOU SUBMIT)

PRESENT OR MOST RECENT EMPLOYER			
Name of Company:		Type of Business:	
Address: (Street)	(City)	(State)	(Zip)
Employment Dates (Month and Year) From: To:	Supervisor's Name:	Title:	Phone Number: ()
Position Title:		Brief Description of Position:	
Present Salary: \$ _____		Reason for Leaving:	
Last Increase ____/____/____ Amount: \$ _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FIRST PREVIOUS EMPLOYER			
Name of Company:		Type of Business:	
Address: (Street)	(City)	(State)	(Zip)
Employment Dates (Month and Year) From: To:	Supervisor's Name:	Title:	Phone Number: ()
Position Title:		Brief Description of Position:	
Present Salary: \$ _____		Reason for Leaving:	
Last Increase ____/____/____ Amount: \$ _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECOND PREVIOUS EMPLOYER			
Name of Company:		Type of Business:	
Address: (Street)	(City)	(State)	(Zip)
Employment Dates (Month and Year) From: To:	Supervisor's Name:	Title:	Phone Number: ()
Position Title:		Brief Description of Position:	
Present Salary: \$ _____		Reason for Leaving:	
Last Increase ____/____/____ Amount: \$ _____		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	OCCUPATION	ADDRESS	PHONE
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

PLEASE READ CAREFULLY:

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false or misleading facts or omission of information or any other information associated with my application for employment is grounds for refusal to hire, rejection of the application or, if hired, dismissal of employment.

I authorize any of the persons or organization referred to in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subject covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information, and I will indemnify you against any liability that may result from making such investigation.

I understand that nothing contained in this employment application or in the granting of any interview is intended to create an employment contract between First Gold Inc. and myself for either employment or for providing of any benefit. I also understand that if hired, my employment is to be "at will" and that either I or First Gold Inc. may terminate my employment at any time, with or without cause.

I acknowledge that it is First Gold's Inc. policy to hire only authorized workers and any offer of employment to me by First Gold Inc. is contingent upon my timely completing INS Form I-9 and producing the proper documents required by the Immigration Reform and Contract Act of 1986 and may not be amended. My failure to meet these requirements within the specified time limit will result in the termination of my employment.

Date: _____

Application's Signature: _____