

CASINOS AUSTRIA INTERNATIONAL

APPLICATION FOR EMPLOYMENT

POSITION:

**LANDBASED
CASINO**

**CRUISING
VESSEL**

GENERAL NOTES - Please read and complete this application form carefully and return it using one of the methods indicated below. Since we require your signature for the statements on the final page, any applications sent by e-mail should include a scanned copy of the completed and signed application form. Please also include the following with your application:

- 1 passport-size and 1 full-length recent photograph (any photos sent by e-mail should preferably be in .jpg format)
- 3 recent references

<p>✉ Via regular mail to: Casinos Austria International GmbH Attn: Human Resources Rennweg 44 1038 Vienna, Austria</p>	<p>✉ Via e-mail to: humanresources@casinosaustria.com</p>	<p>Via fax to: +43 1 53440 8800863</p>
---	--	---

PERSONAL DATA - Please indicate your preferred form of address .

Mr. Mrs. Miss Ms.

Surname:

Maiden name:

First Name(s):

Date of birth (DD/MM/YY):

Nationality:

Place of birth:

2nd nationality:

Country of birth:

3rd nationality:

ADDRESS - Please indicate type of address .

Permanent residence Temporary residence Mailing address c/o:

Street:

Zip code:

City:

Country:

☎ Intl. dialing code:

☎ Area code:

☎ No:

📱 Mobile:

✉ E-mail address:

Name:

Date of application:

CASINOS AUSTRIA INTERNATIONAL

MARITAL STATUS – Please indicate your marital status giving the exact date (DD/MM/YY).

Single <input type="checkbox"/> Married <input type="checkbox"/> Since: _____ Divorced <input type="checkbox"/> Since: _____	Living with partner <input type="checkbox"/> Widowed <input type="checkbox"/> Since: _____ Separated <input type="checkbox"/> Since: _____
No. of children: _____	Religion: _____

FAMILY MEMBERS/OTHER DEPENDENTS – Please provide details of your next of kin, spouse and any children or other dependent(s).

Next-of-kin [♦] :		Relationship:			
Relationship	Gender	Surname	First name	Date of birth	Nationality
<i>Spouse</i>					
<i>1st child</i>					
<i>2nd child</i>					

ADDITIONAL CONTACT PERSONS – Please list two people who can be contacted if you cannot be reached at your stated address (e.g. other relatives, friends).

Relationship	Gender	Name	☎ No.	✉ E-mail address

PASSPORT DETAILS – Please provide your passport details and expiry date (DD/MM/YY).

Passport no:	Place of issue:	Expires:	
Visas			
Type	Place of issue	Date of issue	Expires
<i>Seaman:</i>			
<i>For country:</i>			

[♦] If not your spouse, please also list your next-of-kin in the space provided

Name:
Date of application:

CASINOS AUSTRIA INTERNATIONAL

MEASUREMENTS – Please complete.

Height:	Weight:	EU:
Chest:	Waist:	Dress/Suit Size: _____ US:

LANGUAGES – Please indicate and assess your language skills (incl. your mother tongue) on a scale of 1 - 9♦.

Language	Proficiency Grade 1 - 9♦	Skilled since DD/MM/YY		Other languages	Proficiency Grade 1 - 9♦	Skilled since DD/MM/YY
English <input type="checkbox"/>						
German <input type="checkbox"/>						
French <input type="checkbox"/>						
Spanish <input type="checkbox"/>						
Italian <input type="checkbox"/>						

PREVIOUS CASINO EXPERIENCE – Please name all casino games in which you are trained and experienced and assess your level of proficiency on a scale of 1 - 9♣. If you hold any certificates to confirm your proficiency or level of training, please attach copies.

Casino game	Proficiency Grade 1-9♣	Skilled since DD/MM/YY	Last time dealt DD/MM/YY	Where and by whom were you trained?

♦ 1 = Very Low/2 = Low/3 = Rudimentary/4 = Adequate/5 = Average/6 = Above Average/7 = High/8 = Very High/9 = **Mother Tongue**

♣ 1 = Very Low/2 = Low/3 = Rudimentary/4 = Adequate/5 = Average/6 = Above Average/7 = High/8 = Very High/9 = Excellent

Name: _____
Date of application: _____


CASINOS AUSTRIA INTERNATIONAL

EMPLOYMENT HISTORY – Please indicate all previous and current positions beginning with the latest and giving exact dates.							
From DD/MM/YY	To DD/MM/YY	Name of employer	Name of casino, city or seaport & country	Job title	Reason for leaving	Reference contact (name, tel., e-mail)	Average salary per month
							GROSS: NET:
							GROSS: NET:
							GROSS: NET:
							GROSS: NET:
							GROSS: NET:

Name:
Date of application:

CASINOS AUSTRIA INTERNATIONAL

REASONS FOR APPLYING

How did you find out about Casinos Austria International?

What are your motives for seeking employment with Casinos Austria International?

Which specific abilities and skills do you have that qualify you for the applied position?

Have you ever filed an application with us before?

Yes No

Have you ever been employed by Casinos Austria International before? If so, please state dates of employment and casino unit:

Yes No

Please list any other occupational qualifications:

Please list your hobbies or special interests:

STATE OF HEALTH AND PREGNANCY

Are you undergoing regular medical treatment?

Yes No

Are you currently taking any medication, drugs or narcotics?

Yes No

For female applicants: Are you pregnant?

Yes No

Have you ever had any health problems, physical disabilities or a history of mental illness? If yes, please give details:

Yes No

Name:

Date of application:

CASINOS AUSTRIA INTERNATIONAL

AVAILABILITY – I am available to start work :

immediately with weeks notice from _____ (give exact date):

REPUTATION – Please read and sign the following declarations.

Criminal record:

I hereby explicitly declare that I have never been convicted by any court of law, either in my home country or abroad.

SIGNATURE: _____

Casino employment:

I hereby explicitly declare that I have never worked in any other casino(s) than those listed above. I furthermore declare that I have never applied for a job in an illegal casino in any country in the world.

SIGNATURE: _____

Use of drugs:

I hereby explicitly declare that I am not addicted to any kind of drugs whatsoever and agree to abide by the rule that the possession or use of drugs at any time during my employment with Casinos Austria International will warrant immediate dismissal.

SIGNATURE: _____

DECLARATION

I hereby declare that the information provided in this application form is correct to the best of my knowledge and that I have not withheld any information which might reasonably be expected to have an adverse effect on my suitability for employment with Casinos Austria International.

DATE: _____

SIGNATURE: _____

Name:

Date of application: