

Pennsylvania Gaming Control BoardEmployment Application

SECTION 1 – PERSONAL INFORMATION

LAST NAME	FIRST NAME		MIDDLE INITIAL	
E-MAIL ADDRESS		TELEPHONE #		
MAILING ADDRESS – STREET & NUMBER		TEEEI HOIVE II		
CITY	STATE		ZIP CODE	
DATE AVAILABLE FOR WORK		PTABLE SALARY		
POSITION THAT YOU ARE APPLYING FOR:				
PLEASE INDICATE THE LOCATION(S) IN WHICH YOU ARE AVAILABLE TO WORK:				
(NOTE: MOST PGCB POSITIONS ARE LOCATED IN HARRISBURG)				
☐ HARRISBURG ☐ PHILADELPHIA ☐ PITTSBURGH ☐ ERIE ☐ WILKES-BARRE				
WHICH AREA(S) ARE YOU APPLYING FOR:				
□ ADMINISTRATIVE/CLERICAL □ GAMING LABORATORY □ INFORMATION TECHNOLOGY □ COMMUNICATIONS				
☐ FINANCE/BUDGET ☐ AUDIT OR INTERNAL CONTROL				
COMPULSIVE GAMBLING PROGRAMS LICENSING				
☐ INVESTIGATIONS ☐ CASINO COMPLIANCE				
HUMAN RESOURCES	□ L	EGAL		
MISCELLANEOUS				
ADE VOU SUDIECT TO ANY VISA OD IMM	ICD ATION	A DE VOITOVED THE AC	E OE 212	
ARE YOU SUBJECT TO ANY VISA OR IMMIGRATION ARE YOU OVER THE AGE OF 21? STATUS WHICH WILL PREVENT LAWFUL EMPLOYMENT? ☐ YES ☐ NO				
YES NO				
SECTION 2 – EDUCATION (please in	dicate education	or training which you be	clieve qualifies you for the	
position you are seeking)		•		
HIGH SCHOOL – NUMBER OF YEARS COM	PLETED:	DIPLOMA/G.E.D?		
		☐ YES ☐ NO		
SCHOOL NAME		CITY/STATE		
COLLEGE – NUMBER OF YEARS COMPLETED: MAJOR(S):				
\Box 1 \Box 2 \Box 3 \Box 4		MAJOK(3).		
		DEGREE EARNED:		
		☐ YES ☐ NO		
SCHOOL NAME		CITY/STATE		
COLLEGE – NUMBER OF YEARS COMPLET	ED:	MAJOR(S):		
		DEGREE EARNED: ☐ YES ☐ NO		
OTHER TRAINING OR DEGREES:		I IES INO		
OTHER TRAINERS OR DEGREES.				
SECTION 3 – PROFFESSIONAL LICENSE OR MEMBERSHIP:				
CERTIFICATION(S) OR LICENSE(S) HELD:				
PROFESSIONAL MEMBERSHIP(S):				

SECTION 4 – EMPLOYMENT (List last employer first, including U.S. Military Service)

EMPLOYER:	STILL EMPLOYED? YES NO
DATES OF EMPLOYMENT: TO: FROM:	TITLE:
BRIEF DESCRIPTION OF DUTIES:	
DWD OVED	
EMPLOYER:	STILL EMPLOYED? YES NO
DATES OF EMPLOYMENT: TO: FROM:	TITLE:
BRIEF DESCRIPTION OF DUTIES:	
EMPLOYER:	STILL EMPLOYED? YES NO
DATES OF EMPLOYMENT: TO: FROM:	TITLE:
BRIEF DESCRIPTION OF DUTIES:	
*Please attach a sep	parate sheet for additional employment.
SECTION 5 - CERTIFICATION AND ACKNO	OWLEDGEMENT
	nd 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 subj	ject to invesingation. Oyee who has been convicted of a crime that bears a close relationship to the duties an
	who has been dismissed from other employment for gross misconduct; or who has
I acknowledge, that no offer of employment is final until a thora accepts the prospective employee as meeting the standards of en	ough background investigation of a prospective employee is conducted, and the Board
I further acknowledge that pursuant to 4 Pa.C.S. Sections 1201	
 Submit a complete Personal History Questionnaire co Submit to testing to detect the presence of illegal subst 	
 Submit fingerprints and photographs as required by the 	
 Sign a Post-Employment Restriction Affidavit; Submit to, and cooperate with, other investigative requ 	uests as deemed necessary.
WE ARE PROUD TO BE AN EQUAL OPPOR	RTUNITY EMPLOYER SUPPORTING WORKFORCE DIVERSITY.
SIGNATURE (IN INK) OF APPLICANT	DATE



Pennsylvania Gaming Control Board

Candidate Voluntary Self-Identification Form

Please be advised that the PGCB tracks applicants by gender and race/ethnicity for each position vacancy. We are an organization that values diversity and encourages women and minorities to apply for positions within our agency. To assist us with our diversity efforts, we invite you to <u>voluntarily</u> complete the following survey so that you may self-identify your gender and/or race/ethnicity.

The information collected on this form is kept separate from the rest of your employment application and will only be used for research and reporting purposes. COMPLETION AND SUBMISSION OF THIS FORM IS VOLUNTARY AND REFUSAL TO PROVIDE THE INFORMATION WILL HAVE NO AFFECT ON YOUR APPLICATION OR SELECTION. Responses to this form will remain confidential within our Office of Human Resources, and will only be used for necessary reasons associated with our EEOC Program. When reported, data will not be associated with any specific individuals.

Please check the appropriate response to each question:

GENDER MALE FEMALE			
RACE (HOW DO YOU DESCRIBE YOURSELF?)			
HISPANIC/LATINO: Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.			
WHITE (NOT HISPANIC/LATINO): Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.			
BLACK/AFRICAN-AMERICAN (NOT HISPANIC/LATINO): Persons having origins in any of the Black racial groups of Africa.			
NATIVE HAWAIIAN/PACIFIC ISLANDER (NOT HISPANIC/LATINO): Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
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.			
☐ 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.			
TWO OR MORE RACES (NOT HISPANIC/LATINO): Persons who identify with more than one of the races described above.			

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