



Career Contact Information Worksheet

Name _____

Address _____

City, State Zip _____

Daytime Telephone# _____ Evening Telephone# _____

Email Address _____

Job Interest
(Please fill one)

- | | |
|--|---|
| <input type="radio"/> Administrative | <input type="radio"/> Cashier |
| <input type="radio"/> Accounting | <input type="radio"/> Housekeeping |
| <input type="radio"/> Customer Service | <input type="radio"/> Security |
| <input type="radio"/> Marketing | <input type="radio"/> Host/Hostess Restaurant |
| <input type="radio"/> Slot Technician | <input type="radio"/> Valet |
| <input type="radio"/> Slot Attendant | |

Shift Interest
(Please fill one)

- | | |
|-----------------------------------|-------------------------------------|
| <input type="radio"/> Day hours | <input type="radio"/> Weekend hours |
| <input type="radio"/> Night hours | <input type="radio"/> Shift hours |

Please complete and mail to:

Human Resources Department
P.O. Box 8598
Philadelphia, PA 19101