

Independent Contractor Information Form

POCKET PAIR ENTERTAINMENT CASINO PARTIES

Date of Review (Month/Day/Year)

/ /

CONTACT INFORMATION

Full Name:

FIRST

LAST

Address:

Social Security No.

-

-

Date of Birth:

Are you a legal resident? Yes No (Circle One)

If no, please provide proof of eligibility to work: _____

Phone Number:

CELL

WORK

HOME

List any languages (other than English) that you speak: _____

WORK EXPERIENCE

Casino games you have dealt professionally: (Mark all that apply)

BLACKJACK: ___ TEXAS HOLD'EM: ___ ROULETTE: ___ CRAPS: ___ LET IT RIDE: ___

CARIBBEAN STUD: ___ PAI GOW: ___

OTHER: _____

Please list any casinos or casino entertainment companies where you have dealt:

1. _____ FROM: _____ TO: _____ PAY: \$ _____

2. _____ FROM: _____ TO: _____ PAY: \$ _____

3. _____ FROM: _____ TO: _____ PAY: \$ _____

In case of emergency, contact: NAME: _____

PHONE: _____

OFFICE USE ONLY

DATE OF HIRE _____ W-9 _____ I-9 _____ BY _____