

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

Social Security # (Optional) _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA.) _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your drivers license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS

Number of Years Completed	Diploma/Degree/Certificate	Subjects Studied
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High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (Mo/Yr): FROM TO
CITY, STATE, ZIP CODE		
SUPERVISOR	TELEPHONE	PAY: START \$ FINAL \$
		REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (Mo/Yr): FROM TO
CITY, STATE, ZIP CODE		
SUPERVISOR	TELEPHONE	PAY: START \$ FINAL \$
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CITY, STATE, ZIP CODE		
SUPERVISOR	TELEPHONE	PAY: START \$ FINAL \$
		REASON FOR LEAVING

Have you worked or attended school under any other name? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

JACOBS ENTERTAINMENT, INC.

SUBSTANCE ABUSE PREVENTION POLICY
ACKNOWLEDGEMENT AND CONSENT FOR
FOR DRUG AND ALCOHOL TESTING

Receipt of Company Testing Policy

I have received and read a copy of Jacobs Entertainment, Inc.'s Substance Abuse Prevention Policy (the "Policy"), which expressly provides for drug testing of applicants and drug and alcohol testing of employees.

X _____
Applicant/Employee Signature Date

Authorization and Release

By signing below, I consent and agree (1) to undergo drug and/or alcohol testing, pursuant to the Policy, and (2) that any testing laboratory or other facility that collects and/or analyzes my specimen may communicate my test result and other information relevant to the test or results of the test to the Company and its Medical Review Officer. I understand and agree that information obtained by the Company and/or its Medical Review Officer will be used in accordance with the Policy by the Company and its Medical Review Officer to determine whether alcohol, controlled substances, or the metabolites of controlled substances were in my body.

I also understand and agree that if I am an applicant for employment and I test positive, I will not be hired, and that if I am an employee and I test positive, I will be subject to disciplinary action in accordance with the terms of the Policy.

I understand that I may refuse to sign this authorization or to undergo drug or alcohol testing required by the Policy, but that if I am an applicant, such refusal will disqualify me from employment with the Company, and if I am an employee, such refusal will result in my termination from employment.

X _____
Applicant/Employee Signature Date

Applicant/Employee NAME: Please print



BACKGROUND INVESTIGATION CONSENT

I, _____, understand that, as a condition of my consideration for employment with Jacobs Entertainment, Inc. or as a condition of my continued employment with Jacobs Entertainment, Inc., Jacobs Entertainment, Inc. may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal background and civil litigation history, worker's compensation experience, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent to Jacobs Entertainment, Inc.'s procurement of such a report. I understand that, pursuant to the Federal Fair Credit Reporting Act, Jacobs Entertainment, Inc. provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Jacobs Entertainment, Inc. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I release Jacobs Entertainment, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name or Other Names Used

Present Address

How Long?

City/State/ Zip

Former Address

How Long?

City/State/ Zip

List cities and states you have resided in over the previous 10 years

*Date of Birth

Social Security Number

State of License

Driver's License Number

Signature

Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Jacobs Entertainment, Inc. is an Equal Opportunity Employer, and does not discriminate on the basis of sex, race, religion, age (40 and over), disability, national origin, sexual orientation or any other classification protected by law.

Jacobs Entertainment, Inc.
Properties: All Properties
Effective: June 29, 2009
Revised:

Approved by: Elaine Swope
Prepared by: Bill Wall

TITLE: SUBSTANCE ABUSE PREVENTION POLICY

I. Purpose.

Jacobs Entertainment, Inc. ("the Company") believes that it is important to maintain safe, healthy, and efficient operations and to protect the safety and security of Company employees, property, and equipment as well as of all people who come into contact with its employees, offices, facilities, and property. The Company recognizes that drug and alcohol abuse pose a direct and significant threat to this goal, and to the goal of a productive and efficient working environment in which all employees have an opportunity to reach their full potential.

With the issues of safety and productivity in mind, the Company has established this Substance Abuse Policy and Testing Program ("the Policy").

This Policy is not intended to be and should not be considered a contract of employment. This Policy supersedes and revokes all previous practices, procedures, policies, and other statements of the Company, whether written or oral, that conflict with this Policy. The Company reserves the right to revise or suspend all or any portion of this Policy at any time without prior notice.

II. Scope.

This Policy applies to all Company employees who are employed by/at any Company operation in Colorado, Nevada, Louisiana or Virginia ("employees"); and to all applicants for employment with the Company.

Compliance with this Policy is a condition of employment for both applicants and employees.

III. Dissemination of Policy.

All persons to whom this Policy applies will receive a copy of this Policy, and will be required to sign a statement acknowledging receipt of this Policy.

IV. Work Rules.

A. Substance Abuse by Employees.

1. Alcohol.

The Company prohibits the use, abuse, misuse, or possession of alcohol while working, present on the Company's premises (defined as all buildings, facilities, and property – including parking areas – owned or leased by the Company, and all places where the Company conducts business), or representing the Company at any time and in any way.

The Company also prohibits the use of alcohol, or the possession of open containers of alcohol, by employees operating Company-provided vehicles, or operating any vehicle while on Company business. Moreover, the use or abuse of alcohol off-the-job which could impair, to any extent, performance on-the-job, will be considered a violation of this Policy.

The only exceptions to these alcohol rules are set forth immediately below.

The Company Meal Policy contains limited exceptions allowing off-duty employees to consume alcohol in moderation in the restaurants.

Limited Authorization to Use Alcohol Responsibly. Depending on their job functions, some employees may be authorized by the Company to consume alcohol responsibly at appropriate business functions, meetings and/or meals. No authorized employee is required or encouraged to drink alcohol as a part of the employee's job. If you are authorized to use alcohol and you choose to do so, it is your responsibility to *always* drink responsibly, which means, among other things, that you may never operate company equipment, machinery, or vehicles with an alcohol concentration of .04 or greater; or drive in any vehicle following such an event while impaired by alcohol.

Company Sponsored Social/Business Functions. The Company may authorize alcohol to be served at certain company functions such as a holiday party or picnic. No employee is required or encouraged to drink alcohol at any such function. If you do drink alcohol at a company-sponsored function, you may not drive home while impaired by alcohol. Any employee who drives home while impaired will be subject to immediate discharge.

2. Illicit Drugs.

The Company strictly prohibits the possession, use, sale, attempted sale, purchase, attempted purchase, conveyance, distribution, transfer, dispensation, cultivation, and/or manufacture of illicit drugs or other intoxicants at any time, and in any amount or any manner.

"Illicit drugs" includes all drugs, narcotics, and intoxicants for which possession or misuse is illegal under federal law, and includes prescription medications for which the individual does not have a valid prescription. The deliberate use of prescription medications and/or over-the-counter drugs in a manner inconsistent with dosing directions, and in a manner which may result in impairment, is considered illicit drug use. In addition, the use of chemical intoxicants for other than a legitimate and therapeutic purpose is considered illicit drug use.

B. Legal Drugs/Medication.

Employees are expected to use all medications safely, lawfully and in accordance with their physician's instructions and any warnings which accompany the medications. If an employee is using legal drugs while working that the employee or his or her health-care provider believes may impair the employee's ability to perform his or her job responsibilities safely, the employee must notify his or her immediate supervisor or Human Resources so that steps can be taken to minimize the safety risks posed by such use. If an employee experiences side effects from use of legal drugs that the employee believes is likely to pose a significant risk of substantial harm to the employee or others, the employee must advise Human Resources of that fact, and avoid engaging in any workplace conduct that might create dangerous conditions for that employee or others.

Employees may be asked to obtain a doctor's certification that the employee can safely perform the responsibilities of his or her position. Any information the Company may learn about an employee's health or medicines will be treated as confidential, and will be shared with Company personnel only on a need-to-know basis.

V. Discipline/Consequences of Testing Positive

Employees in violation of this Policy will be subject to disciplinary action, up to and including termination, including for a first offense. Employees who are drug tested, and whose drug tests are confirmed positive, will have their employment with the Company terminated. Job applicants who test positive will be denied employment. Under appropriate circumstances, the Company also will notify law enforcement, and will fully cooperate with any resulting investigation and prosecution.

VI. Drug and Alcohol Testing.

A. Job Applicants

All job applicants must take and pass a mandatory drug test as soon as practical following their acceptance of a conditional offer of employment, and prior to the actual time they commence employment with the Company. A confirmed positive test will result in the withdrawal of an offer of employment. A job applicant's refusal to submit to testing, failure to fully cooperate in the testing process, and/or attempt to tamper with, substitute for, adulterate, dilute, or otherwise falsify a test sample will be considered a withdrawal from the application process, and will result in denial of employment.

B. Employees

As a condition of employment, employees may be subject to drug and/or alcohol testing as directed by the Company, at its sole discretion. This includes, but is not limited to, drug and/or alcohol testing: (1) on a for-cause basis; (2) as part of a post-incident investigation; (3) during and post-rehabilitation, including return-to-duty testing; (4) on a universal, neutral random-selection basis; and/or (5) as otherwise deemed necessary and appropriate by the Company. An employee's refusal to submit to testing; failure to fully cooperate in the testing process; attempt to tamper with, substitute for, adulterate, dilute, or otherwise falsify a test sample; and/or any other conduct which would intentionally prevent or compromise a valid test result will be considered a violation of this Policy and will result in termination of employment.

PLEASE NOTE: The Company encourages employees with substance abuse problems to seek help for their problems before performance problems, a positive test result, or other violations of this Policy result in disciplinary action or termination of employment. If an employee has a substance abuse problem that requires professional treatment, the Company's benefit plans and/or insurance policies may cover some or all of the costs of such treatment.

VII. Employee Search Policy.

A. Searches of Employees and their Property.

If management has a reasonable suspicion that an employee is in violation of this Policy, the Company may search the employee's property that is present on Company property or in Company equipment, machinery or vehicles.

All searches of employee-owned property will, to the extent practicable, be conducted in the presence of the employee whose property is searched.

Employees may refuse to submit to searches of employee-owned property. However, refusal will result in discharge.

B. Searches of Company Property.

The Company reserves that right to search Company property and Company equipment, machinery and vehicles (including without limitation desks, cars, lockers, computers, and offices) at any time, with or without cause or reasonable suspicion.