

Application for Employment 2005

(Please Print)

Last Name	First Name	Middle initial
Current Address: Street		
City	State	Zip
How can we contact you?		*
Home phone number:	cell phone:	
	f age or older? Yes No birth	
Education: Please check the	he box of your highest completed leve	el of education
	High School Graduate 🗇 Some Co	ollege 🗇 Associates Degree 🗇
exceeding 30 days for the past	rt-time employment while in school, self-et 3 years. Begin with most recent employer references? Yes N	er.
1. Employer		Phone No
Street Address		City
StateZip	Name & Title of Supervisor_	
Your position	9.90.2	
Description of duties and resp	onsibilities	
2. Employer		Phone No
Street Address		City
StateZip	Name & Title of Supervisor_	
Your position		
Description of duties and resp	onsibilities	
3 Employer		Phone No
State Zip	Name & Title of Supervisor_	
Your position		
Your position	onsibilities	
Description of duties and resp	onsibilities	
Description of duties and resp 4. Employer Street Address	onsibilities	Phone No City_
Description of duties and resp 4. Employer Street Address StateZip	Name & Title of Supervisor	Phone No City
A. EmployerStreet AddressStateZipYour position	Name & Title of Supervisor_	Phone No City

Have you ever been convicted of a of If <i>yes</i> , describe in full below	crime, incl	luding any fe	lony, DUI or misdemeanor?		
Have you ever been dismissed or asked to leave a position by an employer? Yes No If yes please explain					
Do you have any current emergency If yes, please list					
List any special skills:					
Military Record	and Found	a af tha II C f	O MNa Myas Dauk		
Were you ever a member of the Armed Forces of the U.S.? No Yes Rank Branch					
Date Entered			_ Date of Discharge		
Availability					
What is your earliest starting date?					
How many hours a week are you loo	oking to w	/ork'?	s?		
Position					
What position would you be most in Please circle all that apply	interested	in?			
Safety & communications (corner working)Track maintenance					
• Security					
• Facility maintenance & Clean-up					
Have you ever been employed by BeaveRun MotorSports Complex before? Yes No When?					
When? What position?					
Vehicle					
Current Vehicle: make		model	year		
Have you driven a standard?	□YES	□NO	Level of experience:		
Have you driven a motorcycle?	\square YES	□NO	Level of experience:		
Have you driven a go-kart?	□YES	□NO	Level of experience:		
Do you have on-track experience?	□YES	□NO	Level of experience:		



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By signing below, the applicant acknowledges that the Employer may begin a program of compulsory and random drug testing and that participation in such a program may be a condition of employment.

Applicant acknowledges that any employment offered by Employer will be "at will" and that the employment may be terminated at any time for any reason, or for no reason.

Applicant acknowledges that any employment offered by employer will be temporary in nature and that no benefits such as medical coverage are offered by the employer.

Employee understands that the employer operates a motorsports complex and that it is necessary for all employees to remain alert at all times. Alcohol or drug use about the premises will not be tolerated. Anyone who is found under the influence of alcohol or drugs will be dismissed immediately and will not be paid for any time on the job and under the influence of either drugs or alcohol. Drugs will include legal drugs that may impair the actions of any employee in any way.

	Signature	Date			
Office use only					
Date of Interview:					
Position Desired:	Offered:				
Salary:	Starting Date:				
Notes:					