

Application for Employment

In order for you to be considered for employment, you must fully complete and sign this application. Speedway Academy & Preschool is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation or disability.

> Date of Application: Position Applying For

Please Print Name (Last, First, Midd	lle)							
Current Address								
City, State, Zip								
Email Address								
Telephone Number		Emergency Number						
Emergency Contact Emergency Number								
Emergency Contact's Adare you either a U.S. cit What types of employmed Do you have any relative If yes, who?	izen or legally eligible ent will you consider?	Full-time Pa	art-Time Seaso		Yes No	Yes		
Are there any reasons will fixed yes, please explain:	why you would not be	able to report to work	c on time and on a	consiste	nt basis?	•		
Are any special accoming accommodations are	being requested, plea	ase specify:	ed, etc)		·		No No	Yes
Salary or Hourly Rate I	•		Date Availal	ole for Ei	mployme	ent		
Are you at least 18 ye	ars of age?							
Hours and days availa Monday	able: Tuesday	Wednesday	Thursday		Friday			
Received:	1st Interview		_	Start of Position Rate of Hours	on of Pay s	ite	_ _	

misde	you ever been convicto meanor other than min please explain, includin	or traffic violations)? () No () Yes		to a criminal charge (felo	ony or
•	vou ever been a defend r hurt somebody)? ()			d because you assaulte	ed, attacked, injured, defar	ned
If yes,	ere any criminal charge please explain, includin estion's purpose is to identify	g the type of crime(s) a	nd court(s) in which th		egally prohibit you from working.	
•	u have a valid driver's lic summarize your drivin			ns and dates:		
What h	nave you ever been coa	ached on, disciplined or	terminated for by an	employer in the past 5 y	years?	
		REC	CORD OF EDUCAT	TION		
		Name and Address of School	Course of Study	# of Years Completed and type of diploma	Date of Graduation	
	High School					
	Vocational or Trade School					
	College					
	Other including seminars, courses (Specify)					
Acade	mic Honors, Offices					
Extrac	urricular Activities (whic	ch may relate to the job	you are applying for)	,		
Profes	sional Organizations (w	hich may relate to the	job you are applying fo	or)		
	Plea	se list all current licens	es, certifications or reg	gistrations which you po	ossess:	
Type _		Number	State _	Expiration dat	re	
Type _		Number	State _	Expiration dat	re	
Type _		Number	State _	Expiration dat	re	



EMPLOYMENT EXPERIENCE/REFERENCES

Please start with your present or last job and include military service assignments and periods of unemployment for at least the previous ten (10) years. Feel free to add relevant experience greater than 10 years ago.

Employer	Telephone	Dates Employed	Reason for leaving		
Address (City, State, Zip)					
Job Title	Hourly Rate/Salary	Starting	Final		
Supervisor's Name, Title and Phone	Number		May we contact () Yes () No		
Work Duties and Responsibilities					
Employer	Telephone	Dates Employed	Reason for leaving		
Address (City, State, Zip)					
Job Title	Hourly Rate/Salary	Starting	Final		
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Address (City, State, Zip)					
Job Title	Hourly Rate/Salary	Starting	Final		
Supervisor's Name, Title and Phone	Number		May we contact () Yes () No		
Work Duties and Responsibilities					

Please explain all gaps in employment:

Please summarize special skills, qualifications or other experience, including additional languages you are proficient in speaking and writing, that you think may have bearing on the job requirements of the position for which you are applying:
Do you have any commitments to another employer or organization, which might affect your employment with us? () No () Yes - If yes, please explain:
EMPLOYMENT CONDITIONS: PLEASE READ BEFORE INTIALING & SIGNING
- I hereby certify that the information provided on this application is true, complete and accurate. I agree that the Company may investigate all of the statements made on this application and that any false statements, misrepresentation or omission will be considered sufficient cause for this company to deny or terminate my employment upon discovery. I understand that this application will remain active for the duration of active employment.
- I understand that the Company may review references, credit files, and criminal records as part of the employment process. I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to work history, criminal records, licensure, certification, education and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability that may be incurred as a result of furnishing such information.
- I understand that employment with this company is 'at will' and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and this company may terminate or modify the employment relationship at any time, with or without motive or cause. I understand that no employee, manager, or other agent of the Company has the authority to enter into any agreement for employment for any specified period of time unless such an agreement is in writing and signed by a Company Official. I further understand that in the absence of such an agreement, employment can be terminated at the sole discretion of the company or employee at any time.
I understand that I am not guaranteed a specific shift, schedule, or work assignment generating overtime. If employed by this company, I will abide by its rules, regulations, policies and procedures.
- I am hereby advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. If I need medical attention, I agree to contact a director before receiving medical assistance, follow worker's comp. insurance instructions and use a managed care facility – failure to do so may result in loss of benefits. I am hereby advised that the company to better ensure the safety of all employees and control the cost of worker's compensation coverage that, should I have an accident, I will have to submit to a drug test within 72 hours and I acknowledge that failure to test or a positive drug test may also result in may discharge from the company and possible loss of benefits.
- Finally, I freely and voluntarily agree (if my company requires it) to undergo drug testing as part of the application process, for reasonable suspicion, or at any time during my employment with this company. I understand that either refusal to submit to the test or failure of the test per this company's policy will disqualify me from consideration and/or continuation of employment.
Signature of Applicant:
Date: