



2020 Team Member Information Sheet

Name: _____
Department: _____
Address: _____
City/State/Zip: _____
Cell # _____
Home # _____
Work # _____
E-mail: _____

Emergency Contact #1:

Emergency Contact #2

Name: _____
Relationship: _____
Address: _____
City/State/Zip: _____
Cell # _____
Home # _____
Work # _____
E-mail: _____

Shirt Size: _____

Jacket Size: _____

Gender: **Male or Female**

Date Of Birth: ____/____/____

Age: _____

Hobbies: _____

Current Employer: **Yes or No** **Where** _____

EMPLOYMENT APPLICATION

Maple Grove Raceway is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, creed, sex, age, marital status, national origin, disability, sexual orientation, military service, or any other protected status under applicable Federal, State, and Local laws.

Please fill out all of the sections below. An incomplete application will not be considered.

Date of Application	Which position(s) are you applying for: (part-time) <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Parking <input type="checkbox"/> Track Crew <input type="checkbox"/> Merchandise <input type="checkbox"/> Event Services <input type="checkbox"/> Ticket Sales <input type="checkbox"/> Hospitality
Date Available if Hired	How did you hear about us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Store Poster <input type="checkbox"/> Facebook <input type="checkbox"/> Road Sign <input type="checkbox"/> Other If other, what form of media?

PERSONAL INFORMATION

Name		Address	
City	State	Zip	Phone Number (s)
Email Address			
Emergency Contact Name		Relationship	Phone Number
Have you ever applied for a position with Maple Grove Raceway? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify job position(s) applied for and date(s) of application			
Have you ever been employed by Maple Grove Raceway? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify job position(s) and the dates of employment			
Do you have any friends, relatives, or acquaintances working for Maple Grove Raceway? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship			
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you are under the age of 18, any employment is subject to verification that you are of minimum legal age and you may need to supply Maple Grove Raceway with a work permit and/or limit your hours to those permitted by law.</i>			
If hired, are you able to provide proof of authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a criminal offense (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the nature of the crime(s), when and where convicted and disposition of the case.			
Will you consent to a mandatory controlled substance test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any condition which would require job accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe accommodations required.			

NOTE: It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

EMPLOYMENT HISTORY

List current or most recent employment first.

Employer 1	Employer Name	Position Held	Dates of Employment From _____ To _____	
	Employer Address	City	State	Zip
	Employer Phone	Supervisor Name		
	Work Performed	Reason for Leaving		
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer 2	Employer Name	Position Held	Dates of Employment From _____ To _____	
	Employer Address	City	State	Zip
	Employer Phone	Supervisor Name		
	Work Performed	Reason for Leaving		
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer 3	Employer Name	Position Held	Dates of Employment From _____ To _____	
	Employer Address	City	State	Zip
	Employer Phone	Supervisor Name		
	Work Performed	Reason for Leaving		
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you bound by any agreement with any current employer? Yes No
If yes, please explain.

REFERENCES

List 3 professional references, preferably former Supervisors

Ref. 1	Name	Address		
	City	State	Zip	Phone
Ref. 2	Name	Address		
	City	State	Zip	Phone
Ref. 3	Name	Address		
	City	State	Zip	Phone

EDUCATION

College	Name		Address		
	City		State	Zip	Phone
	Year Graduated	Degree Earned			
High School	Name		Address		
	City		State	Zip	Phone
	Year Graduated	Degree Earned			
Vocational School	Name		Address		
	City		State	Zip	Phone
	Year Graduated	Degree Earned			

Please list any current professional licenses or certifications that you hold

Please list any academic honors, scholarships, awards, special achievements

Please list any additional experience or skills that you feel qualify you for the position you are applying

MILITARY

Have you ever served in the United States Armed Forces? Yes No

If yes, what branch? Specialized Training

Rank when discharged?

How many years did you serve in the military?

List special military skills/abilities you acquired that would be an asset to this position

IMPORTANT: You must read the following statements. If you have any questions concerning these statements, please ask them before you sign the employment application.

By signing my name below, I certify that all statements made on this application are true, complete and correct to the best of my knowledge and that I understand that any false statements, misrepresentation or omissions may at the discretion of Maple Grove Raceway, result in rejection of this employment application or immediate dismissal from employment.

By signing my name below, I expressly authorize Maple Grove Raceway to contact any of my prior employers or references listed above. I also expressly release all of those prior employers and references and Maple Grove Raceway management from any and all liability arising from their giving or receiving information about me.

In the event of my employment with Maple Grove Raceway, I will comply with all rules, regulations, and policies of Maple Grove Raceway. I understand that nothing in this employment application, in Maple Grove Raceway's policy statement, employee handbooks or other personnel guidelines, or in my communications with any Maple Grove Raceway officer or employee is intended to create an employment contract between Maple Grove Raceway and me. I also understand that Maple Grove Raceway has the right to modify its policies without giving me any notice of changes. I acknowledge that no such promise or guarantee is binding upon Maple Grove Raceway unless it is made in writing and signed by an officer of Maple Grove Raceway. I understand that if any employment relationship is established, I have the right to terminate that employment for any reason or no reason and also that Maple Grove Raceway has the right to terminate that employment at any time for any reason or no reason, with or without notice, with or without cause.

I understand that this application becomes void and will not be considered after sixty (60) days, unless renewed in writing by me. I hereby acknowledge that I have read and understand the preceding statements.

Signature

Date