



Speedway  
2829 E. Speedway Blvd.  
Phone: (520) 319-CHOP  
FAX: (520) 318-4500

Campbell  
4205 N. Campbell Ave  
Phone: (520) 319-CHOP  
FAX: (520) 461-1103

## Application for Employment

### Personal Information

Date: \_\_\_\_\_

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address, Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address, Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are you under 18 years of age? Yes No If yes, list birth date \_\_\_\_\_

Have you ever been employed by this company before? Yes No

Where? \_\_\_\_\_ When \_\_\_\_\_ Manager's Name \_\_\_\_\_

Are you eligible to work in the United States? Yes No

If hired do you have a reliable means of transportation to get to work? Yes No  
Explain: \_\_\_\_\_

What interests, hobbies, or extra curricular activities do you have (exclude those that are religious or ethnic in nature):  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? Yes No  
If yes, explain: \_\_\_\_\_

### Employment Desired

Which Location are you applying for? Campbell Speedway Either Location

Position applying for: \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Date available: \_\_\_\_\_ Rate of pay desired: \_\_\_\_\_

Please indicate below the days and hours on those days that you would be available to work:

Monday	Yes	No	Hours: _____
Tuesday	Yes	No	Hours: _____
Wednesday	Yes	No	Hours: _____
Thursday	Yes	No	Hours: _____
Friday	Yes	No	Hours: _____
Saturday	Yes	No	Hours: _____
Sunday	Yes	No	Hours: _____

## Employment History

(List below former employers, starting with last one first)

Date, Month, Year	Employer's Name, Address Supervisors Name/Phone	Job Title and Duties	Salary/Wage	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

May we contact the past and/or present employers listed above? Yes No If no, then indicate those you do not want us to contact.

**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Education

Schooling	Name and Location of School	Grade	Year	GPA	Graduate
High School	_____	_____	_____	_____	Yes No
College	_____	_____	_____	_____	Yes No
Trade/Business	_____	_____	_____	_____	Yes No
Other (specify)	_____	_____	_____	_____	Yes No

## References

Give the names of persons not related to you as references, whom you have known at least 1 year

Name	Address	Phone Number	Years Acquainted	Personal/Business
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Are you known to schools/references by another name? Yes No If yes, please indicate the name(s): \_\_\_\_\_

1. I authorize investigation of all statements contained on this application except where I have requested on this form that no investigation be made.
2. I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquires.
3. I understand that nothing contained in this employment application or in the granting of an interview is intended to nor does it create an employment contract between the company and myself for either employment or the providing of any benefit. In the event that an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, and the Company retains the same right regarding the discontinuation of my employment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_