



Application For Employment
(An Equal Opportunity Employer)

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY # _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

HOME #: _____ WORK #: _____ CELL #: _____

ARE YOU A U.S. CITIZEN? _____ ARE YOU AGE 16 AND OLDER? _____ ARE YOU AGE 21 AND OLDER? _____

EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE EXPLAIN _____

EMPLOYMENT DESIRED

POSITIONS: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW?: _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?: _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	GRADUTATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

SUBJECTS OF SPECIAL STUDY OF RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICICE _____ RANK _____

PREVIOUS EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST OR CURRENT ONE FIRST.)

NAME AND LOCATION OF EMPLOYER	MONTH AND YEAR	SALARY	POSITION	PHONE NUMBER / EMPLOYER NAME / MAY WE CONTACT?	REASON FOR LEAVING?
	FROM: / TO: /				
	FROM: / TO: /				
	FROM: / TO: /				
	FROM: / TO: /				

REFERENCES: (LIST NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED
1.			
2.			
3.			

OTHER INFORMATION:

DO YOU HAVE PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?_____

IF YOU ANSWERED YES, PLEASE DESCRIBE.:_____

IN CASE OF EMERGENCY PLEASE CONTACT: _____
NAME ADDRESS PHONE NUMBER

“I _____ CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THE APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OF OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.”

DATE: _____ **SIGNATURE** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ **DATE** _____

NOTES:

HIRED?: _____ **POSITION?:** _____

SALARY/WAGE: _____

FIRST DAY TO START: _____

Send to:
Eagle Raceway Office
PO Box 17
Bennington, NE 68007
Or Fax to 402-238-3768
Or Email to r_hadan@hotmail.com