



# WHITE LAKE SPEEDWAY INC.

## APPLICATION FOR EMPLOYMENT



(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Fill form neatly & completely. Mail to 1799 White Mountain Hwy., Tamworth NH 03886 or email to: info@WhiteLakeSpeedway.com

### PERSONAL INFORMATION

Minimum age requirement for this job (as per State of NH Dept. of Safety) is 16.

Check this box if you are willing to submit a pre-employment drug screening test. (if selected for employment)

DATE

NAME

LAST

FIRST

MIDDLE

MAILING (Post Office) PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PHYSICAL

(only if different) ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 16 YEARS OR OLDER?

Yes

No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes

No

We strive to create a consistent 30 hours/week work schedule (for pit-crew) which remains the same weekly. (throughout the summer)

### EMPLOYMENT DESIRED

\* Memorial-Day weekend, 4'th of July, Labor-Day weekend.

POSITION

Pit-Crew

Other

Can work Holidays\*

Can work weekends

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY (Include friends who work/have worked here):

And we try to schedule each employee 1½ to 2 consecutive days off in a row throughout the summer months. (same days each week)

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

This is a fun outdoor "active" job dealing with the public & requires enthusiasm, proper presentation & good "people skills."

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

### DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK?

U. S MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

Season is short & willingness to work weekends is important. (And we typically schedule more staff on weekends.)

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON OTHER SIDE)

LAST

FIRST

MIDDLE

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE #	POSITION	REASON FOR LEAVING
FROM TO	Company: _____ Town: _____			Supervisor: _____
FROM TO	Company: _____ Town: _____			Supervisor: _____
FROM TO	Company: _____ Town: _____			Supervisor: _____
FROM TO	Company: _____ Town: _____			Supervisor: _____

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE /or ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
Signature of Applicant

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

SCHED. INT: \_\_\_ / \_\_\_ ( ) @ \_\_\_:\_\_\_ DO NOT WRITE BELOW THIS LINE APPLICATION SOURCE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ SEASON / YEAR APPLIED: \_\_\_\_\_ DATE: \_\_\_\_\_ (date rec'd)

REMARKS: \_\_\_\_\_ **DOB:** \_\_\_\_\_

DRIVING (CAR) EXPERIENCE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_ **PID:** \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_ START DATE: \_\_\_\_\_

HIRED:  Yes  No POSITION \_\_\_\_\_ TRAVEL DISTANCE: \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_ TERMS / RATE: \_\_\_\_\_ EMP.ACK. \_\_\_\_\_

T-REASON: \_\_\_\_\_ T-DATE: \_\_\_\_\_

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

**Safety:**  **Shifts:**  **Outdoors:**  **Transportation:**  **Weekends:**  **Holidays:**  **Begin:** / **Through:** /