

LEXINGTON 104 SPEEDWAY

EMPLOYMENT APPLICATION

Last Name:		First Name:	Middle Initial:	Social Security #:	
Street Address:		City/State:	Zip Code:	Phone #:	
Are you a citizen of the U.S.: _____ Are you legally eligible to work in the U.S.: _____			Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Position applying for:		Wage Requested:	Full Time: _____ Part Time: _____		
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonest. Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonest for which the record has not been sealed or expunged, or do you have such a case pending?(Convictions are evaluated on a case-by-case basis for each position and are not automatically disqualifying)				If Yes, When:	If Yes Where:
Yes _____		No _____			
Date you can begin work:		Are you 18 years of age or older:	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by Tennessee or Federal Law.		

Name of High School attended:		City & State:	Graduate:	GED:	
Name of College or Technical School:		City & State:	Graduate:	Degree:	Major:
Are you presently enrolled in school:		If yes, Name and Address of school:			
List any interests or accomplishments that you feel would benefit you in the position you are applying for:					

- YOUR AVAILABILITY FOR WORK -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total Hours per week you are available to work:				Do you have any requests or needs for a work schedule:			

- GIVE THREE REFERENCES THAT ARE NOT FORMER EMPLOYERS -

NAME:	How do you know them:	Phone #:

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EMPLOYMENT HISTORY

List names of employers starting with present to oldest

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly Pay or Salary: Starting Pay: Ending Pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly Pay or Salary: Starting Pay: Ending Pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly Pay or Salary: Starting Pay: Ending Pay:
Supervisor: Telephone:	Reason for Leaving:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all answers given provided in this employment application are true and complete to the best of my knowledge and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from further consideration for employment and any result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with **Lexington 104 Speedway, LLC**, any employment relationship with LLC is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any and all statements contained in this application and also authorize any person, school, current employer, past employers and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date:
