

# MOTORSPORT ADVENTURES LLC

## APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone			E-mail Address			
Date Available		Social Security No.		Desired Salary		
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Do you have a driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what type?			
Have you had any accident in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any moving violations?			

## EDUCATION

High School		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

## REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT**

Company	Phone
---------	-------

Address	Supervisor
---------	------------

Job Title		
-----------	--	--

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?      YES       NO

Company	Phone
---------	-------

Address	Supervisor
---------	------------

Job Title		
-----------	--	--

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?      YES       NO

Company	Phone
---------	-------

Address	Supervisor
---------	------------

Job Title		
-----------	--	--

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference?      YES       NO

**REFERENCES**

Name:	Relation:	Phone:
-------	-----------	--------

Name:	Relation:	Phone:
-------	-----------	--------

Name:	Relation:	Phone:
-------	-----------	--------

**MILITARY SERVICE**

Branch	From      To
--------	--------------

Rank at Discharge	Type of Discharge
-------------------	-------------------

If other than honorable, explain

**TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING PARAGRAPHS, PLEASE INITIAL ON THE LINES PROVIDED BELOW.**

I understand that employment, if offered, is contingent upon satisfying the physical requirements of the job offered as determined by a physical examination.

I have read the above statement and understand it. ----- (initial)

I understand and acknowledge that, unless otherwise defined by applicable law or a negotiated labor agreement, any employment relationship with this organization is "at will", which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I have read the above statement and understand it. ----- (initial)

I understand that employment, if offered, is contingent upon references which are satisfactory to the company from my school(s), my previous employer(s), and other customary reference sources. This pre-employment screening may not be fully completed until the start of employment. A scheduled start date is not an indication that this screening process is completed.

I have read the above statement and understand it. ----- (initial)

I understand that statements made describing the company, the work, its policies, and procedures during the application process are not guarantees of any terms or conditions of employment, if employed.

I have read the above statement and understand it. ----- (initial)

I understand that it is the Company's policy to provide a drug free workplace. I agree to submit to drug screening in accordance with the Company's drug policy.

I have read the above statement and understand it. ----- (initial)

**DISCLAIMER AND SIGNATURE**

I certify the above information is true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may be grounds for immediate discharge any time that it is discovered to be false.

Signature

Date

Motorsport Adventures is an equal opportunity employer. The company does not discriminate based on race, color, religion, sex, sexual orientation, national origin, age, physical or mental disabilities and complies with all Federal and State statutes.