

Application for Employment

OER—Lincoln Race Course

PERSONAL INFORMATION

(Please Print)

Date _____ Social Security Number _____ - _____ - _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Home Phone: (_____) _____ -- _____ Cell Phone: (_____) _____ -- _____

U.S. Citizen? Yes No If hired, can you furnish proof that you are legally permitted to work in the U.S.? Yes No

Are you under the age of 18? Yes No Date of Birth ____/____/____

Have you ever been convicted of a criminal offense—felony or misdemeanor? Yes No

If yes, please attach a note explaining the details (What, When, Court Ruling, etc).

EMPLOYMENT DESIRED

Position Applying For _____ Date You Can Start ____/____/____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

EDUCATION

Name and Location of School		Last Year Completed	Did you Graduate?	Subjects Studied, Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled	
Trade or Business School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled	

What office equipment can you operate? _____

Type WPM _____ Keystrokes PM _____ 10-Key Calculator/Adding Machine Cash Register Computer

Special skills, training or experience? _____

FORMER EMPLOYERS

List below the last three employers, starting with the most recent

Dates Employed:	Name, Telephone, City/State of Employer, Immediate Supervisor	Last Pay Rate	Position	Reason for Leaving?

REFERENCES *List the names of three persons not related to you, with whom you've known at least one year.*

Name	Address	Business	Telephone
1.			
2.			
3.			

PHYSICAL RECORD

Do you have any physical condition which may limit your ability to perform the job applied for?

Yes No If yes, please list conditions and limitations. _____

What other qualifications should be considered? _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I hereby authorize all persons and institutions mentioned on this application to give information relative to possible future employment. I agree to release said persons, institutions and strategic staff management from all liability in regard to the final outcome(s) due to the transmission of reference material. I understand that falsification of any material information on this application maybe considered sufficient cause for immediate termination. I also understand that if employed, I can be terminated at any time or without cause. I further agree that I will abide by all the rules, regulations and policies of strategic staff management and that failure to do so may be cause for termination.

X _____
Applicant Signature

_____/_____/_____

Interviewed By:	Date:
-----------------	-------

Applicant should be sent to:
