EMPLOYMENT APPLICATION

Date of Application _____ Position Applied for _____

Last Name _____ First Name _____ MI: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Are you 18 years of age or older? ☐ Yes ☐ No

If employed and less than 18 years of age, can you furnish a work permit? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

Have you ever been employed by Pittsburgh International Race Complex or BeaveRun Motorsports Complex before? ☐ Yes ☐ No

If yes: Date of Employment _____ What positions? _____

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your present employer? ☐ Yes ☐ No

Have you ever been convicted of a felony within the last 7 years?* ☐ Yes ☐ No

(*Conviction will not necessarily disqualify applicant from employment)

If yes, please explain: _____

_____

On what date would you be available for work? _____

How many hours per week are you looking to work? _____

Please insert your availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

What positions would you be most interested in? Please check all that apply

☐ Safety & Communications (Corner Working)

☐ Maintenance

☐ Security

☐ Registration/Cashier

Pittsburgh International Race Complex 201 Penndale Road, Wampum, PA 16157
Phone: 724.535.1000 Fax: 724.740.1046 www.pittrace.com

Education

	High School	Vocational Training	College/University	Graduate/Professional
School Name				
Years Completed/Degree				
Diploma/Degree				
Describe Course of Study				
Describe specialized training, apprenticeship, skills, extra-curricular activities, or honors received				

Pitt Race

Employment History

Start with your present or last job. Include military service assignments or volunteer activities. (You may exclude organization names that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

May we contact your past employers for references? ☐ Yes ☐ No

Employer: _____ Supervisor: _____

Job Title: _____ Phone Number: _____

Address: _____ City _____ St _____ Zip _____

Date Employed: Start: _____ End: _____

Description of duties and responsibilities:

_____

_____

Reason for leaving: _____

_____

May we contact your past employers for references? ☐ Yes ☐ No

Employer: _____ Supervisor: _____

Job Title: _____ Phone Number: _____

Address: _____ City _____ St _____ Zip _____

Date Employed: Start: _____ End: _____

Description of duties and responsibilities:

_____

_____

Reason for leaving: _____

_____

May we contact your past employers for references? ☐ Yes ☐ No

Employer _____ Supervisor: _____

Job Title: _____ Phone Number: _____

Address: _____ City _____ St _____ Zip _____

Date Employed: Start: _____ End: _____

Description of duties and responsibilities:

_____

_____

Reason for leaving: _____

_____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____

Print Name: _____

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