

WYOMING DOWNS



OFF TRACK BETTING **APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based on non-job-related information.

Job Applied for _____

Location _____ Date _____

Are you seeking employment for: Full-time Part-time Temp. Seasonal

When could you start work? _____

General

Last Name First Name Middle Initial () -
Telephone #

Present Street Address City State Zip Code

Are you 18 years of age or older Yes No

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied here before? Yes No If yes, when and where? _____

Were you ever employed here? Yes No If yes, when and where? _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

Education

	Name Address of Schools	# Years Completed	Diploma/Degree/Certificate
High School or GED			
College or University Subject Studied			
Vocational or Technical Subject Studied			

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
	Duties:				
Title					Supervisor(s)
					May we contact this employer?
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
	Duties:				
Title					Supervisor(s)
					May we contact this employer?
Name, Address and Telephone of Employer	Employed		Pay		Reason for leaving
	From (mo/yr)	To (mo/yr)	Start	Final	
			\$	\$	
	Duties:				
Title					Supervisor(s)
					May we contact this employer?

Special Skills

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

References

Have you ever worked or attended school under any other names? ____ Yes ____ No
 If yes, give names: _____

Have you ever been fired from a job or asked to resign? ____ Yes ____ No
 If yes, please explain: _____

Give three references, not relatives or former employers

Name	Address	Phone	Yrs. Known

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

OFFICE USE ONLY			
Hire Date	__/__/__	Start Date	__/__/__
Full/Part/Seasonal: _____		Hourly Wage/Salary: _____	Position: _____
Pari-Mutual Licence #: _____		Date: _____	
Hired By: _____			
Checklist: ____ Application ____ W-4 ____ I-9 ____ Money Shortage Agreement ____ Employee Handbook ____ Drug Test Results ____ ID ____ Copy of Social Security Card ____ Terminal Use Policy ____ Weapons Policy ____ Family Policy ____ Drinking Policy			