



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position: _____ Today's Date: _____

How did you learn about the position? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone # _____ Evening Phone # _____

Email Address: _____ Social Security Number: _____

When are you available to start work? _____ Desired Pay \$ _____

Are you 16 years of age or older? [] Yes [] No (Proof of age or work permit may be required)

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Dan River Grand Prix is a smoke-free workplace. Do you smoke? [] Yes [] No

If offered employment, are you willing to take a drug test? [] Yes [] No

What days and hours are you available to work? _____

Have you ever been convicted of a crime? [] Yes [] No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

Are you willing to submit to a pre-employment alcohol and drug screening test? [] Yes [] No

EDUCATION				
School Name	Location	Dates Attended	Degree Received?	Major

Other training, certifications or licenses held: _____

List any other information pertinent to the position you are seeking: _____

EMPLOYMENT HISTORY *(List Most Recent Job First)*

1. Employer: _____ Job Title: _____

Start Date: _____ End Date: _____ May We Contact This Employer? [] Yes [] No

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone Number: _____

Starting Pay/Salary: _____ Ending Pay/Salary: _____

Duties Performed: _____

Reason for Leaving: _____

2. Employer: _____ Job Title: _____

Start Date: _____ End Date: _____ May We Contact This Employer? [] Yes [] No

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone Number: _____

Starting Pay/Salary: _____ Ending Pay/Salary: _____

Duties Performed: _____

Reason for Leaving: _____

3. Employer: _____ Job Title: _____

Start Date: _____ End Date: _____ May We Contact This Employer? [] Yes [] No

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone Number: _____

Starting Pay/Salary: _____ Ending Pay/Salary: _____

Duties Performed: _____

Reason for Leaving: _____

4. Employer: _____ Job Title: _____

Start Date: _____ End Date: _____ May We Contact This Employer? [] Yes [] No

Employer Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Phone Number: _____

Starting Pay/Salary: _____ Ending Pay/Salary: _____

Duties Performed: _____

Reason for Leaving: _____

