Virginia Motorsports Park Phone: 804-862-3174, Fax: 804-862-3301

Phone: 804-862-3174, Fax: 804-862-330 Employment Application

Personal Information

Name:		<u></u>	Date:	
Address:		City:	_ State:	Zip:
Phone:	Email:	Be	est Time to Call: _	
Why do you want to wo	ork at Virginia Motorsports Par	k?		
Do you have relatives	or friends that work at Virginia	Motorsports Park?	If so, who?	
Are you currently empl	oyed? Wh	nere?	Full or Part Time	:
	rginia Motorsports Park before			
Reason for leaving? _				
	mployment at Virginia Motorspo ase do not apply for a position			
	of 18 proof of age is required prior er's license, work permit, or a stat			
Initial hiring and continue	work in the USA?yes _ d employment may be dependent ontrol act of 1986. All applicants v	upon proof that you are not an "		
Work Experience				
COMPANY	DATES: FROM/TO	POSITION/DUTIES	REASC	ON LEFT
Availability		·	·	
	e to work: Wed	Thu Fri	Sat	Sun
Are you able to work th	ne entire season? (March thru	November) Yes No	When can you s	start?
•	ansportation? Yes No	,	·	
<u> </u>	1 00 <u></u> 1 10	be you enjoy memm	g mar are pasie.	
References	Dhana Niveshar	Deletionship to Vov	l Henrik	200
Name	Phone Number	Relationship to You	How Id	ong:
		L	_	
Have you been convict	ted of felony or misdemeanor i	n the last 5 years?		
If yes please explain:				
Special Skills:				
Position applying for:			Salary Desired:	
(Gate Crew, Ticket Seller, Sec			

Applicants Statement		
Read the following statement carefully be	efore signing this	application.
I understand that any falsification, misrepapplication, withdrawal of my application discharge.	•	
I understand that in connection with the a representatives may contact my former or relevant parties to obtain additional information of the relevant parties to conform to the rule an employee-at-will and my employment Park or myself with or without notice for a	employers, educated to the same and regulations may be terminated.	ional institutes, references, and other the information given in this application. So of the track and understand that I will be
I authorize an investigation of all statements listed on this application to give you any and release all parties from liability for an	and all information	
Applicants Signature		Date:
origin, age and marital status, service in		ment because of race, color, sex, national of the US or any other protected status.
or VMP Use Only		
•	Date:	Date of Hire:
or VMP Use Only terviewed By:		
terviewed By:		Position:
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