



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or disability, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL HISTORY

(Please Print)

Date: _____

Applicant Name: _____ **Social Security #:** _____
Last First Middle

Address _____
No. Street City State Zip

Telephone Number: _____ **Referred By:** **Our Advertisement** **Friend or Relative** **No One**

Date you are available to start work: _____ **List any relatives employed by Ellis Park:** _____

Position(s) applied for: _____ **Full Time** **Part Time** **Seasonal**

Salary or Wages Desired: \$ _____ **Are you under 18 years of age?** **Yes** **No** *(Must be 16 years of age to be licensed by the KY Racing Commission)*

Are you legally eligible for permanent employment in the United States ? **Yes** **No** *(If hired verification will be required by law.)*

Are you able to meet the attendance requirements? **Yes** **No** **Do you have any objection to working overtime if necessary?** **Yes** **No**

Have you been previously employed by our organization? **Yes** **No** **If YES, When?** _____ **Position:** _____

Indicate special qualifications or skills: _____ *** List any special licenses you possess:** _____

Educational History	Name & Location of School	Years Completed	Degree/Certificate
High School			
College			
Graduate School			
Other			

Have you ever been bonded in prior employment? **Yes** **No** **If YES, list name(s) of employer(s):** _____

Have you ever been convicted of a crime (excluding minor traffic offenses)? **Yes** **No** **If YES, list conviction (A conviction does not necessarily disqualify an applicant for the position being applied for):** _____

CONTINUED ON REVERSE SIDE

WORK HISTORY

Employer (Most Recent):	Phone: ()	From:	To:	Position:
Address:		City, State, Zip:		
Duties:	Supervisor's Name:	Salary:		
Reason for leaving:	OK to Contact Now: _____ Yes _____ No			
Employer:	Phone: ()	From:	To:	Position:
Address:		City, State, Zip:		
Duties:	Supervisor's Name:	Salary:		
Reason for leaving:	OK to Contact Now: _____ Yes _____ No			
Employer:	Phone: ()	From:	To:	Position:
Address:		City, State, Zip:		
Duties:	Supervisor's Name:	Salary:		
Reason for leaving:	OK to Contact Now: _____ Yes _____ No			

MILITARY SERVICE

Branch of Service	From	To	Rank and Duties	Date Discharged

STATEMENT OF APPLICANT (PLEASE READ CAREFULLY): In applying for employment, I want Ellis Park to be fully informed of my previous record, and I hereby authorize Ellis Park to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, businesses, military and government agencies, credit bureaus and law enforcement agencies from any liability in furnishing such information.

I fully understand that any misrepresentation of facts on this application shall be sufficient cause for dismissal regardless of the date of discovery. I further understand that any offer of employment shall be subject to reference check. I understand and agree that, should I be offered employment, my commencement of work may be conditioned on the results of a medical examination, the cost of which, if administered, will be borne by Ellis Park. I further understand that this employment relationship is at will and may be terminated by either party at any time, with or without cause.

RELEASE: I hereby authorize my prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

Date: _____ *Signature of Applicant:* _____