



FIREBIRD INTERNATIONAL RACEWAY

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST, FIRST, M.I.)		SOCIAL SECURITY NO	
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	SECONDARY NUMBER	BEST TIME TO CALL AM/PM	

EMPLOYMENT DESIRED

POSITION DESIRED		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> SEASONAL
		<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY
DATE OF AVAILABILITY	SALARY DESIRED	WILL YOU WORK OVERTIME, IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU CURRENTLY EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED	SUBJECT STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE/ BUSINESS			

SKILL AND QUALIFICATIONS

SUBJECTS OF SPECIAL STUDY RESEARCH WORK OR SPECIAL TRAINING/SKILLS			
OPERATIONS OF HEAVY EQUIPMENT			
COMPUTER SKILLS(PLEASE SPECIFY ON OTHERS)			
EXCEL	<input type="checkbox"/>	NO. YRS _____	TICKETFORCE
MICROSOFT WORD	<input type="checkbox"/>	NO. YRS _____	MAS 90
POWERPOINT	<input type="checkbox"/>	NO. YRS _____	OTHER
TYPING	<input type="checkbox"/>	WPM _____	OTHER
U.S. MILITARY OR NAVAL SERVICE		RANK	

20,000 MARICOPA ROAD-BOX 5023, CHANDLER, ARIZONA 85226 TEL. 602-263-0200

"Proud Member of the Gila River Indian Community"

EMPLOYMENT HISTORY (MOST RECENT FIRST)

EMPLOYER		PHONE# ()	
ADDRESS		CITY	STATE ZIP
JOB TITLE	FROM(MONTH/YEAR)	TO(MONTH/YEAR)	SALARY \$ PER
SUPERVISOR'S NAME / TITLE		REASON FOR LEAVING	
DESCRIPTION OF JOB DUTIES			
EMPLOYER		PHONE# ()	
ADDRESS		CITY	STATE ZIP
JOB TITLE	FROM(MONTH/YEAR)	TO(MONTH/YEAR)	SALARY \$ PER
SUPERVISOR'S NAME / TITLE		REASON FOR LEAVING	
DESCRIPTION OF JOB DUTIES			
EMPLOYER		PHONE# ()	
ADDRESS		CITY	STATE ZIP
JOB TITLE	FROM(MONTH/YEAR)	TO(MONTH/YEAR)	SALARY \$ PER
SUPERVISOR'S NAME / TITLE		REASON FOR LEAVING	
DESCRIPTION OF JOB DUTIES			

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this applications shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

SIGNATURE _____

DATE _____

INTERVIEWED BY _____