



SIMI MOTORSPORTS, LLC.

Employment Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip Code

Permanent Address (if different from present address)

No. & Street City State Zip Code

Business Phone Home Phone

Employment Desired

Position applying for: _____

Personal Information

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for SIMI MOTORSPORTS, LLC. _____ before? Yes No

If yes, when? _____

Why are you applying for work at SIMI MOTORSPORTS, LLC. _____ ?

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If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			
College/ University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			

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Education, Training, and Experience - continued

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
Vocational/ Business	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			
Health Care Training	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip Code _____			

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

_____	_____		
Name of Employer	Phone Number		
_____	_____		
Type of Business	Your Supervisor's Name		
_____	_____		
Address & Street	City	State	Zip Code

Dates of Employment: _____
 From _____ To _____

Current Employer?..... Yes No

 Your Position and Duties

 Reason for Leaving

May we contact this employer for a reference?..... Yes No

Employment Application

Name of Employer _____

Phone Number _____

Type of Business _____

Your Supervisor's Name _____

Address & Street _____

City _____

State _____

Zip Code _____

Dates of Employment:

From _____

To _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference?..... Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____

Last Name _____

Phone Number _____

Address & Street _____

City _____

State _____

Zip Code _____

Occupation _____

No. of Years Acquainted _____

First Name _____

Last Name _____

Phone Number _____

Address & Street _____

City _____

State _____

Zip Code _____

Occupation _____

No. of Years Acquainted _____

First Name _____

Last Name _____

Phone Number _____

Address & Street _____

City _____

State _____

Zip Code _____

Occupation _____

No. of Years Acquainted _____

Employment Application

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize SIMI MOTORSPORTS, LLC. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Applicant's Signature