



**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: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No. Street City State Zip

Telephone Number: \_\_\_\_\_ Referred By:  Our Advertisement  Friend or Relative  No One

Valid Email Address: \_\_\_\_\_

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**

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