

APPLICATION FOR EMPLOYMENT



AN EQUAL OPPORTUNITY EMPLOYER

1501 West Bell Road
 Phoenix, Arizona 85023
 Telephone: 602-942-1101
 Fax: 602-942-8659

**TURF PARADISE
 CONDUCTS PRE-EMPLOYMENT
 URINE DRUG TESTING**

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK.

Name:			Date
Last	First	Middle	
Mailing Address:			Apartment / Unit #:
City:	State:	Zip Code:	Telephone Number:
Physical Address (if different):			Apartment / Unit #:
City:	State:	Zip Code:	Cellular Telephone Number:
HORSE TRAINERS AND GROOMS ARE NOT EMPLOYED BY TURF PARADISE.			
Turf Paradise is a seasonal employer. Are you willing to accept seasonal work: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been denied a license by another racing jurisdiction (explain "yes" answer): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position desired (please do not say "any", "all" or "open"):			
<input type="checkbox"/> Mutuels: Do you have Mutuels experience: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Security	<input type="checkbox"/> Food Server <input type="checkbox"/> Bartender
<input type="checkbox"/> Valet	<input type="checkbox"/> Admissions	<input type="checkbox"/> Special Events	<input type="checkbox"/> Banquets
Are you able to safely perform all duties of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any relatives employed by Turf Paradise (please list names if "yes"): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who should we thank for referring you:			
EDUCATION RECORD: List last High School and all business, trade schools and colleges attended.			
Name and Location (city & state) of School		Degree/Diploma	Major



Have you previously been employed by Turf Paradise: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give approximate year(s):	Are you legally permitted to work in the US: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been involuntarily terminated, discharged, forced to resign, resigned with disciplinary action pending, or resigned in lieu of termination from any job: Yes No If you answered "yes", please explain:

Please provide the days and times you are available to work		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	AM							
	PM							

The following information is requested for Government reporting purposes only. Refusal to complete this section will not influence your eligibility for employment.

Date of Birth: Month _____ Day _____ Year _____ Gender: Male Female

Race (Check One): White Black Hispanic Asian or Pacific Islander Am Indian or Alaskan Native Other

EMPLOYMENT HISTORY (Please complete all questions for your last four (4) employers)

Current or Last Employer:

Your official job title:

From: Month _____ Year _____	To: Month _____ Year _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name, Title and Telephone Number of Supervisor:	Reason for Leaving:
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Beginning Salary: \$ _____	Ending Salary: \$ _____
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Previous Employer:

Your official job title:

From: Month _____ Year _____	To: Month _____ Year _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name, Title and Telephone Number of Supervisor:	Reason for Leaving:
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Beginning Salary: \$ _____	Ending Salary: \$ _____
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Previous Employer:

Your official job title:

From: Month _____ Year _____	To: Month _____ Year _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name, Title and Telephone Number of Supervisor:	Reason for Leaving:
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Beginning Salary: \$ _____	Ending Salary: \$ _____
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Previous Employer:		
Your official job title:		
From: Month _____ Year _____	To: Month _____ Year _____	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name, Title and Telephone Number of Supervisor:		Reason for Leaving:
Beginning Salary: \$ _____	Ending Salary: \$ _____	
BUSINESS REFERENCES (No personal references please)		
<input type="checkbox"/> Supervisor <input type="checkbox"/> Peer <input type="checkbox"/> Customer	Company Name	Name of Reference
Address		Years Known:
Address		Telephone Number
<input type="checkbox"/> Supervisor <input type="checkbox"/> Peer <input type="checkbox"/> Customer	Company Name	Name of Reference
Address		Years Known:
Address		Telephone Number
<input type="checkbox"/> Supervisor <input type="checkbox"/> Peer <input type="checkbox"/> Customer	Company Name	Name of Reference
Address		Years Known:
Address		Telephone Number
AFFIDAVIT AND CONSENT		
<p>I certify that the answers given by me in this Application for Employment are true and correct without consequential omissions of any kind whatsoever. I agree that Turf Paradise shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me on this application. I authorize all companies, schools and persons named above to release any and all available information in writing or over the telephone to Turf Paradise. I hereby release said companies, schools and persons from all liability for any damage resulting from release of information. I also understand that any offer for employment is contingent upon successful completion of the pre-employment process. I further agree that if employed I will abide by and comply with all the laws, rules and regulation of the State of Arizona and those of Turf Paradise.</p> <p>In the event I am employed by Turf Paradise in a position where I handle funds, I agree that the count of money performed by other employees in the usual and customary operations of the company will be final as a determination of my accountability to the company, and I consent to the deduction of shorts from wages accruing to me. I further agree that as a condition of employment I will submit to a polygraph test when requested by my employer at any time during my employment.</p> <p>Recognizing that completion of the Application for Employment is a part of the pre-employment competency screening process, your signature below indicates that you completed the entire application without assistance unless you provide the reason for requiring assistance as follows:</p>		
<input type="checkbox"/> I am unable to read and write <input type="checkbox"/> My handwriting is too difficult to read <input type="checkbox"/> Another reason (To be disclosed during Interview)		
Signature: _____ Date: _____		



PLEASE READ CAREFULLY

DISCLOSURE OF INTENTION TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT FOR EMPLOYMENT PURPOSES

In accordance with the Fair Credit Reporting Act, section 604(b)(2)(a), T.P. Racing L.L.P., dba Turf Paradise, may obtain a consumer report on all individuals who apply for new employment, or on current employees for the purpose of retention or promotion. It may be an investigative consumer report that includes information as to your character, general reputation, personal characteristics and mode of living. You have a right to request disclosure of the nature and scope of the report. By the signature below, the Applicant acknowledges that Turf Paradise has made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that Turf Paradise may now, or any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, and obtain any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

I authorize any party or agency contacted by Turf Paradise to furnish the above mentioned information.

I have read and understand this release and consent, and I authorize the background verification and credit records. I authorize all persons, schools, current and former employers, and other organizations and Agencies to provide Turf Paradise with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Turf Paradise to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

Applicant's Signature

Today's Date

APPLICANT INFORMATION

Applicant Last Name

First Name

Middle Name or Initial

List Other Names Used in Past 7 years

Social Security Number

Current Address

City/State/Zip

Dates

Previous Address

City/State/Zip

Dates

EEO Employer