IOWA GREYHOUND ASSOCIATION EMPLOYMENT APPLICATION

Please be sure to complete entire application. Incomplete application will no longer be considered.

| PERSONAL INFORMATION: | | | | DATE OF A | PPLICATION: | | | | |
|---|--|----------------|---------------------------------------|----------------------------|-------------------|--------------------------------|---------------|-------------|--|
| NAME (Last) | (First) | | (Middle) | | Social Secu | Social Security #: | | | |
| Home Address | | | City | | State | | Zip | | |
| Home Telephone | | Cell Telephone | | May we contact you at work | | rk? | () Yes | () No | |
| Date Available to Begin: | | | | _ | Minimum Wa | age Required: | | | |
| Are you interested in (check of Are you interested in (check of If you are under 18 years of a (No one under age 16 may be | one): age, please s | () Full-ti | nnent Work me Work te of birth. | | | orary work ime Work | () Sea | isonal Work | |
| | Day | Mon | Tue | Wed | Thur | Fri | Sat | Sun | |
| Days and hours available | Begin | | | | | | | | |
| , | End | | | | | | | | |
| DESIRED POSITION | | • | • | • | • | • | • | | |
| In the space below, list three favored). Next to each positio | | | | _ | on priority. (i.e | e. 1 being most | favored, 3 bo | eing least | |
| Position | | Qualifications | | | | | | | |
| 1 | | | | | | | | | |
| | | | | | | | | | |
| 3 | | | | | | | | | |
| Have you previously worked f Have you previously interview If you answer to either of the Under what name did you ap | ved Iowa Gre two questio ply for and/o | eyhound Asso | ociation? Yes," please | | | () No () No ted below: | | | |
| Position(s) Held or Interviewe | d for: | | | | | | | | |
| Supervisor(s) | | | Dat | es Employed | : From | 1 | _ | То | |
| Reason for leaving: | | | | | | | | | |
| | | | | | | | | | |

| EDUCATION: | f School | Name | & Location of | School | Degree/Area of Study | Years At | tended Graduate |
|--|---------------------------------------|---------------|------------------------------|--------------|-------------------------------|--------------------|-------------------------|
| High School | Scribbi | Name | Address | 3011001 | Degree/Area of Study | Tears At | Yes No |
| | | City | State | Zip | | | |
| College | | Name | Address | | | | Yes No |
| | | City | State | Zip | | | |
| Graduate Scho | ool | Name | Address | | | | Yes No |
| | | City | State | Zip | | | |
| Other | | Name | Address | | | | Yes No |
| | | City | State | Zip | | | |
| EMPLOYMENT List employme the nature of y | nt starting with | ı your most ı | recent position | n. Account f | or any time during this perio | od that you were | e unemployed by stating |
| Dates | Dates Name and Address of Employer | | Position Held /Supervisor | | List of Major Duties | Salary or Wages | Reason for Leaving |
| Fram. | Namo | | lob Titlo | | | Ctarting | |

| Dates Name and Address of Employer | | Position Held /Supervisor | List of Major Duties | Salary or Wages | Reason for Leaving |
|---------------------------------------|-------|------------------------------|----------------------|--------------------|--------------------|
| From: / / | Name | Job Title | | Starting | |
| | City | | | | |
| To: | | Supervisor | | Final | |
| / / | Phone | | | | |
| From: / / | Name | Job Title | | Starting | |
| | City | | | | |
| To: | | Supervisor | | Final | |
| / / | Phone | | | | |

| / / Phone | | | | | | | |
|---|----------------|-----------------------------|-----------------|------------------|--------------------|------------------------|--|
| REFERENCES I | Please indicat | e if you were employed | under a differe | ent name. Do | O NOT include ar | ny relatives. | |
| NAME | ADDRESS | | PHONE# | BUSIN | ESS/TITLE | YEARS KNOWN | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 1 | | | | |
| Have you ever been convicted | d of or entere | d a guilty plea or no cont | est to crime? | | ()Yes | () No | |
| If your answer if "Yes " nlease | give the det | ails - the offense for whic | h vou were cor | nvicted or nle | d guilty the juris | diction, and the date: | |
| If your answer if "Yes," please give the details - the offense for which you were convicted or pled guilty, the jurisdiction, and the date: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| How did you learn about the | Iowa Greyho | und Association employm | ent opportuni | ties? | | | |
| ALL EMPLOYEES I | MUST BE AP | PROVED AND LICENSE | D BY THE IOV | VA RACING | AND GAMING | COMMISSION | |

Signature of Applicant

Date _____