

**TEAM TEDDER RACING  
4571 STATE STREET  
MONTCLAIR, CA 91763**

**EMPLOYMENT APPLICATION**

An Equal Opportunity Employer

**Please Print**

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

Permanent Address if Different from Present Address: \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State and Drivers License No. (if position involves driving): \_\_\_\_\_

In case of emergency, name, address and telephone no. of person to be notified:  
\_\_\_\_\_

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

- Regular full-time work  Regular part-time work  
 Temporary work, e.g., summer or holiday work

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From \_\_\_\_\_ To \_\_\_\_\_

Are you available to work on weekends? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be available to work overtime, if necessary? . . . . . Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

If applicable to position applying for: \_\_\_\_\_

**Personal Information**

Have you ever applied to, or worked for, Team Tedder Racing? Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Team Tedder Racing? Yes  No

If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at Team Tedder Racing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? \_\_\_\_\_

Are you at least 18 years old? . . . . . Yes  No

(If under 18, hire is subject to verification that you are of minimum legal age)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? . . . . . Yes  No

Are you able to perform the essential functions of the position for which you are applying either with or without reasonable accomodation? . . . . . Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If necessary, describe what type(s) of reasonable accomodations are needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Note: we comply with the Americans with Disabilities Act and consider reasonable accomodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? . . . . Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Note: Hire may be subject to passing a medical examination, and skill and agility tests.)

Have you ever been convicted of a crime? (Exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed.)  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly describe the nature of the crime(s), the date and place of conviction and disposition of the case. \_\_\_\_\_  
 \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

If so, may we contact your current employer? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

**Education, Training and Experience**

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School			Yes _____ No _____	
College/ University			Yes _____ No _____	
Vocational/ Business			Yes _____ No _____	

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Team Tedder Racing? If so, please explain. \_\_\_\_\_  
 \_\_\_\_\_

List any job-related professional, trade, business or civic activities, organizations and associations in which you are active. (Please omit those which indicate race, color, religion, national origin, ancestry, sex, age or the existence of a disability): \_\_\_\_\_  
 \_\_\_\_\_

## Education, Training and Experience

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1) Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Title and Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Base Rate of Pay: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ ; Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2) Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Title and Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Base Rate of Pay: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ ; Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3) Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Title and Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Base Rate of Pay: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ ; Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4) Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Title and Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Base Rate of Pay: Starting \$ \_\_\_\_\_ Per \_\_\_\_\_ ; Ending \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Note: Attach Additional Page(s) if Necessary.**

## Military Service

Service Branch \_\_\_\_\_ Initial Rank \_\_\_\_\_ Final Rank \_\_\_\_\_

Have you obtained any special skills  
or abilities as the result of services in the military? . . . . . Yes \_\_\_\_ No \_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

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

1) Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any misrepresentation, falsification, or material omission of information 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 time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Team Tedder Racing, to thoroughly investigate any references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Team Tedder Racing, 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 Team Tedder Racing, my former employers and all other persons, corporations, partnerships and associations, and their respective agents, employees and representatives, from any and all claims, demands or liabilities, arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in my employment 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 Team Tedder Racing. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that my employment and compensation may be terminated at-will, with or without cause, with or without notice, at any time, either at my option or at the option of Team Tedder Racing. I further agree that no promises or representations contrary to the foregoing are binding on Team Tedder Racing, unless such an agreement is made in writing that clearly and expressly specifies the intent to alter that at-will nature of employment, and is signed by me and the president of Team Tedder Racing. Thus, I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship, and that there are no oral or collateral agreements regarding this issue.

\_\_\_\_\_ I also understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the U.S.. Offers of employment are also conditioned on Team Tedder Racing's receipt of satisfactory responses to reference requests, and if requested, satisfactory completion of a post-offer medical examination.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

## CONSENT TO PROCURE DRIVING RECORD

This driving record is being requested for the following reason:

EMPLOYMENT - As an employee or prospective employee of Hampton Tedder Electric.

I, \_\_\_\_\_, hereby authorize Crosby Insurance, on behalf of Hampton Tedder Electric, to obtain a copy of my driving record. I understand I have the right to inspect this document in accordance with the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_

License No.: \_\_\_\_\_

State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PLEASE PRINT CLEARLY