

Rock Falls Raceway Employment Application

Date: _____

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____ Date of Birth: _____

Work Phone #: _____ Can You Be Contacted @ Work: Y or N

Email Address: _____

Driver's License #: _____ Are you at least 16 years of age? Y or N
(Due to certain insurance laws you must be 16 to work in restricted areas.)

Emergency Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

How far from the track do you live? _____ miles How did you hear about applying at RFR? _____

Have you ever worked at Rock Falls Raceway? _____ If so, list positions worked and when _____

Position(s) Applying for: _____ Desired Wage: _____

Times Available for work or interested in working (Circle All That Apply)

ANY FRIDAY DAY FRIDAY NIGHT SATURDAY SUNDAY SPECIAL EVENTS

Are you currently employed? Y or N If Yes, describe: _____

Previous Employer: _____ Phone #: _____

What previous experience or training would qualify you to work at RFR? _____

Have you ever drag raced? Y or N If so, where? _____

Have you ever attended a drag race? Y or N If so, where? _____

Send Application to: Rock Falls Raceway, 7150 Walnut Rd., Eau Claire, WI 54701
Fax/Phone: (715) 858-0170 Email: Jennifer@RockFallsRaceway.Com

Interviewed by: _____ Date: _____

Position(s) Recommended: _____

Hired: Y or N Reason: _____

Wage: _____ Shirt Size: _____
Date Started: _____
Position: _____