

Name:	Date:			
Address:		City:		State:
Phone (Home):		Phone (Cell):_		
Email Address:				
Are you at least 16 years old? Y	es or No	If no, When will you to	urn 16?	
How far from the track do you live	e?			
Position(s) interested in:				
Times available to work: (circle al	l that apply) •Any	•Week Days •Fri Night	•Saturday •S	Sunday • Special Events
Approx # of hours desired per week:				
Are you currently employed: Yes or No If Yes, Where?				
What Previous experience or training would qualify you to work here?				
Are you in High School or College? Yes or No Do you plan on working once school starts? Yes or No				
When does school start?				
Have you ever attended a drag race before? Yes or No If yes, where?				
Why do you want to work at Cordova Dragway?				
Emergency Contact:		Relationship:	Pl	hone:
Please return this form to:				
	Interviewed Dyn	Datas		
Cordova Dragway		Date:		
Position(s) recommended for:				
Cordova, IL 61242 Phone: 309-654-2110 Reason:				
1 HOHC. 307-034-2110	Hired: Yes or No			
	nirea: Yes or No	Wage:		