Valley Motorsports Co. LLC

694 Main St Ansonia, CT 06401 www.ValleyMotorsportsCT.com

Phone: 203-736-0379 Fax: 203-736-9371 ValleyMotorsports@SBCGlobal.net

Job Application

To apply for a job at Valley Motorsports, please fill out this application and return it via the postal mail or via email. Please include a cover letter and a current resume with the application. You will be contacted by the owners within one month.

NO APPLICATIONS WILL BE ACCEPTED BY PHONE or if THEY ARE INCOMPLETE!

Personal Information								
Last	First			MI	Email			
Street Address		City		ST	Zip		Home Phone	Cell Phone
Are you entitled to work in the United S	tates? Yes	Νο		Are you 18 or older?	Yes	N		
Military Service?	Are you a Yes veteran? War:	No		Do you have your own full set of mechanics tools?	Yes	Np		
What position are you applying for?		Full time or Part Time		How did you hear abou	t this pos	ition?		
Wage Rate Desired -Hourly				Date Available to start			Days and hours available M T W TH F S SU	to work 9AM- 6PM OTHER
Are you a certified motorevele mechanic?	Do you have a valid CT drivers license with motorcycle endorsement?	Yes No		Are you skilled with o	Compute Yes	NÞ	Examples of computer skilled with:	
Years experience as a motorcycle technician	Do you have reliable	e transportatio Yes No	n to work?	Are you available for	r overtin Yes	ne2 Np	How did you find this jo	b opening?
Prior Work Experience								
	Current or Most Rece	nt		Prior			Prior	
Employer								
Address								
City, State, ZIP								
Telephone								
Name of Immediate Supervisor								
Dates of Employment	From	То		From	То		From	То
Position/Job Title								
Pay (opotional)								
Reason for Leaving								
May We Contact	Yes	Nþ		Yes	N		Yes	Νρ

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Education	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School		1 2 3 4		
MMI (or equivalent)		1 2 3 4		
				·

List any applicable special skills, training or proficiencies.

References (No family members or friends, only previous employers or teachers)					
Name	Address	Phone Number(s)	Position title	Years Known	

Explain to us why you are the best candidate for this position:

Authorization and Acknowledgements I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for	Signature	Date
discharge. I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.		