



APPLICATION FOR EMPLOYMENT

This Company is an Equal Opportunity Employer

US off-track, LLC does not discriminate on the basis of age, sex, race or color, national origin, religion or disability

Please print and answer all questions. If a question does not apply, insert or check N/A

A. GENERAL INFORMATION				
Last Name	First	Middle		
Previous Last Name Used:		Current Street Address:		
City:	State:	Zip:	Area Code & Home Phone Number: () Cell Phone: ()	
If not a resident at current address for 2 years, give previous address & phone number:			Lived There From:	To:
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Can you, upon employment, submit documentation verifying your legal right to work and your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a criminal offense? (Do not answer 'yes' if your 'official' conviction record has been annulled, expunged or sealed. A past criminal history does not necessarily disqualify an applicant from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, describe fully:				
US Off-Track is a drug free workplace is there any reason you can not submit to a drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why not?				
Do you have any relatives or friends working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give name and department: _____				
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what department/location?				
In case of an emergency, who should we notify?	Name:	Address:	Phone Number: ()	
B. JOB INTEREST				
Position Applying For:			Referred By:	
Type of employment desired (check one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary				
Shift Preference:		Compensation Desired: \$_____ per _____		
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to work weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Are there any shifts / hours you cannot work <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Specify shifts not available:		
Date available to begin work:				

C. RACING AND WAGERING LICENSE REGISTRATION

Do you have a current New York Racing License? Yes No If yes, expiration date: _____

If yes, have you had a name change since applying for your current card? Yes No If yes, former name: _____

If you do not have a current card, have you ever had a New York Racing License Yes No

If you do not have a current card, have you ever been denied a card or had one revoked? Yes No

I have previously Applied for employment at US OFFTRACK, LLC Been employed by US OFFTRACK, LLC
 N/A

If previously employed with US OFF-Track, previous position _____ department _____
 Date _____

D. EDUCATION

Name & Address of School Attended	Did you graduate?	Years completed	List Diploma or Degree
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending		
College or University	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending		

Please list any other names or assumed names that you have previously used that would be necessary to permit a check of your work and educational records.

E. REFERENCES

Please list two persons who know of your qualifications and work abilities (do not include relatives):

Name:	Address:	Phone Number:	Occupation:	Years Acquainted
		()		
		()		

YOUR EMPLOYMENT HISTORY

Please list below your Employment History beginning with your most recent employer. Account for all periods of time, including **part-time work, military service or unemployment**. May we contact your present employer for references? Yes No

If additional space is needed, please attach supplemental information.

F. EMPLOYER NAME & ADDRESS

From		To		Department:			Supervisor:	Phone Number: ()
Month	Year	Month	Year	Salary:	To Start:	To End:	<i>Alcott Group Use Only</i> Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/>	
Job Title & Description of Your Duties:								
Reason For Leaving:								

G. EMPLOYER NAME & ADDRESS

From		To		Department:			Supervisor:	Phone Number: ()
Month	Year	Month	Year	Salary:	To Start:	To End:	<i>Alcott Group Use Only</i> Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/>	
Job Title & Description of Your Duties:								
Reason For Leaving:								

H. EMPLOYER NAME & ADDRESS

From		To		Department:			Supervisor:	Phone Number: ()
Month	Year	Month	Year	Salary:	To Start:	To End:	<i>Alcott Group Use Only</i> Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/>	
Job Title & Description of Your Duties:								
Reason For Leaving:								

I. EMPLOYER NAME & ADDRESS

From		To		Department:			Supervisor:	Phone Number: ()
Month	Year	Month	Year	Salary:	To Start:	To End:	<i>Alcott Group Use Only</i> Dates Verified <input type="checkbox"/> Position Verified <input type="checkbox"/>	
Job Title & Description of Your Duties:								
Reason For Leaving:								

J. SPECIAL SKILLS & QUALIFICATIONS

<input type="checkbox"/> Computer Experience	<input type="checkbox"/> Internet Experience
<input type="checkbox"/> Pari-Mutuel / Sports Book Experience	<input type="checkbox"/> Customer Service Experience
<input type="checkbox"/> Call Center Experience	<input type="checkbox"/> Supervisory Experience
Please summarize special skills, qualifications, and / or professional memberships:	

RELEASE AND CONSENT

I certify that all information given on this application and accompanying documents is true and correct to the best of my knowledge and that I have not misrepresented or withheld any information. I understand that false statements, misleading and failures to disclose certain information may be sufficient to disqualify me for employment, or if employed, may result in my immediate dismissal.

I understand that neither this form nor statements by representatives of US OFF-TRACK, LLC constitutes an employment contract. I further understand that any offer of employment may be contingent upon drug test results and / or background investigation that may include criminal, educational, motor vehicle, and/or previous employment. By signing this agreement, I authorize US OFF-TRACK, LLC to make investigation and I authorize references and former employers listed on the application to provide US OFF-TRACK, LLC with any and all information regarding my employment and any pertinent information they might have and release all parties from any claims, causes of action or liability from damages that may or could result from providing such information to US OFF-TRACK, LLC. I understand and agree to take any pre-employment test, including drug-screening test, and all such test will be administered in compliance with the Americans with Disabilities Act.

If I am offered and accept employment with US OFF-TRACK, LLC, I understand that my employment is for no specific term and may be terminated by me or US OFF-TRACK, LLC with or without notice or cause at any time. I further understand that an oral promise, policy, custom, business practice or other procedure (including modification of the at will employment relationship between US OFF-TRACK, LLC and me.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact US Off-Track, LLC to determine if applications are being accepted.

Upon employment offer, I also agree to the following:

1. Meeting employability requirements of the Federal Immigration and Naturalization Service by submitting appropriate documentation to satisfy the requirements for completing INS Form I-9
2. Meet eligibility verification requirement set forth by New York State Racing and Wagering Board and must be eligible to obtain a New York State Racing License. If I do not currently have a New York State Racing License, I understand that I must submit a New York Racing and Wagering Application, provide a set of my fingerprints, and pay all fee's to obtain a New York State Racing License.
3. Submit to a Drug Test immediately upon request.
4. Abide by all rules, regulations and performance standards of US OFF-TRACK, LLC

Applicant's Signature

Date