



To New Applicants,

If you are interested in becoming a member of our team, please complete the following employment application and mail it, along with copies of the documents listed below to:

Auto Club Speedway
Attn: Fire Safety Personnel Officer
9300 Cherry Avenue
Fontana, CA 92335

If you should have additional questions, please call our Fire Safety Personnel Hotline at (909) 429-5961. Otherwise we will contact you once we have received your *completed* application and are ready to schedule interviews.

We look forward to having you on the team.

Mike Carnes
Fire Safety Coordinator

Documents required when submitting your application:

1. Firefighter-1 Certificate or documentation of equivalent training
2. EMT-1 or Paramedic Certificate (Copy of expired certification is acceptable if you are not currently employed as a firefighter.)
3. Letter of reference from your current supervisor
4. Completed employment application



Fire Safety Team Employment Application

9300 Cherry Avenue, Fontana, CA. 92335 ☎ telephone: 909.429.5961 ☎ fax: 909.429.5565 ☎ e-mail: firesafety@autoclubspeedway.com

GENERAL INFORMATION

Applicant Name: _____ Date: _____

Address: _____

Home Phone# _____ Mobile Phone # _____

E-Mail Address: _____

Date of Birth: _____

How did you hear about our team? _____

Please list any contacts that are currently on our Fire Safety Team: _____

Driver License# _____ State of Issue: _____ Expiration Date: _____

Have you had any traffic accidents during the last three years? _____ How many? _____

Have you had any moving violations during the last three years? _____ How many? _____

APPLICANT HISTORY

Education

Type of School	Name and Location	Major & Degree	Graduated?
High School			
College/ University			
Technical Trade School			

Do you have your Fire Fighter 1? _____

If no, please list equivalent experience _____

Do you have a California EMT-1, or Paramedic License? _____

If yes please list, License # _____ Type _____ Issuing Agency _____ State _____

Do you have any training in vehicle extrication? _____

Please list two business references not related to you.

Name	Telephone/ Address	Occupation
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1. _____

2. _____

PROFESSIONAL HISTORY

Employer:	Supervisor:	Phone #:
Address:		
Dates Employed:	to	Position Held:
Job Summary:		
Reason for Leaving:		

Employer:	Supervisor:	Phone #:
Address:		
Dates Employed:	to	Position Held:
Job Summary:		
Reason for Leaving:		

Employer:	Supervisor:	Phone #:
Address:		
Dates Employed:	to	Position Held:
Job Summary:		
Reason for Leaving:		

Employer:	Supervisor:	Phone #:
Address:		
Dates Employed:	to	Position Held:
Job Summary:		
Reason for Leaving:		

Summarize any additional job-related training, skills, licenses, certificates, and or other qualifications:

Have you ever been terminated by an employer for any reason? _____

If yes, please explain _____

I hereby authorize the Auto Club Speedway to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the Auto Club Speedway and its representatives for seeking, gathering and using such information to make employment decisions and all other persons and organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the Auto Club Speedway can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ **Date:** _____