



Mission Statement: The Evergreen Speedway EMS/Rescue Team provides for the safety and welfare of Speedway employees, racers, and fans through protection of life and property.



EVERGREEN SPEEDWAY EMS/RESCUE Employment Application

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City			State			ZIP				
Cell Phone			E-mail Address							
Date Available			Social Security No.							
Can you work (Check all that apply):			Weekday daytime <input type="checkbox"/>		Weekday evenings <input type="checkbox"/>		Weekends <input type="checkbox"/>		Holidays <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this agency?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever worked for the Evergreen Speedway?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when/position?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Emergency Contact		Name:					Phone Number:			

Current EMT?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiration:	Number:	IS 100	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Aid/CPR?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiration:		IS 700	Yes <input type="checkbox"/> No <input type="checkbox"/>
Paramedic?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Expiration:	Number:		
Firefighter 1 (or greater)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
List any other trainings that are relevant to the job you are applying for:					

REFERENCES			
<i>Please list two professional references and one personal reference.</i>			
Full Name	Relationship		
Company	Phone		
Address			
Full Name	Relationship		
Company	Phone		
Address			



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Full Name	Relationship	
Company	Phone	
Address		

PREVIOUS EMPLOYMENT		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

CAPABILITIES	
If hired, would you have a reliable means of transportation to and from work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to perform the essential functions of the job for which you are applying?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to lift 50+ pounds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to stand for 4+ hours at a time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to sit for 4+ hours at a time?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



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Mail a filled out application to:
Evergreen Speedway
Attn: Director of EMS and Fire
P.O. Box 220 Monroe, WA 98272

Or email it to: safety@evergreenspeedway.com
Be sure you send in a passport style headshot to use for your ID Badge and profile picture. Please send it in as a .jpg to the email address above.