



**Equal Opportunity Employer  
EMPLOYMENT APPLICATION**

**PERSONAL**

Last Name	First Name	Middle Initial	Nick Name
Street Address			
City	County	State	ZIP
Main Phone (with Area Code)		Cell Phone (with Area Code) or Pager	
Personal Email Address:		Are you over 18 years of age?    YES    NO <i>If NO, then proof of age will be required.</i>	
Are you legally allowed to work in the United States? YES    NO		Do you have a current Texas drivers' license? (ONLY answer if applying for a position that requires a drivers' license.) YES    NO	
How were you referred to us?	Newspaper Ad	Personal Referral	Our website    Other (please explain):
Have you ever worked for Global Innovation or Lone Star Circuits before? <i>when and your supervisor.</i>		NO	YES <i>If YES, please identify</i>
Do you have any friends or relatives employed by Global Innovation or Lone Star Circuits? <i>identify:</i>		NO	YES <i>Please identify:</i>
Have you ever been convicted of a felony?		NO	YES <i>If YES, please explain:</i>
<i>A conviction does not automatically mean that you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred are important. Give us all of the facts so that a fair decision can be made.</i>			

**POSITION**

Position(s) you are applying for:		Date available for employment:	Wage Desired:
Applying for:	Shift available:	Will you work overtime when needed?    YES    NO <i>If NO, please explain:</i>	
Full-Time	Part-Time		
Seasonal			
Is there any reason why you would be unable to perform the essential function of this position without special accommodations? (ONLY answer if you have been provided with a copy of the job description and read what the essential functions are.)			

**EDUCATION AND SKILLS**

	Name of School, City & State	Years Completed	Diploma or Degree	Major
High School				
Trade / Business				
Undergraduate				
List all specialty certifications and licenses that you hold that are applicable to the position(s) you are applying for:				
List experience with specialized equipment and systems:				



**WORK HISTORY**

Please list your employment history, starting with your most current employer or occupation. Please include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. If you do not wish your present employer to be contacted, please indicate by checking here.

Comments: Include explanation of any gaps in employment.

**WORK HISTORY (Cont.)**

Present or Last Employer (Name and Address)				
Dates of Employment From _____ To _____	Position(s) Held	Salary Starting \$ _____	Final \$ _____	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name		Phone No	Email	
Brief Description of Your Job Duties				
Reason for Leaving				

Previous Employer (Name and Address)				
Dates of Employment From _____ To _____	Position(s) Held	Salary Starting \$ _____	Final \$ _____	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name		Phone No	Email	
Brief Description of Your Job Duties				
Reason for Leaving				

Previous Employer (Name and Address)				
Dates of Employment From _____ To _____	Position(s) Held	Salary Starting \$ _____	Final \$ _____	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name		Phone No	Email	
Brief Description of Your Job Duties				
Reason for Leaving				



**AGREEMENT AND RELEASE**

**We have a Drug Free environment.** By completing and signing this Application, you understand and agree to submit to drug and alcohol screening and searches during the course of employment as provided for in Lone Star Circuits' Drug and Alcohol Policy. You further understand and agree to release Lone Star Circuits and its directors, officers, agents, employees, parents, subsidiaries, and affiliated concerns from any and all liability, claims, demands, damages, and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol screening or searches and any decision concerning employment made by Lone Star Circuits in whole or in part, based upon the results of drug and alcohol screening or searches. \_\_\_\_\_ **initials**

I consent to and authorize Lone Star Circuits to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give Lone Star Circuits (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party for providing a reference. Also, I understand my employment is contingent on Lone Star Circuits receiving satisfactory employment references. \_\_\_\_\_ **initials**

I expressly agree and understand that, if employed, my employment is not for a specified term, is based upon mutual consent, and may be terminated at will, with or without cause or liability, by either party (Lone Star Circuits or me) without prior notice to the other. I also understand that this aspect of my employment may not change absent an individual written agreement signed by the President of Lone Star Circuits and me. Unless an agreement is executed by the General Manager of Lone Star Circuits and me, this application nor any other document or statement, can constitute an agreement or contract for employment for any specified period or definite duration or, in any way, limit the at-will nature of my employment. \_\_\_\_\_ **initials**

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

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Date

Applicant's Signature



**Background Check Disclosure & Release**

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report\* request may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you, in writing, of this decision, as well as the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report in connection with your application for employment.

SIGNATURE	DATE
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PRINTED NAME
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OTHER LAST NAMES
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SOCIAL SECURITY NUMBER	DATE OF BIRTH*
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DRIVER'S LICENSE NUMBER**	STATE ISSUED
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PLEASE CHECK HERE IF YOU WOULD LIKE A COPY OF THE REPORT(S) WE OBTAIN	_____
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\*For consumer report purposes only

\*\*For positions where driving is required for business reasons

\* A consumer report may consist of employment records, educational verification, licensure verification, social security number verification, previous addresses, and other public records relative to criminal charges. A credit report or driving history will not be requested unless it is deemed pertinent to the functions of the position for which you are applying. Medical records will not be requested.



Employment Applicant  
Voluntary Self-Identification  
Equal Opportunity Employment Data

It is Lone Star Circuits' policy to provide equal employment opportunity to all persons regardless of their race, creed, religion, color, sex, age, national origin, ancestry, marital status, eligibility for military service, veteran status, or handicap. Your assistance in voluntarily completing this form will provide the information needed for us to comply with federal record keeping and reporting requirements.

POSITION APPLIED FOR	SSN
NAME	DATE

If you choose not to answer any of the following questions, you will not be subject to adverse treatment. However, if you choose not to "Self-Identify," we are required under Federal Regulations to maintain race, sex and disability information on the basis of visual observation or personal knowledge. **If you do not wish to furnish this information, please sign at the bottom of the page.**

Please check the appropriate box in each of the following sections.

<b>SEX</b>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<b>RACE</b>	<input type="checkbox"/> WHITE (Caucasian)	<input type="checkbox"/> HISPANIC OR LATINO
	<input type="checkbox"/> BLACK or AFRICAN AMERICAN	<input type="checkbox"/> ASIAN
	<input type="checkbox"/> TWO OR MORE RACES	
	<input type="checkbox"/> NATIVE HAWAIIIN or OTHER PACIFIC ISLANDER	
	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	
<b>DISABLED</b>	NO <input type="checkbox"/>	YES <input type="checkbox"/>
<b>DISABLED VETERAN</b>	NO <input type="checkbox"/>	YES <input type="checkbox"/>

**Disabled Applicants**

If your disability might affect your ability to perform the duties of this position, please explain these limitations on the back and suggest special equipment or physical environment accommodations that may be needed for you to perform the job properly and safely.

**Vietnam Era Veteran**

YES, I served honorably on active duty for more than 180 days, continuously, between August 5, 1964, and May 7, 1975.

NO

**I do not wish to furnish the above information:**

SIGNATURE	DATE
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