

EMPLOYEE # \_\_\_\_\_ WAGE \_\_\_\_\_

NEW EMPLOYEE _____
RETURNING EMPLOYEE _____



# ELDORA SPEEDWAY, INC.

## BIOGRAPHY & INFORMATION SHEET

PLEASE PRINT ALL REQUESTED INFORMATION

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

BEST TELEPHONE NUMBER TO REACH YOU \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

LOCAL SCHOOL DISTRICT (OHIO ONLY) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SHIRT SIZE \_\_\_\_\_

JOB POSITION \_\_\_\_\_

ARE YOU A MINOR? \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

For management only: Please circle one:

Track Worker

Concession/Ticketing

Job Duties: \_\_\_\_\_

\*\*\*IMPORTANT\*\*\*

IF YOU MOVE DURING THE YEAR--PLEASE FILL OUT A NEW INFORMATION SHEET



## HIPAA CONFIDENTIALITY AGREEMENT

I understand that I may, during the course of my employment at Eldora Speedway, hear or come into contact with confidential financial and patient information of both a medical and personal nature. Therefore, I, the undersigned, in accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), do hereby affirm that I will:

1. Protect and safeguard this confidential information from any verbal and/or written disclosure and will not disclose any personal, medical, financial, or related information to third parties, including family members, or employees, or other health care providers.
2. Will not view or copy patient medical records, or similar documents, except as specifically allowed by law and/or Eldora Speedway procedures. I may not use any confidential information in publications, presentations or reports of any kind without express written consent from both the patient and Eldora Speedway.
3. Not release confidential patient information from any medical record source to any unauthorized person during, or after, my employment with Eldora Speedway.
4. Restrict my own access to confidential information, if any, to that information which is essential to the proper completion of my responsibilities while employed at Eldora Speedway.

I understand that all Eldora Speedway policies on confidentiality apply equally to information stored on paper records and to that stored electronically or on any other media.

Finally, I understand, and agree, that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any of the terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_



## EMPLOYEE AGREEMENT – PART TIME/SEASONAL 2017

\_\_\_\_\_  
Applicant's Name Department

Eldora Speedway, Inc is pleased to offer you a seasonal position. Here are some details:

Position: \_\_\_\_\_

Start Date: \_\_\_\_\_

Anticipated Last Day\*\*\*: October 31, 2017

\*\*\*Not to exceed end-of-season 2017

Rate: \_\_\_\_\_

Status: \_\_\_\_\_ Hourly \_\_\_\_\_ Unit Pay  
            X   Part Time/Seasonal

As a seasonal and/or part-time employee, benefit options through Eldora Speedway, Inc. are limited.

*By signing below to accept our offer of employment, you certify your understanding that your employment with Eldora Speedway, Inc. will be on an at-will basis, and that neither you nor the Company has entered into a contract regarding the terms or the duration of your employment. As an at-will employee, you will be free to terminate your employment with the Company at any time, with or without cause or advance notice. Likewise, the Company will have the right to reassign you, to change your compensation, or to terminate your employment at any time, with or without cause or advance notice. You are also aware that your employment is seasonal and will end no later than the date listed above and may end earlier. You understand that there is no guarantee of continuing employment nor an expectation of continued pay beyond the hours physically worked.*

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
General Manager's Signature Date

*General Manager should make a copy of this completed form for the employee's records.*

## Form I-9, Employment Eligibility Verification

The U.S. Department of Homeland Security's employment eligibility process requires that employees must present, to their employer, evidence of identity **and** employment eligibility within three business days of the date employment begins. If an employee is authorized to work, but is unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days.

### LISTS OF ACCEPTABLE DOCUMENTS

You may provide a document from List A which establishes both identity and employment eligibility or you may provide a document from List B (establishing your identity) and a document from List C (establishing your employment eligibility).

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. Social card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State ( <i>form FS-545 or Form DS-1350</i> )
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)		4. Voter's registration card		4. Native American tribal document
		5. U.S. Military card or draft record		5. U.S. Citizen ID Card ( <i>Form I-197</i> )
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States ( <i>Form I-179</i> )
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		7. Unexpired employment authorization document issued by DHS ( <i>other than those listed under List A</i> )
	9. Driver's license issued by a Canadian government authority			
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report		
		11. Clinic, doctor, or hospital record		
		12. Daycare or nursery school record		