

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



EMPLOYEE AGREEMENT – PART TIME/SEASONAL 2021

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, 2021

***Not to exceed end-of-season 2021

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.



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: _____ THIS IS A LEGAL DOCUMENT

Employee Printed Name: _____

Date: _____

Witness Signature: _____ THIS IS A LEGAL DOCUMENT

Witness Printed Name: _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.