



Position Title: Switchboard Operator / Receptionist

Job Details:

Dedicated to providing guests with superior service at the Front Desk located in the Del Mar Thoroughbred Club Executive Offices. Candidate must have good organizational skills and the ability to multitask in a busy environment. Position will be answering and directing a high volume of calls, assisting patrons, aid other departments with tasks such as sorting, folding or stuffing envelopes, distribute credentials and passes as needed, as well as organize and separate programs during the racing season.

Must be able to work race days, which includes weekends and holidays during the Del Mar Thoroughbred Club racing seasons.

Time Commitment:

July 17 – September 7 & November 6 – 29, 2026

4-5 Days a week (30-40 hours per week), seasonal, non-exempt

Weekly shifts vary, must be available to work weekends and holidays between the hours of 8 AM – 7 PM.

Position Reports To: Jill Fisher

Requirements Skills/Experience

Must be 18 years of age with a valid driver's license.

Outgoing, energetic and friendly personality.

Must have good telephone skills / Customer service skills.

Responsible for greeting patrons in a friendly manner.

Commitment to delivering exceptional customer service.

Have very good Organization skills and be a fast learner.

Must follow safe procedures when completing assigned tasks.

Must remain vigilant and report any hazards or unsafe working conditions to your immediate supervisor and Risk Management Department.

Must adhere to daily sign-in and sign-out procedures

Must be able to sit for prolonged periods of time.

Hourly Rate: \$18.00 per hour

Contact: Paul A. Porter
Director of Simulcasting & Racetrack Services
paul@dmtc.com

Del Mar Thoroughbred Club

P.O. Box 700 Del Mar California 92014
858-755-1141

Date of Application: _____

Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email:

GENERAL INFORMATION

Position applied for: _____

Available to work: **Full-Time** **Part-Time** **Temporary**

Date available to start work: _____

If you are not a U.S. citizen, do you have the right to work in the U.S.? **Yes** **No**

Have you ever applied for a position with or worked for DMTC before? **Yes** **No**

If yes, specify dates: From: _____ To: _____

EDUCATION

	Name of School and Address	Major	No. of Years Completed	Did you Graduate?
High School				
College				
Other (Specify)				

DMTC is an equal opportunity employer. DMTC does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.

Name of Employer:	From	Year	To	
	Month		Month	Year
Address: <small>(Street, City & State)</small>		Telephone:		
Position:		Supervisor:		
Description of Duties:				
Reason for Leaving:				
Name of Employer:	From	Year	To	
	Month		Month	Year
Address: <small>(Street, City & State)</small>		Telephone:		
Position:		Supervisor:		
Description of Duties:				
Reason for Leaving:				
Name of Employer:	From	Year	To	
	Month		Month	Year
Address: <small>(Street, City & State)</small>		Telephone:		
Position:		Supervisor:		
Description of Duties:				
Reason for Leaving:				

If you need additional space, please continue your response on a separate page.

If you are employed now, may we contact your current employer? Yes No

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes No

Please list any job-related professional, trade, business or civic activities, organizations and associations. (You may omit those which indicate race, color, religion, national origin, ancestry, sex, age, or the existence of a disability):

Please provide the names, addresses, and telephone numbers of at least two references who are not related to you:

Person to be contacted in the event of an accident or emergency:

Name: _____

Address: _____

Telephone: _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the DMTC unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the DMTC contacts, to provide the DMTC any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the DMTC as well as from any use or disclosure of such information by the DMTC or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the DMTC. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the DMTC. I understand that no employee or representative of the DMTC, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of the DMTC may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

Signature of Applicant

Date