

Position Title: Group Sales Representative

Job Details:

Do you have a strong commitment to customer service? Are you outgoing and very organized? If so, the group sales position is for you. The Group Sales department is responsible for booking groups and ensuring each group has an enjoyable time at the races. Tasks include, but are not limited to general office/computer work, answering phones, restaurant host or hostess, will call window attendant and meeting guest needs while the groups are in attendance. Must be able to work 5 days per week and may include weekends and holidays during our racing season.

Time Commitment:

Five Days a Week (35-40 hours week), seasonal, non-exempt 2015 season: July 16– September 7, 2015 Starting Date: Late June or early July Wrap Up: September 7 (after the races)

Position Reports To: Jackie King, Director of Group Sales

Requirements, Skills & Experience

Must be 18 years of age with a valid drivers license Provide customer service and be a major point of public contact Respond to all inquires regarding Group Sales areas, pricing and general information Outgoing, energetic and possess a friendly personality Patience and Organization are a must Responsible for guiding potential groups on tours of the facility and Group Sales areas Must keep host or hostess area clean at all times, handle crowds and put guests at ease Must be able to stand or sit for prolonged periods of time in the sun and shade Answer phones and return emails Attend to the Will Call window Must be a team player General office work and computer knowledge a must

Hourly Rate: \$9.75 per hour

Contact: Paul A. Porter Director of Simulcasting & Racetrack Services 858-792-4232 jobs@dmtc.com

Deadline for Applications: June 1, 2015

Del Mar Thoroughbred Club

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

Name:					
Address:					
City:		State:		Zip Code:	
Home Phone:	Cell Phone:		Email:		
	GENERAL	INFORMATI	ON		
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 v	vork in the U.S.?	Yes	Νο	
Have you ever applied for a	position with or worked fo	or DMTC before?	Yes	No	
If you aposity datas:	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:	Fr Month	om Year	To Month Year			
Address: (Street, City & State)	Telephone:		Pay Starting:			
Position:	Supervisor:		Final:			
Description of Duties:	•					
Reason for Leaving:						
Name of Employer:	F Month	rom Year	To Month Year			
Address: (Street, City & State)	Telephone:		Pay Starting:			
Position:	Supervisor:		Final:			
Description of Duties:						
Reason for Leaving:						
Name of Employer:	F Month	From Year	To Month Year			
Address: (Street, City & State)	Telephone:		Pay Starting:			
Position:	Supervisor:		Final:			
Description of Duties:	1					
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