



## 2026 PUSH TRUCK APPLICATION

DRIVER\* \_\_\_\_\_ SPOTTER \_\_\_\_\_

*\*Note: You MUST supply your own truck!*

NAME ( LAST, FIRST, MIDDLE) \_\_\_\_\_

ADDRESS (STREET, POSTAL) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_

DO YOU HAVE HEALTH INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

CARRIER: \_\_\_\_\_

GROUP# \_\_\_\_\_ ID # \_\_\_\_\_

IF NECESSARY, THE BEST TIME TO CALL AT HOME IS AFTER \_\_\_\_\_ & BEFORE \_\_\_\_\_

MAY WE CONTACT YOU AT WORK? \_\_\_\_\_

ARE YOU OVER 21 YEARS OF AGE AND CAN PROVIDE PROOF IF NECESSARY YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU SUBMITTED AN APPLICATION HERE BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU ABLE TO ATTEND THE MAJORITY OF THE EVENTS? YES \_\_\_\_\_ IF NO, HOW MANY? \_\_\_\_\_

DRIVERS LICENSE NUMBER # \_\_\_\_\_

I certify that all information I have provided in order to apply for and secure push truck driver privileges is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) Immediately discharge me from the Speedways service, whenever it is discovered.

I understand that the Speedway management does not unlawfully discriminate on this application and is used for the purpose of limiting or excusing any applicant from consideration for push truck driver status privileges on the basis prohibited by application. If I am given the applied privileges, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Speedway management reserves the same right to terminate my privileges for my specified period or definite duration. I understand that no supervisor or representative of the Speedway is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Speedways owner. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

**I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING STATEMENTS AND AGREE TO FOLLOW ALL RULES SET FORTH BY SHARON SPEEDWAY MANAGEMENT.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Please e-mail completed application to [dave@sharonspeedway.com](mailto:dave@sharonspeedway.com) or mail to Sharon Speedway, PO Box 159, Hartford, OH 44424