

APPLICATION FOR FULL-TIME EMPLOYMENT

The Iowa State Fair is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law. Please provide complete, accurate information. Incomplete applications will not be considered. Any applicant may request assistance in completing this application.

Last Name:		First:		Middle:	Date:
Street Address:				Day Phone Number:	
City, State, Zip Code:				Evening Phone Number:	
E-Mail Address:				Social Security Number:	
Have you ever been employed here?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when and in what capacity?				Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired:				Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No				How long are you available to work? Start Date: ____/____/____ Completion Date: ____/____/____	
Have you ever been convicted or pled guilty or no contest to a crime in this state or any other state? A conviction record will not necessarily bar employment. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe.					

EDUCATION

Circle highest grade completed:														
1	2	3	4	5	6	7	8	9	10	11	12	High School or Equivalent (GED)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME AND LOCATION OF SCHOOLS ATTENDED BEYOND HIGH SCHOOL	DATES ATTENDED		CREDITS RECEIVED		FIELD OF STUDY OR AREA OF CONCENTRATION				TYPE OF DEGREE OBTAINED					
	Mo./Yr.	Mo./Yr.	Quarter Hours	Semester Hours	Major	Hours	Minor	Hours						

If you are working toward a degree, please give anticipated completion date.

SPECIAL TRAINING OR SKILLS

List any skill or training you have attained - languages including American Sign Language (ASL), in addition to English, that you speak, read and write fluently, equipment operations, certifications, etc.

EMPLOYMENT

Please provide accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Organization:	Phone:
	Address:	Dates Employed:
	Name of Supervisor:	To: _____ From: _____
	Job title, description of work:	May we contact your supervisor? ___yes___no.
	Reason for leaving:	

2	Organization:	Phone:
	Address:	Dates Employed:
	Name of Supervisor:	To: _____ From: _____
	Job title, description of work:	May we contact your supervisor? ___Yes___no.
	Reason for leaving:	

3	Organization:	Phone:
	Address:	Dates Employed:
	Name of Supervisor:	To: _____ From: _____
	Job title, description of work:	May we contact your supervisor? ___yes___no.
	Reason for leaving:	

4	Organization:	Phone:
	Address:	Dates Employed:
	Name of Supervisor:	To: _____ From: _____
	Job title, description of work:	May we contact your supervisor? ___Yes___no.
	Reason for leaving:	

REFERENCES

	Name	Address	Phone
1			
2			
3			

READ THE FOLLOWING BEFORE SIGNING:

To the best of my knowledge all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from further consideration for employment with the Iowa State Fair Authority or for dismissal.

I understand that background investigations may be conducted as a part of this application for employment. These include, but are not limited to, inquiries relating to driving records for jobs requiring travel, inquiries about convictions where job-related, and any other investigations deemed necessary and relevant by the employer.

I understand employee benefits, terms and conditions of employment and the policies, procedures and work rules of the Iowa State Fair Authority may be determined, changed and modified from time to time by this organization without limitation or agreement. I also understand any employment handbook or manuals that may be distributed to me by the Iowa State Fair shall not be construed as a contract.

By signing the application for employment with the Iowa State Fair Authority, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or that may otherwise provide in conjunction with my application for employment.

Signature: _____ Date: _____ / _____ / _____