APPLICATION FOR EMPLOYMENT

Today's Date:_____

| General Information | | | | | | | | | |
|---|---------------------|---------------|--------------------|----------|-------|--|--|--|--|
| Name: | Name:(Last) (First) | | | | | | | | |
| | | | | (Middle) | | | | | |
| Mailing Address:(Bo | ox or Street) | (City) | | (State) | (Zip) | | | | |
| Phone Number: | | | Social Security #: | | | | | | |
| Circle area you would like to work: Maintenance Admissions Event Staff Other: Date available to start: Have you ever been employed by the California Mid-State Fair? Yes No | | | | | | | | | |
| If yes, what department(s): | | | | | | | | | |
| Are you related to anyone currently employed by the California Mid-State Fair? Yes No | | | | | | | | | |
| If yes, to whom: | | | | | | | | | |
| Are you legally eligible to work in the State of California? Yes No Are you over the age of 18? Yes No If under 18, can you, after employment, submit a work permit? Yes No | | | | | | | | | |
| | | | | | | | | | |
| Employment History Please begin with your most recent employer and account for complete employment records. Please attach supplementary documents if you have had more than three positions. | | | | | | | | | |
| 1-Company Name:_ | | | Address: | | | | | | |
| From: | To: | Supervisor: _ | | Salary: | | | | | |
| Describe Duties: | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | |
| 2-Company Name:_ | | | Address: | | | | | | |
| From: | To: | Supervisor: _ | | Salary: | | | | | |
| Describe Duties: | | | | | · | | | | |
| Reason for Leaving: | | | | | | | | | |
| 3-Company Name:_ | | | Address: | | | | | | |
| From: | To: | Supervisor: _ | | Salary: | | | | | |
| Describe Duties: | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | |



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| Education Institute | | | Degree/Highest Grade Completed | | | | | | |
|--|---|--------------------------------------|---|---------------------------------|--|--|--|--|--|
| High School: | | | | | | | | | |
| College/Trade: | | | | | | | | | |
| Are you currently a student? Yes No If yes, full or part-time? Full Part-Time | | | | | | | | | |
| If yes, name of school cu | If yes, name of school currently attending: | | | | | | | | |
| | | | | | | | | | |
| Personal Information | | | | | | | | | |
| Do you have any physical or mental conditions that may limit your ability to perform the kind of work for which you are applying? Yes No If yes, please describe specific job-related limitations: | | | | | | | | | |
| References | | | | | | | | | |
| Give names, addresses and phone numbers of three persons as employment references. Students are requested to include two professors or teachers under whom they studied. | | | | | | | | | |
| Name | Address | Phone | Occupation/Company | Years Known | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Conditions of Employment The California Mid-State Fair is an Equal Opportunity Employer and appointments are based on merit, without regard to race, religion, color, gender, ancestry, place of origin, marital status or disability. I acknowledge that my employment is a part-time, temporary, position only. I acknowledge that I may be terminated for unsatisfactory performance, or other cause, by the California Mid-State Fair during such period without notice or payment in lieu. I agree to further and promote the interests of the California Mid-State Fair at all times. DECLARATION: I certify that the information in this application is true and complete to the best of my | | | | | | | | | |
| knowledge. I understand California Mid-State Fa above conditions of emp result in immediate dism | d and agree that my employn hir's satisfaction, satisfactory ployment. Any false statem | ment is conditionary references, and | al upon meeting job-related request that my employment will be nerein will disqualify me from | uirements to the subject to the | | | | | |
| Signature of Applicant | | Date | | | | | | | |

RETURN APPLICATION VIA EMAIL: mail@midstatefair.com or FAX 805-238-5308 California Mid-State Fair – PO Box 8, Paso Robles, CA 93447 Phone – (805) 239-0655 Fax – (805) 238-5308