



# APPLICATION FOR EMPLOYMENT

## General Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Box or Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Have you ever been employed by the California Mid-State Fair? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give details of position and department: \_\_\_\_\_. When did you leave? \_\_\_\_\_.

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 16 years of age or older? 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 currently attending: \_\_\_\_\_.

**Personal Information**

Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, give details: \_\_\_\_\_.  
(Note: Conviction may not necessarily disqualify your application for employment)

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 such conditions and specific work 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 and agree that my employment is conditional upon meeting job-related requirements to the California Mid-State Fair's satisfaction, satisfactory references, and that my employment will be subject to the above conditions of employment. Any false statements contained herein will disqualify me from employment or result in immediate dismissal for just cause.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE RETURN APPLICATION VIA FAX TO 805-239-3050**

California Mid-State Fair – PO Box 8, Paso Robles, CA 93447 Phone – (805) 239-0655 Fax – (805) 238-5308