

APPLICATION FOR SEASONAL EMPLOYMENT

The lowa 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.

| Incomplete applications wil | I not be | conside | ered. An | y applica | nt may reque | st assistar | nce in comp | oleting this a | pplication. | |
|---|-----------------------------|---|------------------|-------------------|------------------------|-----------------|--------------------|-----------------------|--------------------|--|
| Last Name: | | | Fii | First: | | | Middle: | Date: | | |
| Street Address: | | | 1 | | | | Day Phone N | lumber: | | |
| City, State, Zip Code: | | | | | | | | Evening Phone Number: | | |
| E-Mail Address: | | Social Security Number: | | | | | | | | |
| Have you ever been employed here?: | | Are you of le | gal age to work? | Yes No | | | | | | |
| Position Desired: | Are you legal employment | lly eligible for in the United State | es? Yes No | | | | | | | |
| Do you have a valid driver's license: | | | | | | | | you available to v | vork? | |
| | | | | | | | | | · / / | |
| | | | | | | | | Date: | _// | |
| Have you ever been convicted or pled on the second of the | guilty or no | contest to | a crime in th | is state or ar | ny other state? A co | nviction record | will not necess | sarily bar employm | ent. | |
| EDUCATION | | | | | | | | | | |
| Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 | 0 11 12 | . High | School or E | quivalent (GE | ED)? 🔲 YES | ☐ NO | | | | |
| NAME AND LOCATION OF SCHOOLS | DATES ATTENDED | | CREDITS RECEIVED | | FIELD OF STUDY OR AREA | | 4 OF CONCENTRATION | | TYPE OF | |
| ATTENDED BEYOND HIGH SCHOOL | Mo./Yr. | Mo./Yr. | Quarter Hours | Semester Hours | Major | Hours | Minor | Hours | DEGREE OBTAINED | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| If you are working toward a degre | e, please | give antio | cipated cor | npletion dat | e. | | | | | |
| SPECIAL TRAINING O | R SKI | LLS | | | | | | | | |
| List any skill or training you have attain- equipment operations, certifications, et | | ages includ | ing Americar | n Sign Langu | age (ASL), in additi | on to English, | that you speak | , read and write flu | ently, | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

EMPLOYMENT

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

| | Organization: | Phone: | | | |
|----|---------------------------------|---------------------------------------|---------------------------------------|--|--|
| | Address: | Dates Employed: | | | |
| 1 | Name of Supervisor: | To: From: | | | |
| 1 | Job title, description of work: | | May we contact your supervisor?yesno | | |
| | Reason for leaving: | | | | |
| | Organization: | | Phone: | | |
| | Address: | Dates Employed: | | | |
| 2 | Name of Supervisor: | To: From: | | | |
| ~ | Job title, description of work: | May we contact your supervisor?Yesno | | | |
| | Reason for leaving: | | | | |
| | Organization: | | Phone: | | |
| | Address: | Dates Employed: | | | |
| Q | Name of Supervisor: | | To: From: | | |
| 3 | Job title, description of work: | May we contact your supervisor?yesno. | | | |
| | Reason for leaving: | | | | |
| | Organization: | | Phone: | | |
| | Address: | Dates Employed: | | | |
| 1 | Name of Supervisor: | | To: From: | | |
| 4 | Job title, description of work: | May we contact your supervisor?Yesno | | | |
| | Reason for leaving: | | | | |
| RE | FERENCES | | | | |
| | Name | Address | Phone | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| | | • | · · · · · · · · · · · · · · · · · · · | | |

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:// |
|------------|---------|
| • | |