



Central Wisconsin State Fair Employment Application

This application must be filled out fully to be considered for employment.

Applicants must be 16 years old by August 1st, 2024. Anyone being hired less than 18 years old as of August 1st must have a work permit before beginning duties.

Full Legal Name: _____ DOB _____

Position Applying For: _____ SSN: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____ or _____

Email: _____

Are you a citizen of the U.S. or legally authorized to work in the U.S.? Yes No

Have you ever worked for the Central Wisconsin State Fairgrounds before? _____
If so, when and what was your title? _____

Have you ever been convicted of a crime? _____ *If so, please explain on a separate piece of paper and return with your application.*

Please list any past experience(s), skills or qualifications which relate to the position which you are applying for:

REFERENCES: *References cannot be family members. We require 3 references.*

1. Name: _____ Relationship: _____
Phone Number: _____ How long have you known this person? _____
2. Name: _____ Relationship: _____
Phone Number: _____ How long have you known this person? _____
3. Name: _____ Relationship: _____
Phone Number: _____ How long have you known this person? _____

EDUCATION

NAME AND ADDRESS OF SCHOOL:	YEARS ATTENDED	CIRCLE LAST YEAR COMPLETE	DID YOU GRADUATE?
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High School

1 2 3 4 Yes No

Business/Technical

1 2 3 4 Yes No

College

1 2 3 4

Yes No

Please list any academic honors or special awards you have received:

WORK HISTORY

Present/Last Employer:

Company Name: _____ Employed from _____ to _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Position(s) Held: _____ Reason for leaving: _____

May we contact this employer for reference? _____ **Employer:**

Company Name: _____ Employed from _____ to _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Position(s) Held: _____ Reason for leaving: _____

May we contact this employer for reference? _____ **Employer:**

Company Name: _____ Employed from _____ to _____

Address: _____

Supervisor's Name: _____ Telephone: _____

Position(s) Held: _____ Reason for leaving: _____

May we contact this employer for reference? _____

AGREEMENT TO INVESTIGATION AND RELEASE

Read carefully and acknowledge by your written signature and today's date

I certify that the facts set forth in this application are true and complete, and I authorize investigation of the statements I have made.

I release from any and all liability representatives of the Central Wisconsin State Fair Association for their acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications.

I further authorize any party having information bearing upon my qualifications for employment to release such information to the Central Wisconsin State Fair Association (unless otherwise stated).

I also release from any and all liability all individuals and organizations who provide information to the Central Wisconsin State Fair Association in good faith and without malice concerning my employment competence, ethics, character and other qualifications, including the privileged or confidential information.

I understand that any false statements on this application shall be sufficient cause for denial of employment or subsequent dismissal.

Applicant's Signature

Date

Applications can be returned to the following:

Central Wisconsin State Fair, 513 East 17th Street, Marshfield, WI 54449

Email: cwsfexecdir@gmail.com 715-387-1261