



# 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 1<sup>st</sup>, 2020. Anyone being hired under 18 years old as of August 1<sup>st</sup>, 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?	
High School		1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business/Technical		1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College		1	2	3	4	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 17<sup>th</sup> Street, Marshfield, WI 54449  
Email: [ashlee.cwsf@gmail.com](mailto:ashlee.cwsf@gmail.com) 715-387-1261