

GEORGIA NATIONAL FAIRGROUNDS & AGRICENTER

401 LARRY WALKER PARKWAY
PERRY, GEORGIA 31069

NAME: _____
(LAST) (FIRST) (MIDDLE) (NICK) (FORMER)

ADDRESS: _____
(STREET, APT No / PO BOX) (CITY) (STATE) (ZIP) (COUNTY)

PHONE NUMBERS: DAY (____) _____ NIGHT (____) _____ CELL (____) _____

EMAIL ADDRESS: _____

Are you a United States citizen? Yes No Marital Status: Married Single

Have you served in the U.S. Military? Yes No Branch: _____

Dates of Service: _____ Type of Discharge: _____

Duties: _____

POSITION APPLYING FOR: Regular / Full Time Part Time / Seasonal

Administrative Clerical Security Custodial
 Electrical Landscaping Maintenance Mechanic
 Operations (General Labor) Other: _____

Can you lift and/or handle 50 lbs. of weight without physical limitations? Yes No

If no, explain reason: _____

If employed, how soon could you start work? _____

Are you related to and/or know anyone employed here? Yes No If yes, whom? _____

EDUCATION:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Graduate Equivalent

College degree received? Associate Bachelor Master Area of study: _____

Vocational school attended: _____ Number of months: _____

LICENSE AND CERTIFICATIONS:

Do you have a valid driver's license? Yes No Expiration Date: _____ Operator CDL

Do you have any specialized certifications (fork lift, electrical, etc.)? _____

Have you ever been charged with and/or convicted of any crime, including traffic violations?

Yes No If YES, explain: _____

A State of Georgia volunteer background check will be performed prior to employment.

CERTIFICATION

I certify that all of the information submitted on this application for employment is true and correct, and understand that falsification and/or misrepresentation of any information will affect employment consideration. Falsification and/or misrepresentation of history discovered after employment could result in termination. I authorize the Georgia National Fairgrounds and Agricenter to verify this information unless otherwise indicated.

SIGNATURE: _____ DATE: _____

WORK HISTORY
(Attach resume if available)

Current or last employer: _____

ADDRESS: _____
(STREET, APT NO / PO BOX) (CITY) (STATE) (ZIP) (COUNTY)

PHONE NUMBER: (____) _____ Position held: _____

Employment Date: _____ Termination Date: _____

Reason for termination: _____ May we contact this employer? Yes No

Duties: _____

* * * * *

Previous employer: _____

ADDRESS: _____
(STREET, APT NO / PO BOX) (CITY) (STATE) (ZIP) (COUNTY)

PHONE NUMBER: (____) _____ Position held: _____

Employment Date: _____ Termination Date: _____

Reason for termination: _____ May we contact this employer? Yes No

Duties: _____

* * * * *

Previous employer: _____

ADDRESS: _____
(STREET, APT NO / PO BOX) (CITY) (STATE) (ZIP) (COUNTY)

PHONE NUMBER: (____) _____ Position held: _____

Employment Date: _____ Termination Date: _____

Reason for termination: _____ May we contact this employer? Yes No

Duties: _____

* * * * *

Previous employer: _____

ADDRESS: _____
(STREET, APT NO / PO BOX) (CITY) (STATE) (ZIP) (COUNTY)

PHONE NUMBER: (____) _____ Position held: _____

Employment Date: _____ Termination Date: _____

Reason for termination: _____ May we contact this employer? Yes No

Duties: _____

* * * * *

If you have other skills and experience that qualify you for the position you are applying for, please explain:

