

GEORGIA NATIONAL FAIRGROUNDS & AGRICENTER

401 LARRY WALKER PARKWAY
PERRY, GEORGIA 31069

TEMPORARY / SEASONAL WORK ONLY

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

TEMPORARY / SEASONAL POSITION APPLYING FOR:

- Data Entry Building Worker Ticket Seller Ticket Taker
 Receptionist Tram Driver Security
 Other: _____

Are you available to work weekends, including anytime on Sundays? Yes No

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

If no, explain reason: _____

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: _____

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.

SIGNATURE: _____ DATE: _____

WORK HISTORY

Have you worked previous Fairs? Yes No Last Year Worked? _____

Which Fair? Georgia National Fair Private Vendor _____

Duties: _____

Most positions require working both nights and weekends, including Sundays.

Available/willing to work: **Nights?** Yes No **Sundays?** Yes No

Current or last employer: _____

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

PHONE NUMBER: (_____) _____ Position held: _____

Employment Date: _____ Termination Date: _____

Duties: _____

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Previous employer: _____

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

PHONE NUMBER: (_____) _____ Position held: _____

Employment Date: _____ Termination Date: _____

Duties: _____

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Previous employer: _____

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

PHONE NUMBER: (_____) _____ Position held: _____

Employment Date: _____ Termination Date: _____

Duties: _____

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

