



**INTERNSHIP/SUMMER JOB APPLICATION**  
**EQUAL OPPORTUNITY EMPLOYER**

Please type or print legibly in black or blue ink. All areas must be completed.

Please list positions/departments for which you would like to be considered: \_\_\_\_\_

\_\_\_\_\_

**Applicant Personal Data:**

Name (last, first, middle initial): \_\_\_\_\_

Mailing Address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Are you eligible to work in the US? (y/n) \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Other Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

College/University/Technical School/Other: \_\_\_\_\_

Have you previously work for the Fair? (y/n) \_\_\_\_ Department \_\_\_\_\_

If you are licensed to drive, please indicate the type of license:  
 \_\_\_ Operator's License \_\_\_ Chauffeur \_\_\_ Public Passenger \_\_\_ Commercial (CDL)

**Work History**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

<b>Office Use Only:</b>			
ISP _____	BMV _____	INDOC _____	
NSOPW _____	INCCC _____		

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work History (continued)**

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

If necessary, please attach an additional sheet with complete work history.

**References:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Certificate of Applicant and Authorization of Reference and/or Employment Verification:**

I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that if investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position in State employment. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the Indiana State Fair Commission.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail, email or fax your completed application and resume to:

Human Resources  
Indiana State Fair Commission  
1202 East 38<sup>th</sup> Street  
Indianapolis, IN 46205  
Fax: 317-927-7552  
employment@indianastatefair.com