APPLICATION FOR SEASONAL EMPLOYMENT
INDIANA STATE FAIR
EQUAL OPPORTUNITY EMPLOYER

Please type or print legibly. All areas must be completed.

Please check the department(s) for which you would like to be considered for employment. You may check more than one department.

_____ Gates   _____ Operations/Trash/Clean   _____ Security
_____ Tractor Shuttles   _____ Info Booth   _____ Education
_____ Parking   _____ Other (please specify): ____________________________________________

Please check the shift(s) you are able to work. Please check all that apply.

_____ 5:30AM – 1:30PM   _____ 2:00PM – 10:00PM
_____ 8:00AM – 4:00PM   _____ 9:00PM – 6:00AM

What type of position most appeals to you? Please check all that apply.

_____ Customer Service   _____ Maintenance   _____ Indoor Work
_____ Cashier   _____ Office/Reception   _____ Outdoor Work

Applicant Personal Data:
Name (last, first, middle initial): ________________________________________________

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: ________________________________________________________________

Highest Grade Completed: 9  10  11  12  GED

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    _____Chauffeur   _____Public Passenger   _____Commercial (CDL)

Work History
Dates of Employment: From _____________ To _____________

Company: ___________________________________________ Job Title: _______________________

Responsibilities: __________________________________________________________________

__________________________________________________________________________________
Work History

Dates of Employment: From _____________ To _____________
Company: _______________________________ Job Title: ______________________________
Responsibilities: ______________________________________________________________________
_____________________________________________________________________________________

Work History

Dates of Employment: From _____________ To _____________
Company: _______________________________ Job Title: ______________________________
Responsibilities: ______________________________________________________________________
_____________________________________________________________________________________

If necessary, please attach an additional sheet

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_____________________