



INDIANA  
**STATE FAIR**

# 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

Office Use Only: MyCase _____ NSOPW _____ INDOC _____ BMV _____
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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: \_\_\_\_\_

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**Work History**

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

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

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

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If necessary, please attach an additional sheet

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**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** \_\_\_\_\_