



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION *(Please Print in Ink or Type)*

NAME (LAST)	(FIRST)	(MIDDLE)	MAIDEN NAME (if applicable)	TODAY'S DATE
ADDRESS			PHONE (Day)	
CITY			PHONE (Evening)	
EMAIL ADDRESS			DATE OF BIRTH	

TYPE OF WORK DESIRED

WORK DESIRED	SALARY DESIRED
DATE AVAILABLE	TIME/SHIFT DESIRED

Are you 18 years of age or older? Yes No

If under 18, please state age: _____

Can you provide verification that you are able to legally work in the U.S.? Yes No

(Proof of Citizenship will be required upon employment)

High School

College (years) 1 2 3 4+

College Degree

Major _____

Special Training

Have you ever been convicted of a felony? Yes No *(Conviction will not necessarily disqualify an application)*

If yes, please explain: _____

Are you presently employed: Yes No

PREVIOUS WORK EXPERIENCE

COMPANY:	FROM:	TO:
ADDRESS:	PHONE:	
SUPERVISOR:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RESPONSIBILITIES:		

REFERENCES

NAME	NAME	NAME	
OCCUPATION	OCCUPATION	OCCUPATION	
PHONE	PHONE	PHONE	

PLEASE COMPLETE ALL SIDES OF THIS APPLICATION

45th District Agricultural Association • State of California

200 East Second Street • Imperial, California 92251

phone 760.355.1181 • fax 760.355.1425



APPLICATION FOR EMPLOYMENT

BACKGROUND AND SKILLS

MAINTENANCE	CLERICAL	OPERATIONS	MISCELLANEOUS
<input type="checkbox"/> Landscaping <input type="checkbox"/> Irrigation/Water Systems <input type="checkbox"/> Janitorial <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Small Equipment Operator <input type="checkbox"/> Other _____	<input type="checkbox"/> Typing <input type="checkbox"/> Receptionist <input type="checkbox"/> Computer <input type="checkbox"/> Word Processing <input type="checkbox"/> Database <input type="checkbox"/> Spreadsheet <input type="checkbox"/> DTP <input type="checkbox"/> Other _____	<input type="checkbox"/> Ticket Sales <input type="checkbox"/> Parking <input type="checkbox"/> Security <input type="checkbox"/> Guard Card <input type="checkbox"/> Gun Permit <input type="checkbox"/> Traffic Control <input type="checkbox"/> EMT/Nurse <input type="checkbox"/> Other _____	<input type="checkbox"/> Audio/Visual <input type="checkbox"/> Telecommunications <input type="checkbox"/> Marketing <input type="checkbox"/> Languages _____ <input type="checkbox"/> Other _____

How/Where did you find out about this employment opportunity? _____

1. Any material or deliberate omission of any fact in my application may be justification for refusal of employment or if employee, termination from employment.
2. It is my understanding that the 45th District Agricultural Association may make an investigation of my history and may verify any information given in application for employment, related papers, or oral interviews. I herewith release from liability any person giving or receiving any such information.
3. I agree that my employment may be terminated by the 45th District Agricultural Association at any time without liability for wages or salary except such as may have been earned at the date of such termination.
4. I understand that the business needs of the 45th District Agricultural Association may, at times, require me to work excess hours, shift work, a rotating schedule other than Monday through Friday. I further understand that my rate of pay is straight time regardless of excess hours worked. Social Security will not be withheld from my wages, however, Medicare will be deducted.
5. All employees not eligible for Public Employees Retirement System will automatically be enrolled in the State's PST Plan (Part-time, seasonal, temporary retirement plan).
6. I further understand that the signing of this application does not constitute an offer of employment by the 45th DAA. In the event of employment, I understand that I am required to abide by all rules and regulations of the employer.
7. I understand that I will be required to furnish documents that establish my identity and eligibility to work in the United States in compliance with the Immigration and Reform Act of 1986.
8. Please be advised that the Imperial Valley Fairgrounds will be conducting a background check on all new hires. By completing this form you consent to a criminal background check and hereby release from liability the 45th District Agricultural Association dba California Mid-Winter Fair & Fiesta / Imperial Valley Fairgrounds and any person giving or receiving the information.

_____ Please initial that you have read and understand the above statement (Item 8.)

Signature: _____ Date: _____

In case of an emergency, contact:

_____ Phone Number _____