



Please Print in Ink or Type

Name (Last)	(First)	(Middle)	Maiden Name	Today's Date
Address			Phone (Day)	
City			Phone (Evening)	
Social Security Number			Date of Birth	
Email Address				

Are you presently employed: Yes No

Type of 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: _____

Have you worked for the 45th DAA in the past? Yes No

If yes, when? _____

Position held: _____

Would you prefer to be considered for the same position? Yes No

Employer Name	Type of Work		
Employer Address	Wages	Dates of Employment: From:	
Employer Phone #	To:		
Reason for Leaving			

REFERENCES

Name		Name		Name	
Occupation		Occupation		Occupation	
Phone		Phone		Phone	

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

BACKGROUND AND SKILLS:

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