
Sonoma County Fair & Exposition, Inc.

P.O. Box 1536, Santa Rosa, CA 95402
707/545-4200 PHONE 707/573-9342 FAX
1350 Bennett Valley Road, Santa Rosa CA 95404

APPLICATION FOR EMPLOYMENT – PLEASE PRINT – Complete Front & Back An Equal Opportunity Employer

Date Last Name First Name Middle () -
Phone Number

Present Address

No. & Street City State Zip

Employment Desired

Position/s applying for: _____

Personal Information

Have you ever applied to or worked for Sonoma County Fair & Exposition, Inc. before? Yes No
If yes, when and what position? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age)..... Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to work the entire two weeks of the Fair? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Which of these machines can you operate? _____ Cash Register _____ Computer (word processing) _____ Forklift

List other machines you can operate: _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Sonoma County Fair & Exposition, Inc., to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Date Applicant's Signature

Effective Date Department Position Rate

Date Supervisor's Signature Manager's Approval

Education, Training and Experience

School Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University/ Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

(____) _____ - _____ Telephone No. Dates of Employment: _____

Type of Business

Your Supervisor's Name

Position and Duties

Address & Street

City

State

Zip

Reason for Leaving

Name of Employer

(____) _____ - _____ Telephone No. Dates of Employment: _____

Type of Business

Your Supervisor's Name

Position and Duties

Address & Street

City

State

Zip

Reason for Leaving

May we contact your employer/s for a reference? Yes No

References

List below two persons not related to you who have knowledge of your work performance within the last three years.

First Name

Last Name

(____) _____ - _____ Telephone No.

Occupation

No. of Years Acquainted

First Name

Last Name

(____) _____ - _____ Telephone No.

Occupation

No. of Years Acquainted

Date

Applicant's Signature