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# ALAMEDA COUNTY AGRICULTURAL FAIR ASSOCIATION

## Employment Application

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An Equal Opportunity Employer

**Please Print**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
No. & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_)\_\_\_\_ - \_\_\_\_  
Primary Phone

(\_\_\_\_)\_\_\_\_ - \_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Email Address

**Employment Desired**

Position applying for: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for the Alameda County Fair Association before?

Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for the Alameda County Fair Association?  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Why are you applying for work at the Alameda County Fair Association?

\_\_\_\_\_  
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 perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? .....  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.)

**Education, Training and Experience**

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

<b>College/ University</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	

<b>Vocational/ Business</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip _____	

**Employment History**

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

City	State	Zip
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Name of Employer _____	(____) _____ - _____ Telephone No.
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____

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

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
May we contact this employer for a reference? .....  Yes  No

Name of Employer _____	(____) _____ - _____ Telephone No.
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____

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

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

Note: Attach additional page(s) if necessary.

**References**

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

\_\_\_\_\_  
First Name Last Name Telephone No. (\_\_\_\_)\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Occupation No. of Years Acquainted

\_\_\_\_\_  
First Name Last Name Telephone No. (\_\_\_\_)\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Occupation No. of Years Acquainted

\_\_\_\_\_  
First Name Last Name Telephone No. (\_\_\_\_)\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip

\_\_\_\_\_  
Occupation No. of Years Acquainted

**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 the Alameda County Fair Association, to thoroughly investigate my references, record, education and other matters related to my suitability for employment and, further, work 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 Association, 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 the Association and me. In addition, I understand and agree that if I am employed, my employment is 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 Association and that no promises or representations contrary to the foregoing are binding on the Association unless made in writing and signed by me and the Association's designated representative.

\_\_\_\_\_  
Initials      Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Association. I am entitled to copies of any such public records obtained by the Association unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature