

34TH DISTRICT AGRICULTURAL ASSOCIATION-MODOC DISTRICT FAIRGROUNDS

EMPLOYMENT APPLICATION

1 CENTER STREET
 CEDARVILLE, CALIFORNIA 96104
 (530) 279-2315 OFFICE
modocfairgrounds@gmail.com

PRINT TITLE OF POSITION APPLYING FOR: _____

INSTRUCTIONS: This application is part of the selection process. Print all answers accurately and legibly in dark ink or type. If you need additional space, please attach extra sheets. Please provide ALL information requested.			
1. NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER	
3. ADDRESS (Number, Street, City, State, Zip Code)		4. TELEPHONE Home _____ Business _____	
5. IF YOU ARE UNDER 18 OR OVER 65, PLEASE INDICATE YOUR AGE _____			
7. LIST ALL RELATIVES EMPLOYED BY THE MODOC DISTRICT FAIRGROUNDS			
8. DO YOU HAVE A VALID DRIVER'S LICENSE? No. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate class if other than for operating a passenger car or 2-axle trucks. CLASS _____			
9. INDICATE MACHINE SKILLS, LANGUAGES OR OTHER SPECIAL SKILLS PERTINENT TO THIS APPLICATION			
10. EDUCATION			
a. CIRCLE HIGHEST LEVEL COMPLETED			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Over 16			
b. LIST ALL EDUCATIONAL DEGREES, PROFESSIONAL CERTIFICATES OR LICENSES RECEIVED IF PERTINENT TO THIS APPLICATION:			
(1) School _____ Degree _____ Major _____ Date _____			
(2) Granting Agency _____ License/Certificate _____ Date Granted _____ Date Expires _____			
c. LIST ALL COURSEWORK COMPLETED WHICH YOU FEEL IS RELEVANT TO THIS APPLICATION:			
Title _____ Institution _____ *Units _____			

AN AFFIRMATIVE ACTION – EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: Starting with your most recent position, list all employment. List military service; volunteer work or manpower training only if it directly relates to the position for which you are applying. Although we welcome your resume, it cannot substitute for completion of this section. Add additional sheets if necessary.

NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
Month From:	Year	Month To:	Year
DUTIES:			
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:		Reason for Leaving: _____	
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
Month From:	Year	Month To:	Year
DUTIES:			
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:		Reason for Leaving: _____	
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
Month From:	Year	Month To:	Year
DUTIES:			
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:		Reason for Leaving: _____	
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
Month From:	Year	Month To:	Year
DUTIES:			
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:		Reason for Leaving: _____	
NAME OF PRESENT OR LAST EMPLOYER		ADDRESS	YOUR TITLE
Month From:	Year	Month To:	Year
DUTIES:			
SUPERVISOR'S NAME, TITLE, AND TELEPHONE			
Hours Worked Per Week:		Reason for Leaving: _____	

May we contact all supervisors listed? YES NO

Indicate exceptions: _____

I certify that all statements are true to the best of my knowledge and I agree and understand that any misstatements or omissions of material facts on my part may forfeit my right to employment, even if discovered after I have become an employee of the 34TH DISTRICT AGRICULTURAL ASSOCIATION. I agree to accept any assignment that is not in violation of pertinent rules or policy regarding hours of work and location as directed by management.

Signature: _____

Date: _____