



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

NAME: (LAST, FIRST, MIDDLE INITIAL)			DATE OF APPLICATION	
ADDRESS		CITY	STATE	ZIP
BIRTHDATE Month / Day / Year / /	CURRENT DRIVERS LISCENSE ? ___ YES ___ NO		PHONE:	

### DESIRED EMPLOYMENT

POSITION:	DATE YOU CAN START -
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### EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
CERTIFICATES HELD SPECIAL TRAINING OR SKILLS				

### FORMER EMPLOYERS

(LIST BELOW LAST EMPLOYERS, STARTING WITH MOST RECENT)

#### NAME OF PRESENT OR LAST EMPLOYER -

ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
MAY WE CONTACT YOUR SUPERVISOR? ___ YES ___ NO	NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF JOB DUTIES -				

REASON FOR LEAVING -

**NAME OF PREVIOUS EMPLOYER -**

ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? ____ YES      ____ NO		NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF JOB DUTIES -				
REASON FOR LEAVING -				

(BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

**CONVICTIONS**

HAVE YOU BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION ?    \_\_\_\_ YES    \_\_\_\_ NO

HAVE YOU EVER BEEN ARRESTED FOR AND CHARGED WITH A CRIME FOR WHICH YOU ARE CURRENTLY OUT ON BAIL OR ON YOUR OWN RECOGNIZANCE PENDING TRIAL? - Do not include A) any arrest or detention that did not result in conviction B) any conviction for which the record has been judicially ordered sealed, expunged or eradicated C) misdemeanor conviction for which probation has been completed or otherwise dismissed D) any arrest which a pretrial or post-trial diversion program has been successfully completed.)    \_\_\_\_ YES    \_\_\_\_ NO

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## AUTHORIZATION

" I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR AND DAMAGE THAT MAY RESULT FORM UTILIZATION OF SUCH INFORMATION."

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SIGNATURE

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DATE

**RETURN APPLICATION TO: BUTTE COUNTY FAIR ASSOCIATION**  
**199 E. HAZEL STREET**  
**GRIDLEY, CA 95948**  
**PHONE 530\846-3626**

BUTTE COUNTY FAIR IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX OR SEXUAL ORIENTATION.



Pursuant to the Americans with Disabilities Act, individuals who, because of a disability, need special assistance in filling out this form or to attend or participate in any Butte County Fair Board, Committee or any Advisory meetings, or in connection with other Butte County Fair Activities, may request assistance at the Butte County Fair Administration Office, 199 East Hazel Street or by calling 530/846-3626, during normal business hours. Requests should be made 72 hours in advance whenever possible.

