



APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

Please type or print legibly in black or blue ink. All areas must be completed.
Please attach resume.

Applicant Personal Data:

Name (last, first, middle initial): _____

Mailing Address (number and street): _____

City: _____ State: _____ Zip _____

Email Address: _____

Telephone: () _____ Other Telephone: () _____

Date of Birth (MM/DD/YYYY) _____

Social Security Number: _____ - _____ - _____

The State is requesting your Social Security number under authority of IC 4-1-8 to accomplish statutory purposes. Disclosure is mandatory, and this form cannot be processed without it.

Are you eligible to work in the US? (y/n) _____

Education

List below all high schools and post high schools attended

Name/Location of School	From (MO/YR)	To (MO/YR)	Field(s) of Study	Diploma/Degree

Have you been convicted of a crime, other than a minor traffic violation? (y/n) _____

If yes, provide information regarding the conviction (offense, date, sentence) on a separate, attached sheet. A 'yes' response will not necessarily eliminate you from consideration for employment.

If you are licensed to drive, please indicate the type of license:

___ Operator ___ Chauffeur ___ Public Passenger ___ Commercial (CDL)

Work History (Please attach additional sheets if necessary)

Title of present or previous job: _____

From (MM/DD/YYYY): _____ **To (MM/DD/YYYY):** _____

Employer & Address: _____

Telephone Number: _____ **Number of hours worked per week:** _____

Work Duties: _____

Reason for Leaving: _____

Title of present or previous job: _____

From (MM/DD/YYYY): _____ **To (MM/DD/YYYY):** _____

Employer & Address: _____

Telephone Number: _____ **Number of hours worked per week:** _____

Work Duties: _____

Reason for Leaving: _____

Title of present or previous job: _____

From (MM/DD/YYYY): _____ **To (MM/DD/YYYY):** _____

Employer & Address: _____

Telephone Number: _____ **Number of hours worked per week:** _____

Work Duties: _____

Reason for Leaving: _____

Title of present or previous job: _____

From (MM/DD/YYYY): _____ **To (MM/DD/YYYY):** _____

Employer & Address: _____

Telephone Number: _____ **Number of hours worked per week:** _____

Work Duties: _____

Reason for Leaving: _____

References

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

Name: _____ Relationship: _____

Telephone Number: _____

Equal Employment Opportunity Information

The following information is requested in order to ensure equal opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

Race: ___ White ___ Hispanic ___ Asian or Pacific Islander ___ Black
___ American Indian or Alaskan Native ___ Other (specify) _____

Sex (Gender): ___ Male ___ Female

The government defines an individual with a disability as a person who: 1) has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working); 2) has a record of such impairment; or 3) is regarded as having such an impairment.

In accordance with this definition, do you regard yourself as an individual with a disability? (y/n) _____

Certificate of Applicant and Authorization of Reference and/or Employment Verification: I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that if investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position in State employment. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the Indiana State Fair Commission.
Signature: _____ Date _____