

APPLICATION FOR EMPLOYMENT

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street Address

City State Zip County

PERMANENT ADDRESS (if different): _____
(College students give parent's address) Street Address

City State Zip County

TELEPHONE: () _____ () _____
Home Business

SOCIAL SECURITY NUMBER: (Optional) _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name Telephone

CHECK ONE RESPONSE:

ARE YOU AT LEAST 16 YEARS OF AGE? _____

ARE YOU AT LEAST 17 YEARS OF AGE? _____

ARE YOU 18 YEARS OF AGE OR OLDER? _____

WHAT TYPE OF WORK ARE YOU APPLYING FOR? _____

WHAT HOURS ARE YOU AVAILABLE TO WORK? _____

ARE YOU WILLING TO WORK: (Check all that apply)

EVERY DAY DURING THE FAIR? _____

EXTRA HOURS (IF AVAILABLE)? _____

NIGHTS (11PM - 7AM)? _____

WEEKENDS (SATURDAY & SUNDAY)? _____

EDUCATION:

HIGH SCHOOL _____

COLLEGE _____

SCHOOL DISTRICT NUMBER _____

MOST RECENT EMPLOYER:

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

NAME OF SUPERVISOR _____

JOB TITLE AND DUTIES _____

The following information will be used only if it is directly related to the position for which you are applying:

1. Do you have a valid driver's license?

Yes _____ No _____

2. Have you ever been employed in the State or County service of Ohio?

Yes _____ No _____

3. Have you ever been convicted of a felony?

Yes _____ No _____

4. Are you presently or have you been receiving benefits from any State or Municipal Retirement System in Ohio?

Yes _____ No _____

If you have answered "Yes" to questions 2, 3, or 4, please explain fully below, indicating by number which question you are responding to:

SIGNATURE

DATE

DIRECTIONS:

- 1.) Download and print the application
- 2.) Complete and sign application (must be legible to be considered)
- 3.) Submit application at the Personnel Office of the Ohio Expo Center and State Fair
- 4.) Applications accepted from 1 PM to 4 PM Monday through Friday beginning June 8, 2009

THE OHIO EXPOSITIONS COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER