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# Sonoma County Fair & Exposition, Inc.

P.O. Box 1536, Santa Rosa, CA 95402 · 1350 Bennett Valley Road, Santa Rosa CA 95404  
**707/545-4200 PHONE 707/573-9342 FAX**

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## APPLICATION FOR EMPLOYMENT – PLEASE PRINT – Complete Front & Back An Equal Opportunity Employer

\_\_\_\_\_  
Date Last Name First Name Middle Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
No. & Street City State Zip

**Employment Desired** Position/s applying for: \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for Sonoma County Fair & Exposition, Inc. before?  Yes  No  
If yes, what did you do? \_\_\_\_\_ When? \_\_\_\_\_

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 work the entire two weeks of the Fair? ....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No  
If no, describe the functions that cannot be performed. \_\_\_\_\_

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(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.)

Which of these machines can you operate? \_\_\_\_\_ Cash Register \_\_\_\_\_ Computer (word processing) \_\_\_\_\_ Forklift

List other machines you can operate: \_\_\_\_\_

Have you ever worked for any other fair or festival? If so, what did you do? \_\_\_\_\_

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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  Yes  No

(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

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

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

\_\_\_\_\_  
Effective Date Department Position Rate

\_\_\_\_\_  
Date Supervisor's Signature Manager's Approval

**Education, Training and Experience**

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

**Employment History**

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

\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

Dates of Employment: \_\_\_\_\_

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\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

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

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

Dates of Employment: \_\_\_\_\_

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\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

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

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

May we contact your employer/s for a reference?  Yes  No

**References**

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

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

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

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Occupation

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

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

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

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
Date

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