

ALASKA STATE FAIR, Inc.

2075 Glenn Highway Palmer, Alaska 99645 (907) 745-4827

www.alaskastatefair.org

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Position applying for:		Have you previously worked for the Alaska State Fair? Yes No When:					
GENERAL INFORMATION							
			Middle Initial			Area Code/Phone Number	
Mailing Address (PO Box or Street)	iling Address (PO Box or Street) City		State Zip		Email Address		
If hired, can you provide proof that you are el- State or Federal laws may impose a minimum Are you at least 18 years old? ☐ Yes ☐No Some positions require a valid drivers license. State: License N	Are you 21 If you are	ment on certain	in positions: or older?	☐ Yes ☐No	ast 16 years old? y the following in		
Are you physically able to complete the tasks		ioh dagarinti	on?		n date.		
Dates available for employment	ion? ☐ Yes ☐ No How did you hear about the job opening? ☐Newspaper ☐Alaska Job Center ☐Website						
From: To: In case of an emergency, contact: Name:			,	Please list):			
EDUCATION							
School	Address (City & Sta		ite)	# of Years Completed	Graduate?	Degree	
High School							
College							
Business/Technical							
Other							
List any certifications, professional licenses of	r registratior	18:					
List types of equipment or machines that you	are qualified	I to operate:					
Describe other special skills or experience that this position.	t you have n	oted in other	parts of this	application but	which you feel w	ould help you in	

EMPLOYMENT List your las	t employer first. Include s	ummer or tempora	ry jobs.					
Company		Position						
Address		Duties	Duties					
Dates of Employment								
Supervisor's Name & Title		Phone Num	Phone Number					
Reason for Leaving		<u> </u>						
_		Γ=						
Company		Position	Position					
Address		Duties	Duties					
Dates of Employment	Rate of Pay							
Supervisor's Name & Title		Phone Num	Phone Number					
Reason for Leaving		I						
Company		Position	Position					
Address		Duties	Duties					
Dates of Employment	Dates of Employment Rate of Pay							
Supervisor's Name & Title		Phone Num	Phone Number					
Reason for Leaving		-						
PERSONAL REFERENCE	S							
Name	Address		Contact Number	Relationship	Years Known			
1.								
2.								
3.								
J.			1	<u> </u>	1			
By clicking the submit button below knowledge and understand that, if e investigation of all statements conta concerning my previous employmer company from all liability for any d employee can be terminated by the	employed, falsified stateme nined herein and the referent at and any pertinent inform lamage that may result from	nts on this applicated aces and employers and they may attion that they may are utilization of said	ion shall be grounds listed above to give y y have, personal or ot	for dismissal. I a you any and all in herwise, and rele	uthorize formation ase the			
Signature			Date					