



*E M P L O Y M E N T
A P P L I C A T I O N*

APPLICATION FOR EMPLOYMENT FLORIDA STATE FAIR AUTHORITY

Florida State Fair Authority is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws. Applicants needing a disability accommodation to complete the application or selection process must contact Human Resources.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Date of Application:
Address			Telephone Number ()
City	State	Zip Code	Alternate Number ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year ____/____			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Applied For:			What is the minimum salary or rate of pay you expect to receive if employed? _____ Per _____
Can you, with or without reasonable accommodation, perform the essential functions of this job? <i>(If you have any questions about the essential functions of the job, please ask the Human Resources representative before answering this question)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you able to work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			What is the earliest date you would be available to work?
Is anyone related to you employed by Florida State Fair Authority? <i>(If yes, please give their name and relationship to you)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____		Do you have a valid Florida State driver's license? <i>(Required for driving positions only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been convicted of any moving violations in the past five years? <i>(Required for driving positions only)</i> If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No _____	

EDUCATION

School	Name and Location of School	Course of Study	Dates of Attendance	Did You Graduate?	Degree or Diploma
Graduate				Yes No	
College				Yes No	
Business/ Trade/Vocational				Yes No	
High School				Yes No	

OFFICE SKILLS

Typing	WPM	Adding Machine	P.C. Computer Programs
Word Processor	WPM	Switchboard	Other

CRAFT SKILLS

Blueprint Reader	Yrs	Welder	Yrs	Pipe fitter	Yrs	Roofers	Yrs
Mechanic Class	Yrs	Electrician Class	Yrs	Painter	Yrs	Carpentry	Yrs
Forklift	Yrs	Heavy Equipment	Yrs	Machine Operator	Yrs	Truck Driving	Yrs
Refrigeration	Yrs	Electronics	Yrs	Instrumentation	Yrs	Other	Yrs

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Start with your present or most recent employer. Please give accurate, COMPLETE full-time and part-time employment record. Leave NO time gaps. If you were in school or unemployed, please state.

Company Name	Employed: MM / YY		Hours worked per week	
	From:	To:	F/T:	P/T:
Street Address	Weekly pay Start:		End:	
City, State, Zip	Name of Supervisor			
Telephone ()	Job Title			
Duties and Responsibilities	Reason for Leaving			
Company Name	Employed: MM / YY		Hours worked per week	
	From:	To:	F/T:	P/T:
Street Address	Weekly pay Start:		End:	
City, State, Zip	Name of Supervisor			
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