



Solano County Fair
 900 Fairgrounds Drive
 Vallejo, CA 94589
 (707) 551-2008 Office
 (707) 642-7947 Fax

EMPLOYMENT APPLICATION FORM

IMPORTANT!! READ ALL INSTRUCTIONS CAREFULLY! PROVIDE COMPLETE RESPONSES TO THE QUESTIONS ON THE APPLICATION, AS OMITTED INFORMATION CANNOT BE CONSIDERED OR ASSUMED. **NOTE:** EACH APPLICANT MAY BE FINGERPRINTED AND MAY BE SUBJECT TO A BACKGROUND INVESTIGATION PRIOR TO BEING ACCEPTED FOR EMPLOYMENT.

POSITION(S) APPLYING FOR:

PRINT IN INK OR TYPE

FIRST NAME			MIDDLE			LAST NAME			OTHER NAMES UNDER WHICH YOU HAVE WORKED			
Street Address						City			State		Zip Code	
Area Code & Phone						Email						
Prior or Current Member of CALPERS <input type="checkbox"/> Yes <input type="checkbox"/> No if "yes" please provide your CalPERS Member ID: _____												
Are you presently legally authorized to work in the U.S. on a full time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been an employee of SCFA? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", Please give Position Title.			Department		Dates: (mm/yy) From: To:	
Have you applied for this job within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No						Do any of your relatives work for the Solano County Fair? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____			If "Yes", Please give: Relationship			
Can you perform the essential functions of this job with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No												
EDUCATION: You need only include education you believe relates to the position for which you are applying, as indicated in the Experience/Education portion of the job announcement. Be complete. Your application will be evaluated based on this information.												
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12						Foreign languages you speak/read/and/or write:						
Name of High School/ City/State:								Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you have a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Colleges Attended (Name & Location)				Dates attended (mm/yy) From: To:		Full time or Part time		Credits Earned (Sem or Qtr units)		Major		Degree (s) Earned/Date (mm/yy)
Pertinent Training/Volunteer/Continuing Education Courses				Name of Learning Institution				Location City/State		Length of course (Hrs/days/wks)		Number of CEU's Earned?
Do you possess a valid California driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			License Number (and State if not CA)			Class (C/A/B/M)		Expiration Date (mm/dd/yy)		Has your Driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been fired or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach a separate sheet with detailed information.												
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction may not necessarily disqualify you from employment.) Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/>												
Date of Offense (mm/yy)		City & State		Charges			Penalties			Remarks		

EMPLOYMENT HISTORY: List all work experience. Include all periods of self-employment and U.S. Military service. List each promotion separately. **You will be evaluated based on this information.** Additional copies of this form are available if required (you may also make copies). **This section must be completed.**

From (mm/yy)	Present or most recent Employer (Business or Agency Name)			Address			City		State		
To (mm/yy)	Title of your position			Name & Title of Supervisor –Address if Different				Agency Phone & Area Code			
Your Duties (List Primary Duties First)											
Reason for Leaving						If we contact your present employer, will your present position be endangered? <input type="checkbox"/> Yes <input type="checkbox"/> No					

From (mm/yy)	Employer (Business or Agency Name)	Address	City	State
To (mm/yy)	Title of your position	Name & Title of Supervisor –Address if Different	Agency Phone & Area Code	
Your Duties (List Primary Duties First)				
Reason for Leaving				
From (mm/yy)	Employer (Business or Agency Name)	Address	City	State
To (mm/yy)	Title of your position	Name & Title of Supervisor –Address if Different	Agency Phone & Area Code	
Your Duties (List Primary Duties First)				
Reason for Leaving				

In the event that you are hired, you will be required to offer proof that you are a U.S. citizen or a lawfully admitted alien.

Please be advised that the Solano County Fair Association may obtain investigation reports about you in connection with your application for employment and/or at any time during your employment with the Solano County Fair Association if you are hired or if you are a current employee. Such investigation reports may include information concerning your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. This information may be obtained from personal interviews with your professional and personal acquaintances. You have the right to request in writing, within a reasonable period of time, a complete disclosure of the nature and scope of an investigation involving such personal interviews. Examples of investigation reports may include, but are not limited to, criminal background reports, motor vehicle driving records, credit histories, reference checks, verification of education or past employment, and investigations into theft, fraud, harassment and workplace violence. Your signature below acknowledges that you have read and understand the above disclosure.

Initials: _____

If hired, you will serve in this position at the pleasure of the Solano County Fair Association. Your employment will be “**at-will**” and may be terminated at any time, without notice and without cause. Your signature below acknowledges that you have read and understand this disclosure.

I declare under penalty of perjury that the information provided in this application is true and correct. I understand that any omission or misrepresentation of material fact in this application may result in refusal of, or separation from, employment. I hereby authorize the Solano County Fair Association to make any investigation of my background deemed necessary. I authorize my former employers to give any information regarding my employment. I hereby release them and their company/agency from all damages whatsoever for issuing same.

Signature of Applicant _____

Date _____