



501 West 3rd Street
Waconia, MN 55387

Phone: 651-829-1477 (Lindsay)
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APPLICATION FOR EMPLOYMENT

- A complete application is required for consideration.
- Application must be signed in appropriate places

POSITION APPLYING FOR _____ DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (Where you can be reached) _____ AM / PM _____
Best time of contact

EMAIL _____

Education: Did you graduate from High School? YES NO

School Attended: _____

Name and Location of College, University, Technical College: _____

Course of Study _____

WORK EXPERIENCE

List all work experiences, most recent first. Please be complete.

Employer Name: _____

Dates of Employment: _____ to _____

Employer Address: _____

Supervision's Name and Phone Number: _____

Number and Type of Positions you supervised: _____

Responsibilities: _____

Employer Name: _____

Dates of Employment: _____ to _____

Employer Address: _____

Supervision's Name and Phone Number: _____

Number and Type of Positions you supervised: _____

Responsibilities: _____

Employer Name: _____

Dates of Employment: _____ to _____

Employer Address: _____

Supervision's Name and Phone Number: _____

Number and Type of Positions you supervised: _____

Responsibilities: _____

Employer Name: _____

Dates of Employment: _____ to _____

Employer Address: _____

Supervision's Name and Phone Number: _____

Number and Type of Positions you supervised: _____

Responsibilities: _____

Employer Name: _____

Dates of Employment: _____ to _____

Employer Address: _____

Supervision's Name and Phone Number: _____

Number and Type of Positions you supervised: _____

Responsibilities: _____

VOLUNTEER EXPERIENCE

Kind of Volunteer Activity

Major Responsibilities

_____	_____
_____	_____
_____	_____
_____	_____

Describe what you feel qualifies you for this position:

Salary Range Expectations:

PROFESSIONAL REFERENCES

Please provide us with the names of three professional references (outside of relatives) who can be contacted regarding your qualifications, work habits and character.

FULL NAME

POSITIONS

PHONE NUMBER

_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATE CERTIFICATION

1. I certify that answers given are true and complete to the best of my knowledge.
2. I authorize investigation of any and all information which may concern my previous employment record. I hereby release my present and former employers, any city, county or state law enforcement agencies, and all persons whosoever from any damage resulting from furnishing said information.

Signature of Applicant

Date