

I have read, understand and by my signature consent that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of Southwestern Fair Commission, Inc. ("SWFC") and my employment may be terminated at any time with or without cause and with or without notice.

SOUTHWESTERN FAIR COMMISSION, INC. APPLICATION FOR EMPLOYMENT



11300 S. Houghton, Tucson, AZ 85747
520-762-9100, Fax 520-762-5005

Today's Date _____

Name _____
Last First Middle

Phone _____
Mobile Home Work

Current Address _____
Street City State Zip

Prior Address _____
Street City State Zip

Social Security # _____ E-Mail _____

APPLICANT NOTE:

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. Except where required or permitted by law, all qualified applicants will receive consideration without discrimination based upon race, color, religion, marital status, sex, sexual orientation, national origin, age, disability, military reserve membership or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills or for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by SWFC.

AVAILABILITY: For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-time Part-time Temporary Labor Pool

For which schedules are you available?* Weekdays Weekends Evening Nights Overtime Shift Other

*reasonable efforts will be made to accommodate religious beliefs and practices.

SKILLS: Do you have a valid driver's license? Y/N: _____
Name on License _____ DL# _____ Type _____ State of Issue _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or SWFC. _____

List languages in which you are fluent _____

CONVICTIONS: Have you ever been convicted of a felony? Y/N: _____ (If yes, attach an explanation for each conviction.)

OTHER: Are you related to any current or past employee? Y/N: _____ Who: _____

PREVIOUS EMPLOYERS:

Please note: Your application will not be considered unless this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

Most Recent Employer Are you currently working for this employer? Yes No If yes, may we contact? Yes No

Company Name	City	State
From _____ To _____		
Dates Employed	Job Title	Supervisor Name
Duties _____		
Salary _____	Per _____	Reason For Leaving _____
Hour/Week/Month		

Second Most Recent Employer

Company Name	City	State
From _____ To _____		
Dates Employed	Job Title	Supervisor Name
Duties _____		
Salary _____	Per _____	Reason For Leaving _____
Hour/Week/Month		

Third Most Recent Employer

Company Name	City	State
From _____ To _____		
Dates Employed	Job Title	Supervisor Name
Duties _____		
Salary _____	Per _____	Reason For Leaving _____
Hour/Week/Month		

REFERENCES: Include only individuals familiar with your work ability. Do not include relatives.

Name	Address / Phone	Years Known / Relationship

EDUCATION: Highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed please enter that name _____

School Name	City / State	Graduated (Y/N)	Degree / Area of Study

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that my answers to the application questions and the statements made by me in the application are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in a rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during employment, and I am willing to submit to drug testing to detect the use of drugs in compliance with SWFC's policy. If I am employed by SWFC, I understand my employment will be at will and subject to termination at any time and without notice.

Signature

Date