



INTERNSHIP/SUMMER JOB APPLICATION EQUAL OPPORTUNITY EMPLOYER

Please type or print legibly in black or blue ink. All areas must be completed.

Please list positions/departments for which you would like to be considered: _____

Applicant Personal Data:

Name (last, first, middle initial): _____

Mailing Address (number and street): _____

City: _____ State: _____ Zip _____

Date of Birth (MM/DD/YYYY) _____ Are you eligible to work in the US? (y/n) _____

Telephone: (_____) _____ Other Telephone: (_____) _____

Email Address: _____

College/University/Technical School/Other: _____

Have you previously work for the Fair? (y/n) ____ Department _____

If you are licensed to drive, please indicate the type of license:
____ Operator's License ____ Chauffeur ____ Public Passenger ____ Commercial (CDL)

Work History

Dates of Employment: From _____ To _____

Office Use Only:			
ISP _____	BMV _____	INDOC _____	
NSOPW _____	INCCC _____		

Company: _____ Job Title: _____

Phone Number: _____ Supervisor: _____

Responsibilities: _____

Work History (continued)

Dates of Employment: From _____ To _____

Company: _____ Job Title: _____

Phone Number: _____ Supervisor: _____

Responsibilities: _____

If necessary, please attach an additional sheet with complete work history.

References:

Name: _____ Relationship: _____ Phone: _____

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The following information is requested in order to ensure equal opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you choose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process.

Race (check one): White Hispanic Asian or Pacific Islander Black
 American Indian or Alaskan Native Other (specify) _____

Sex (check one): Male Female

The government defines an individual with a disability as a person who: 1) has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working); 2) has a record of such impairment; or 3) is regarded as having such an impairment.

In accordance with this definition, do you regard yourself as an individual with a disability? (y/n) _____

Certificate of Applicant and Authorization of Reference and/or Employment Verification:

I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that if investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position in State employment. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the Indiana State Fair Commission.

Signature: _____ Date _____

Please mail, email or fax your completed application and resume to:

Human Resources
Indiana State Fair Commission
1202 East 38th Street
Indianapolis, IN 46205
Fax: 317-927-7552
employment@indianastatefair.com