



MISSOURI DEPARTMENT OF AGRICULTURE
 MISSOURI STATE FAIR
 2503 WEST 16TH STREET
 SEDALIA MO 65301
 (800) 422-FAIR (660) 530-5600 FAX (660) 827-8169

**APPLICATION FOR PART-TIME OR
 TEMPORARY EMPLOYMENT**

FOR OFFICE USE ONLY	
DEPARTMENT	EFFECTIVE DATE
SALARY	POSITION CODE
<input type="checkbox"/> EMP AGREE <input type="checkbox"/> FAIR WEEK EMP <input type="checkbox"/> SEASONAL EMP <input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> REHIRE LDPR _____	

DATE _____

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	E-MAIL ADDRESS	

TYPE OF POSITION <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	SPECIFY DAYS AND HOURS IF PART-TIME
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ARE YOU CURRENTLY EMPLOYED BY THE STATE OF MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHAT DEPARTMENT DO YOU WORK FOR?
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HAVE YOU PREVIOUSLY WORKED AT THE FAIR? <input type="checkbox"/> YES _____ YEARS <input type="checkbox"/> NO	IF YES, WHICH DEPARTMENT(S)?
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LIST NAME(S) OF RELATIVE(S) EMPLOYED BY THIS DEPARTMENT

CHECK AREAS OF QUALIFICATIONS/EXPERIENCES

<input type="checkbox"/> TYPING SPEED _____	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> BACKHOE	<input type="checkbox"/> WELDING	<input type="checkbox"/> PAINTING
<input type="checkbox"/> TRACTOR OPERATOR	<input type="checkbox"/> OTR TRUCK	<input type="checkbox"/> COMPUTER SKILLS	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> CARPENTRY
<input type="checkbox"/> CASHIER/TELLER	<input type="checkbox"/> SWITCHBOARD	<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> PLUMBING	

CHECK FIRST, SECOND AND THIRD PREFERENCES OF WORK LOCATION

_____ ADMISSIONS - Outside work; all shifts available; detail oriented; may handle cash; tears admission tickets

_____ BACKSTAGE - Outside work; mornings and nights; heavy lifting

_____ CAMPGROUNDS - Outside work; all shifts available; detail oriented, cash handling

_____ CARNIVAL - Confined air-conditioned booth; afternoons through early morning; cash handling

_____ GRANDSTAND - Outside work; mostly evenings; ticket taking; ushering

_____ HOSPITALITY - Outside work; mornings, afternoons, early evenings; greets public and answers questions

_____ JANITORIAL - Outside and inside work; all shifts available; clean rest rooms; sweep floors

_____ PUBLICITY - Outside and inside work; mornings, afternoons, evenings; acts as reporter

_____ MAINTENANCE - Outside work; all shifts available; labor intensive; clean stalls, barns, areans; set up chairs; mechanic

_____ PARKING - Outside work; all shifts available; direct and park cars

_____ REVENUE - Inside air-conditioned office; all shifts available; handle and count money

_____ TRAMS - Outside work; mornings, afternoons, evenings; drive tractors; host/hostess rides tram

_____ YOUTH CREW - Outside work; mornings, afternoons

_____ OTHER _____

WORK HISTORY

LIST BELOW ALL EMPLOYERS BEGINNING WITH THE MOST RECENT A. COMPANY NAME B. ADDRESS AND PHONE NO. WITH AREA CODE	TIME EMPLOYED				NATURE OF WORK	STARTING SALARY	SALARY AT LEAVING	REASON FOR LEAVING	IMMEDIATE SUPERVISOR
	FROM		TO						
	MO	YR	MO	YR					
1. A.									
B.									
2. A.									
B.									
3. A.									
B.									

Indicate by number any of the above employers whom you **do not** wish us to contact _____ .

REFERENCES	ADDRESS	PHONE NUMBER

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJORED IN	CHECK LAST YEAR COMPLETED	GRADUATE? GIVE DEGREE	LAST YEAR ATTENDED
Elementary			<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Business or Trade School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Corresp. or Night School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY JOB? YES NO

IF THE ANSWER IS "YES", GIVE THE NAME OF EMPLOYER, DATE, AND REASON IN EACH CASE.

CERTIFICATION

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected/my employment will be terminated. You are hereby authorized to make any investigations regarding personal history.

SIGNATURE	DATE
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MISSOURI DEPARTMENT OF AGRICULTURE
ETHNICITY DATA FOR NEW EMPLOYEES

DATE	EMPLOYEE NAME
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- Asian/Pacific Islander (A)
- Black or African American (B)
- Hispanic or Latino (H)
- American Indian/Native Alaskan (I)
- Unknown – No Self or Visual ID (U)
- White (W)
- Two or More Races (2)
- NTV Hawaiian/Other PAC Islander (P)
- Declined to Respond (D)



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
EMERGENCY DATA

FOR YOUR OWN PROTECTION DURING AN EMERGENCY SITUATION, YOUR SUPERVISOR SHOULD BE INFORMED OF CERTAIN MEDICAL FACTS.

NAME OF EMPLOYEE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
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IN CASE OF EMERGENCY NOTIFY

NAME	RELATIONSHIP
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ADDRESS

HOME PHONE	WORK PHONE	OTHER PHONE
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SHOULD WE BE UNABLE TO CONTACT THE FIRST CHOICE, PLEASE LIST SECOND CHOICE

NAME	RELATIONSHIP
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ADDRESS

HOME PHONE	WORK PHONE	OTHER PHONE
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NAME OF PERSONAL PHYSICIAN	PHYSICIAN PHONE
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LOCAL HOSPITAL PREFERENCE

LIST MEDICATIONS THAT SHOULD NOT BE ADMINISTERED TO YOU

LIST MEDICATIONS THAT YOU ARE CURRENTLY TAKING FOR A LONG TERM CONDITION SUCH AS: HEART TROUBLE, BLOOD PRESSURE, DIABETES, ETC. WHICH SHOULD BE MADE KNOWN TO EMERGENCY PERSONNEL.

I AGREE TO HAVE THE ABOVE INFORMATION USED IN CASE OF EMERGENCY

SIGNATURE	DATE
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MISSOURI DEPARTMENT OF AGRICULTURE
MISSOURI STATE FAIR
CONSENT OF PARENT

CHILD'S FULL NAME	CHILD'S DATE OF BIRTH
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Under Missouri law, 14- and 15-year-olds may be employed:

- Between 7 a.m. and 7 p.m. during the school year
- Between 7 a.m. and 9 p.m. from June 1 through Labor Day
- No more than three hours a day on school days
- No more than eight hours a day on non-school days
- No more than six days or 40 hours in a week

The following jobs are prohibited for 14- and 15-year-olds:

- Jobs involving dangerous equipment (cookers, slicers)
- Jobs involving dangerous materials (toxic chemicals)
- Jobs involving dangerous duties (driving, roofing)

I, _____ am the parent or legal guardian of this child. This is my written consent for my child to be employed at the Missouri State Fairgrounds. I have read and am familiar with the Missouri Child Labor Laws regarding the employment of young people.

PARENT/GUARDIAN SIGNATURE	PRINTED NAME
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ADDRESS

CITY, STATE, ZIP

PHONE NUMBER	ALTERNATE PHONE NUMBER	DATE
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MISSOURI DEPARTMENT OF AGRICULTURE
MISSOURI STATE FAIR
PROSPECTIVE MISSOURI STATE FAIR EMPLOYEE

Prospective Missouri State Fair Employee:

The U.S. Military Service Act, 50 U.S.C. App. 451, et seq., requires males aged 18 through 26 to register with the Selective Service Administration. In support of this federal regulation, the state of Missouri requires individuals employed by the state to be registered with the Selective Service Administration.

If you are a male, 18-26 years of age, please complete the following certification by checking the appropriate item and signing in the spaces provided.

- I certify I am registered with the Selective Service Administration.
- I certify I am not required to register with the Selective Service Administration under applicable provisions of the Military Services Act and its implementing regulations.

SIGNATURE

PRINTED NAME

DATE

(If you have not already done so, you may register with the Selective Service Administration on-line at www.sss.gov)