

OFFICE USE ONLY

Date returned:

**STARK COUNTY AGRICULTURAL SOCIETY  
305 WERTZ AVE NW  
CANTON, OHIO 44708  
330-452-0621**

**Employment Application:**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address City Zip*

Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position Applied For: Labor Other: \_\_\_\_\_

Are you a citizen of the United States: Yes No If no, are you authorized to work in the US. Yes No

Have you ever worked for SCAS? Yes No If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No (Conviction does not automatically bar you from employment)

If Yes, Please Explain: \_\_\_\_\_

**Education:**

High School \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes No

College \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes No

Other: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Yes No

Drug testing may be required. Random drug testing may be done throughout employment.

All information on this sheet will be kept confidential.

**References:**

*Please list two references that are not related to you and whom you have known for at least 1 year.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E – mail \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E – mail \_\_\_\_\_

**Previous Employment:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary \$: \_\_\_\_\_ Ending Salary \$: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference:                      Yes      No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary \$: \_\_\_\_\_ Ending Salary \$: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference:                      Yes      No

**Military Service:**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than Honorable, Explain: \_\_\_\_\_

**Disclaimer and Signature:**

**I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A COPY OF YOUR DRIVERS LICENCE AND SOCIAL SECURITY NUMBER WILL BE NEEDED.