



APPLICANT POLICY

Effective October 1, 2008

There are many administrative responsibilities placed on the Wisconsin Exposition Center as a private employer. We have adopted the following applicant policy:

- All applicants must specify the job(s) for which they are applying. Applicants who indicate 'any job' on the application form will not be considered.
- Incomplete applications will not be considered. Although an applicant may submit a resume along with their application, the application form must be completed in its entirety for consideration. Stating 'See Resume'" is not acceptable.
- Applications will be actively considered for **90 days**. After that period of time an applicant will be required to re-apply if a position becomes available.
- Applications and resumes that are received for a position that is not currently open will be retained in an inactive file for **90 days**, and are not considered for applicant tracking purposes.

- For Wisconsin Employers -
Employment Application

We are an Equal Opportunity Employer

Please print in ink. You must complete entire application

Date:

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Day Telephone
()

Social Security #

Evening Telephone
()

Are there other names under which you have worked or attended school? Yes No

If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? Yes No

(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations?
 Yes No If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.
 (Convictions are not an automatic bar to employment.)

Do you have any *pending* criminal charges against you? Yes No

If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this company before?

Yes No If yes, when:

Have you ever worked at this company before?

Yes No If yes, when:

Position Applying For

Part-Time or Full-Time Desired

Salary Preference

Shift Preference

When can you start?

How were you referred to the company? Agency Walk-in Friend/Relative _____
 Newspaper School Other _____

Special Skills

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

Education

School	Name and Location (city, state)	No. Years Attended	Major subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

1) driver's license number

2) state issued

Are you licensed with any group, association or society relating to the job for which you are applying?

Yes No

Registration or License Number

State Issued

Expiration Date

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From To	
Description of Duties		
Salary — start	Salary — end	Reason for Leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From To	
Description of Duties		
Salary — start	Salary — end	Reason for Leaving
Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From To	
Description of Duties		
Salary — start	Salary — end	Reason for Leaving
Name of Employer	Telephone ()	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From To	
Description of Duties		
Salary — start	Salary — end	Reason for Leaving

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Day Telephone ()
	Evening Telephone ()
Address	
Relationship	How long known?
Name	Day Telephone ()
	Evening Telephone ()
Address	
Relationship	How long known?
Name	Day Telephone ()
	Evening Telephone ()
Address	
Relationship	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant _____ Date _____

Thank you for your interest in our company.

STATE FAIR PARK EXPOSITION CENTER, INC

RELEASE OF INFORMATION

I, the undersigned, do hereby authorize State Fair Park Exposition Center, Inc., to conduct a pre-employment background investigation on myself for the purpose of determining my suitability for employment.

This authorization is for the release of any and all information pertaining to me, including to but not limited to the following:

1. Educational institutions concerning my educational record, conduct, skills, habits, character, grade point average and degree obtained.
2. Law enforcement agencies, military authorities, motor vehicle bureaus, hospitals, institutions, physicians, insurance companies and courts of law.
3. Credit bureau reports from reporting agencies, including information from financial institutions.
4. Previous or current employer(s) concerning my dates of employment, positions/titles, work habits, skills, general character, wages/salary, commissions/bonuses, disciplinary actions, and reasons for leaving.
5. Previous or current employer(s) concerning information about drug screen results and/or accidents.

HOLD HARMLESS RELEASE

I hereby release and hold harmless State Fair Park Exposition Center, Inc., employees/agents, law enforcement agencies, credit reporting agencies, state and federal agencies, educational institutions, present and/or past employer(s), landlords, and all officers and employees that shall provide information to State Fair Park Exposition Center, Inc., upon request, for and against any and all claims, suits or expenses arising from or related to the content, validity or handling of said reports.

Signature of applicant _____ Date _____

Print Name (full) _____

Other Names Used _____

Social Security number _____ - _____ - _____ Date of Birth _____

Drivers License/State ID number _____

Issuing State _____ Expiration Date _____

WISCONSIN EXPOSITION CENTER

STAFF AVAILABILITY LOG

Name: _____

Date: _____

1st Phone #: _____

2nd Phone #: _____

e-mail address: _____

This form is used to assist the persons who schedule staff to determine your availability. Complete the entire form by placing an "X" in all time slots that you **ARE AVAILABLE** to complete a work shift.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12am - 6am							
6 - 7am							
7 - 8am							
8 - 9am							
9 - 10am							
10 - 11am							
11am-12pm							
12 - 1pm							
1 - 2pm							
2 - 3pm							
3 - 4pm							
4 - 5pm							
5 - 6pm							
6 - 7pm							
7 - 8pm							
8 - 9pm							
9 - 10pm							
10 - 11pm							
11pm - 12am							