



McLean County Fair

Employment Application

Please complete this application and send back to us at:

info@mcleancountyfair.org

- Or -

McLean County Fair
2242 Westgate Drive
Bloomington, IL 61705

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

POSITIONS INTERESTED IN (*select all that apply, not all preferences can be accomodated*):

TICKET SELLER/CASHIER TICKET SCANNER PARKING ATTENDANT BARTENDER

HAVE YOU EVER WORKED FOR THE FAIR? _____ IF YES, WHEN? _____

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

DATES FROM/TO: _____ DID YOU GRADUATE? YES: _____ NO: _____

COLLEGE: _____ ADDRESS: _____

DATES FROM/TO: _____ DID YOU GRADUATE? YES: _____ NO: _____

WORK EXPERENCES/PREVIOUS EMPLOYMENT

SUPERVISOR'S NAME: _____

COMPANY: _____ PHONE: _____

RESPONSIBILITES: _____

FROM: _____ TO: _____

REASON FOR LEAVING? _____

May we contat your previous supervisor for a reference? YES: _____ NO: _____

SUPERVISOR'S NAME: _____

COMPANY: _____ PHONE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING? _____

May we contact your previous supervisor for a reference? YES: _____ NO: _____

SUPERVISOR'S NAME: _____

COMPANY: _____ PHONE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING? _____

May we contact your previous supervisor for a reference? YES: _____ NO: _____

MILITARY SERVICE

BRANCH: _____ FROM: _____ TO: _____

If other than honorable, explain: _____

REFERENCES

NAME: _____ **RELATIONSHIP:** _____

COMPANY: _____ PHONE: _____

NAME: _____ **RELATIONSHIP:** _____

COMPANY: _____ PHONE: _____

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: _____

Thank you for your interest in being part of our county fair! Questions? Call us at 309-663-6497

Your Work Availability

Your Name: _____

Your Phone: _____

Your Email: _____

**Provide us times you are available each day.
(You may choose 1,2 or all 3 shifts)**

	1 st shift	2 nd shift	3 rd shift
	5:45AM – 11:00AM	10:45AM – 4:00PM	3:45PM – 9:00PM
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Check each area that you would prefer to work:

(Due to many factors, preferences cannot always be accommodated)

Gates _____

Parking _____

Grandstand _____ (some positions open until 11pm)

I feel comfortable handling money Yes_____ No_____

T-Shirt Size _____

Additional Comments:

REMINDER:

If you are under the age of 16, you must have a work permit on file with us by July 1!!!

YOU MAY OBTAIN THIS PERMIT FROM YOUR HIGH SCHOOL

Contact Our Office with Any Questions ~ 309-663-6497