



22<sup>nd</sup> District Agricultural Association  
 Del Mar Fairgrounds  
 2260 Jimmy Durante Blvd.  
 Del Mar, CA 92014-2216  
 Phone (858) 755-1161  
 Fax (858) 792-4246

## Application for Employment

(Equal Opportunity Employer)

Today's Date: \_\_\_\_\_

Position(s) Applying For: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Are you 18 years of age or older?  Yes  No (If under 18, age \_\_\_\_\_ )

Legal Name: (Last) _____ (First) _____ (Middle) _____		
Street Address: _____	Apt. #: _____	Phone (Home): _____
City: _____	State: _____ Zip: _____	Phone ( <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other): _____
Have you ever worked for the 22 <sup>nd</sup> District Agricultural Association (22 <sup>nd</sup> DAA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, when? _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available: _____
Where did you hear about this position?		
<input type="checkbox"/> Del Mar Fairgrounds Website <input type="checkbox"/> Telephone Job Line <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Other Website _____ <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____		
<b>**DO YOU HAVE ANY RELATIVES EMPLOYED BY THE 22<sup>ND</sup> DAA (DEL MAR FAIRGROUNDS)?</b>		
<b>IF YES, PLEASE LIST BELOW:</b>		
_____		

<p><b>EDUCATION</b> : Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you possess GED or Equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, what is the highest grade you completed? _____</p> <p><input type="checkbox"/> College <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+      College Degree/Major: _____</p>
<p>Are you able to perform the job-related functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, the 22<sup>nd</sup> DAA will ask you to describe or demonstrate how with, or without reasonable accommodation you will be able to perform the job-related functions.</p>

**Availability Schedule - Please select all days you are available to work:**

Mon     Tues     Wed     Thurs     Fri     Sat     Sun

Working hours preferred: \_\_\_\_\_

## EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

Company Name:	Supervisor Name:	Supervisor Phone Number:
Address:		
Job Title:	Start Date:	End Date:
Duties Performed:		
Reason for Leaving:		

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Address:		
Job Title:	Start Date:	End Date:
Duties Performed:		
Reason for Leaving:		

**As an applicant for employment with the 22nd DAA, I understand the following:**

1. Any material or deliberate omission of any fact in my application may be justification for refusal of, or if employed, termination from employment. It is my understanding that the 22<sup>nd</sup> District Agricultural Association may make an investigation of my work history and may verify any information given in application for employment, related papers, or oral interviews. I herewith release from liability any person giving or receiving any such information. I agree that my employment may be terminated by the 22<sup>nd</sup> District Agricultural Association at any time without liability for wages or salary except such as may have been earned at the date of such termination.
2. I further understand that the signing of this application does not constitute an offer of employment by the District. In the event of employment, I understand that I am required to abide by all rules and regulations of the employer. I understand that I will be required to furnish documents that establish my identity and eligibility to work in the United States, in compliance with the Immigration and Reform Act of 1986.
3. I certify that I have read, understand, and will adhere to the aforementioned statements.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_