



Bloomsburg Fair APPLICATION

P.O. BOX 479
BLOOMSBURG, PA 17815
PHONE: 570-784-4949

Trams____ Gates____ Security____ Parking____
Ticket Sellers____ Ticket Taker____ Other____

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Township _____ Date of Birth _____ Age _____

What is your interest in the Bloomsburg Fair? _____

Have you ever worked at the fair? If so, what position and date? _____

If hired by the Bloomsburg Fair what position would you like? _____

Have you ever been arrested? (circle one) YES or NO If yes, explain: _____

Give below the names of three persons not related to you that you have known for *at least three (3) years*.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references".

Signature: _____ Date: _____

OFFICE USE:

Signature: _____ Date: _____