

WOODWARD COUNTY FREE FAIR

INTERNSHIP APPLICATION FORM

Name: _____ D.O.B: _____ (mm/dd/yy)

Address: _____
(Street) (City) (Zip)

Phone: _____

Email address: _____

Are you legally eligible to work in the U.S.? yes no

List any working relatives you have working for Woodward County: _____

In which department are they employed? _____ How are you related? _____

Do you have the ability to perform the job-related functions of the internship you are applying for?

Yes No

If not, please describe what accommodations would enable you to perform the job-related functions of the internship you are applying for

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____

EDUCATION AND TRAINING

What school do you attend? _____

What year are you in? _____

What is your major? _____

TYPE OF SCHOOL	NAME & LOCATION	DEGREE & DATE	MAJOR
High School	_____	_____	_____
College	_____	_____	_____
Trade or vocation school	_____	_____	_____

EMPLOYMENT HISTORY (includes paid, volunteer, and intern positions)

Most Recent Employer: _____ Phone: _____

Address: _____

Supervisor's Name & Title: _____

Position title: _____ Start date: _____ End date: _____

Description of duties:

Employer: _____ Phone: _____

Address: _____

Supervisor's Name & Title: _____

Position title: _____ Start date: _____ End date: _____

Description of duties:

References:

Name: _____ Title: _____ Business _____

Relationship: _____ Phone: _____

Name: _____ Title: _____ Business _____

Relationship: _____ Phone: _____

Name: _____ Title: _____ Business _____

Relationship: _____ Phone: _____

Please identify what days you are available to work and what day(s) you are available to be in the office. (circle and list times available)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Are you available to work in person during the Woodward County Free Fair on August 21st – 24th?

Yes No

Why would you like to work as an intern for the Woodward County Free Fair?

What are your strengths that would make you a good applicant for this internship?

What are you hoping to gain from this internship?

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature: _____ **Date:** _____

Please return the application in person or by email to Bailey Kafka.

bailey@woodwardeventcenter.com

580-334-6023