



EMPLOYMENT APPLICATION

Thank you for your interest in the Dutchess County Agricultural Society (DCAS). So that we will have all the information needed to give your application the attention it deserves, please be sure to read each section and complete it thoroughly. Do not reference resume. Incomplete applications will not be considered. If you require accommodation due to a disability in order to complete the application process, please let us know what accommodation you require.

PERSONAL AND BACKGROUND INFORMATION

Name (Last, First, MI)	Telephone (landline) ()
Street Address	Telephone (cell) ()
City State Zip	Email:

Position(s) Applying for	Salary Desired
Schedule Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Evening	
Are you available to work evenings, weekends and/or holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Have you ever been employed by DCAS? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when and in what position(s)?	
Do you have any relatives working for DCAS? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list, with relationships.	

Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If you are under 18</u> , do you have working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Have you ever been convicted of any crime for which you have neither received nor applied for a sealing order? (Conviction is not necessarily a disqualification for employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "yes," please attach a separate page describing the nature of the offense(s), the date(s) of the conviction(s) and the nature of any rehabilitation. Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which that have been expunged by court order. Criminal records subject to erasure pursuant to state statutes are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a finding you are not guilty for a criminal charge, or (d) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to state statute shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

The Dutchess County Agricultural Society

EDUCATION AND TRAINING

LEVEL	SCHOOL	CITY	STATE	NO. OF YEARS	DEGREE EARNED or NUMBER CREDITS	GPA
High School						
Technical						
College						

Optional: Do you speak, read, or write a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Speak</u>	<u>Read</u>	<u>Write</u>
Language:			
Language:			

Employment History

List all employment in order, beginning with current or most recent. Include military experience if applicable. Do not reference resume. Attach additional pages if necessary.

Employer	Dates of Employment (month, year) From: To:	
Mailing Address	Position	Type of Organization
City State	Duties	
Telephone Number ()		
Supervisor's Name May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving	

Employer	Dates of Employment (month, year) From: To:	
Mailing Address	Position	Type of Organization
City State	Duties	
Telephone Number ()		
Supervisor's Name	Reason for Leaving	

REFERENCES

Please list at least three employment references and two personal references (non-relatives) that you give permission for us to contact.

Name	Address	Telephone Number	How Long Known?	How Associated?
Employment:		()		
Employment:		()		
Employment:		()		
Personal:		()		
Personal:		()		
Personal:		()		

The Dutchess County Agricultural Society

NOTICES

Equal Opportunity Employer

DCAS is an equal opportunity employer, and prohibits discrimination against any persons on account of their race, color, religious creed, age, sex, sexual orientation, gender identity, marital or civil union status, national origin, ancestry, present or past history of mental disorder, mental retardation, learning disability, physical disability or any protected class in the administration of its employment practices.

At Will Employment

DCAS is an “at will” employer, and reserves the right to terminate employment or change the conditions of employment, including but not limited to compensation and benefits, with or without cause, and with or without notice, at any time.

EMPLOYMENT APPLICATION DISCLAIMER and RELEASE OF INFORMATION AUTHORIZATION (Please Read Carefully Before Signing)

I certify that all statements given on this application and all other information provided are true and accurate, and I understand that falsification, omission, or misrepresentation in this or any other personnel record can result in my termination, if hired. I authorize verification of all statements contained in this application (and the accompanying resume, if any). I authorize DCAS to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I authorize any person, school, current or previous employer, and organizations including state, local, or federal law enforcement authorities to provide DCAS with relevant information regarding my work history and personal background, including but not limited to, education, professional licensing, criminal history, driving history, personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to qualifications for employment, including reasons for termination from past employment, and I release DCAS and all other such persons and organizations from any legal liability in connection with the request for and release of such information.

I authorize DCAS to conduct any and all such background investigations as it deems necessary, including but not limited to, an investigation of police records and a protective services background check. By completing and signing this form, I authorize, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by DCAS to furnish any or all of the above listed information. My signature below releases DCAS from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to DCAS the above mentioned information as requested, in order to successfully complete a background investigation.

I agree that if I am offered employment by DCAS and accept, my employment will be employment “at will” and that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either DCAS or me. I understand that neither this application nor any other personnel form will constitute a contract for employment, and that the Company may change the conditions of employment, including but not limited to compensation and benefits, at any time. If hired, I agree, as a condition of employment, to keep confidential and not disclose to anyone all information acquired during employment which is of a confidential, proprietary, or privileged nature.

I understand that DCAS is an Equal Opportunity Employer and does not discriminate in employment. It is understood that no question on this employment application is used for the purpose of limiting or excusing any applicant’s consideration for employment on a basis prohibited by local, state, or federal law.

Your signature authorizes a photocopy or fax copy of this authorization to be as valid as the original.

Signature of Applicant

Date