



FRESNO COUNTY EMPLOYER ADVISORY COUNCIL

Application for Job Fair Support

Name: _____ FCEAC Member: Yes No

Company Name: _____

Address: _____ City: _____ Zip: _____

Company Phone: _____ Cellular Phone: _____

Email Address: _____

Name of Job Fair: _____

Sponsor of Job Fair: _____ Cost: \$ _____

Location of Job Fair: _____ Date: _____

Description of the Job Fair: _____

Who will this Job Fair benefit: _____

Signature of Member

_____/_____/_____
Date

Please mail completed application to FCEAC Secretary, Ms. Kendra Joneson

FCEAC, PO Box 5279, Fresno, CA 93755

****Must attach copy of Job Fair registration form****

Date Received: ____/____/____

Date Reviewed: ____/____/____

Approved

Rejected

Date Notified Applicant: ____/____/____