



New Employee Expo Center Application

Summer Event Application

* Must provide social security card and drivers liscense or picture ID

Personal Information

Name: _____
 Last First Middle Initial

Address: _____
 Street City State Zip

Cell Phone#: _____ Email _____

Are you between 14-15 years old _____ Date of Birth: _____

In case of an emergency notify: _____ Phone #: _____

Are you prevented from lawfully becoming employed int this country because of Visa or Immagration Status?	Yes	No

Should the King County Fair Association require all applications to pass drug/ alcohol test as a condition of employment would you be willing to take a test?	Yes	No

Do you have a current Washington State Drivers License? If yes, provide Drivers License Number:	Yes	No

I am available to work the following evetns (dates reflect set up and tear down)

Employment Desired

*Position Applying for: King County Fair 7/11-17 _____ Highland Games 7/18-25 _____

RV Show 7/25-31 _____ Dog Show 8/8-21 _____ Pro-Rodeo 8/24-29 _____

Entry Cashier		Parking Cashier		Greeter Handstamper	
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Ticket Scanner		Parking Attendent		Gate Attendent	
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Event Staff		Grounds Support Staff		Kid Zone	
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*Dates listed are for set-up, the event, and post event teardown. Employee is not guaranteed all dates listed.

If you are not hired as a paid employee would you be interested in being part of the volunteer staff at the King County Fair and other events? Yes ____ No ____

Is there any job you do not want to do? _____ if yes, explain _____

Are you able to work any shift? _____ (Example) Early 7AM-3:30PM | Mid-Day 3:00PM-11:30PM

Have you worked for the fair before? _____ if yes, which years and department: _____

Were you referred by someone? _____ if yes, provide name: _____

Employment History

Dates Employed		Name, Address & Phone number of Employer	Position	Salary	Reason for leaving
From					
To					
From					
To					

May we contact your past employers? _____ Of the above jobs which one did you like best and why?

Education

	Name and Location of School	Years Attended	Did you Graduate	Field of Study & Degree
High School				
College				
Trade/ Business School				

General

Certificates, Licenses, Apprenticeships: _____

Special Skills: _____

General Cont.

Activities: _____

U.S. Military or Naval Services _____ Rank _____

Present Membership in Nation Guard or Reserves _____

Refrences

Give names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquanted

I certify that all this information submitted by me on this application is true and complete, and I understand that if any false information, omisions, or misrepresentations are discovered, my application may be rejected and, If I am employed my employment may be terminated at any time. In consideration of my employment, I agree to conform to company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my company's option. I also understand and agree that the company may change the terms and conditions of my emploement, with or without cause and with or without notice at any time. I understand that no company representative, other than its manager, and then only when in writing and signed by the manager, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date: _____ Signature: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employee Information

New _____ Rehire _____ Temp _____ Volunteer _____

Personal Information

Full Name: _____

Last

First

Middle

Address: _____

Street and/or P.O. Box

City

State

Zip Code

Cell Phone: _____

Home Phone: _____

E-mail: _____

Birth Date: _____

Emergency Contacts

Full Name: _____

First

Last

Relationship: _____

Phone: _____

Full Name: _____

First

Last

Relationship: _____

Phone: _____

I affirm that all the answers and statements on this form are complete and true to the best of my knowledge.

Signature: _____

Date: _____

For Office Use Only

Pay: _____

Position: _____

Parking Permit #: _____

W-4

Copy of: Social Security Card

Drivers License

Shirts

Supervisor Signature: _____

Date: _____