



NORTHWEST WASHINGTON

FAIR

Returning Worker Application

PERSONAL INFORMATION:

Name: Last First Middle Initial

Address: Street City State Zip

Phone#: Cell # Email:

Are you between 14-15 years old

In case of an emergency notify: Phone #:

Would you like to make any changes to your W-4 form if yes, a new W-4 form will need to be filled out.

Table with 3 columns: Question, Yes, No. Rows include: Are you prevented from lawfully becoming employed... Should the Northwest Washington Fair Association require all applicants to pass a drug/alcohol test... Do you have a current Washington State Drivers License?

EMPLOYMENT DESIRED

Positions Applying for during Fair Week.

Table with 5 columns and 4 rows listing job positions: Ticket Seller, Dairy Barn - Clean Up, Early Morning Clean Up, Shuttle Bus Driver, Parking Seller, Dairy Barn - Milking Parlor, Pickers, Event Staff, Greeter/ Hand Stamper, Draft Horse Barn, Sanitation, Restroom Cleaner, Parking Attendant, Handwashing Stations, Sanitation - Compactor, Exhibitor Clerk (What Department?)

If you are not hired as a paid employee would you be interested in being part of the Volunteer staff at the Northwest Washington Fair? Yes No

Is there any job you would not do? if yes, explain:

Are you available to work any shift? Are you available to work all six days of the Fair?

If no, give dates that you are able to work?

What years did you work for the Fair?

What Position did you have?

Who was your immediate Supervisor?

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

Date: Signature:

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern,

I am an applicant for the position of _____ with the Northwest Washington Fair Association, a 501 c 3 non-profit corporation. My prospective employer may elect to make inquiries into all areas of my background, which may affect my suitability for employment with this company. Employees of the Northwest Washington Fair Association or their contracted background investigators may conduct these inquiries.

I hereby authorize you, your organization, and/or persons in your employ to release any and all information, which you have about me, including information, which may be of a confidential, privileged and/or derogatory nature. Such information shall include, but is not limited to, my work record, my reputation, my medical and psychological records, my military service records, my credit history and my financial status. I release and hold harmless you, your organization, its officers, agents or assigns from any liability or damages, whether in law or equity, for furnishing information requested by the bearer of this authorization form.

I under my rights under Title 5, United States Code, Section 552a, and the Privacy Act of 1974, and I have specifically and permanently waived my right to review or inspect any and all information developed in this investigation, so your responses will be completely confidential. You may retain this form for your files.

This authorization to release information about me is valid for two (2) years from the date of my signature on this form. A photocopy of this release is to be considered valid as the original.

Dated this _____ day of _____, _____ in the County of Whatcom, State of Washington.

Applicant's Signature

Date of Birth

Printed Name

Drivers License Number