



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.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No
Should the Northwest Washington Fair Association require all applicants to pass a drug/alcohol test as a condition of employment would you be willing to take the test?		
Do you have a current Washington State Drivers License? If yes, provide Drivers License Number:		

EMPLOYMENT DESIRED

Positions Applying for during Fair Week.

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. In consideration of my employment, I agree to conform to the 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 or the company's option. I also understand and agree that the company may change the terms and conditions of my employment, 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 any 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: _____

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