



2nd District Agricultural Association
San Joaquin Fairgrounds
Fairtime Employment

Employee Name: _____ Date of Birth: _____

Social Security Number: _____ Phone # _____

Mailing Address _____

Hire/Start Date: _____ Re-hire: YES _____ NO _____

Emergency Contact _____ Phone # _____

Have you worked for the San Joaquin Fair previously: Yes _____ No _____

Previously employed here/ another State/County/Public Agency: Yes _____ No _____

Are you a member of CALPERS? Yes _____ No _____

Are you currently full time at another state agency? Yes _____ No _____

Are you a PERS retired annuitant? Yes _____ No _____

Are you currently receiving retirement benefits from Social Security? Yes _____ No _____

Department Working:

_____ Maintenance

_____ Box Office

_____ Parking

_____ Janitorial

_____ Other: Please state: _____

I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge. This form will waive any and all financial liability to the 2nd DAA if placed in the wrong retirement based on employee answers.

Date: _____ Signature: _____