SANTA MARIA FAIRPARK

Former Employee Rehire Request

Date: _____

Name*:_____

Please include full middle name*

Address:_____

City, State & Zip _____

Phone Number:_____

Event Applying for: _____

Department Applying for:_____

✍ What year did you last work for us? _____

✍ What event did you work? _____

✍ What department did you work? _____

✍ Who was your supervisor? _____

✍ Are you a minor (under 18 yrs. Old)?   Y   N

Minors 16 and over will need a work permit.

Has your address / phone number changed since the last time you worked here, if so what has changed?

❑ No Changes   ❑   Address   ❑ Phone Number   ❑   Both   ❑   Not Sure

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For Office Use Only

Department Supervisor: Notes   _____

_____   _____   _____
Print Name   Signature   Date

NEW EMPLOYEE	**RETURNING EMPLOYEE**
❑ BC	❑ BC
❑ CA	❑ CA
❑ Data Entered Supervisor's List	
❑ Contacted to fill out paperwork	**EMPLOYEE UPDATES**
Date: _____	❑ Yes ❑ No
❑ Packet Filled Out	
	File Updated ❑ Yes ❑ No
DEFICIENCIES	
❑ ID/DL	**LAST EMPLOYED BY AGENCY**
❑ Social Security	Event: _____
	Year: _____
Work Permit Required?	
❑ Yes ❑ No	**Approval**
	Pay Code: _____
❑ WP Returned _____	Hourly Rate: _____
❑ Paperwork Completed and Approved	BC _____
❑ Date Entered into State System _____ By: _____	

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