

17th District Agricultural Association  
**Nevada County Fairgrounds**

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# Application for Part Time Employment

(Equal Opportunity Employer)

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

Position Applying For: 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Are you 18 years of age or older?  Yes  No      If under 18, please state your age \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last)		(Middle)	(First)
Address			Phone (Cellular)
City	State	Zip	Phone (Evening)
Email Address:		Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you worked for the Nevada County Fairgrounds in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: When?		Position Held:	
Do you have any relatives employed by the Nevada County Fairgrounds? If yes, please list below:			

**EDUCATION:**  High School  College  1  2  3  4+ College Degree/Major

**AVAILABILITY SCHEDULE**

Please check all the days you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Working hours preferred: \_\_\_\_\_

Dates not available to work: \_\_\_\_\_

**EXPERIENCE**

Begin with your most recent experience, list all experience in the last four years, including U.S. military service. Include an additional sheet if needed.

PERIOD OF EMPLOYMENT	JOB CLASSIFICATION AND MOST IMPORTANT DUTIES PERFORMED.	NAME AND ADDRESS OF EMPLOYER(S)
APPOINTMENT DATE TO ____/____/____      ____/____/____  TOTAL ____ YEARS ____ MONTHS  FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>  HOURS PER WEEK: _____	DUTIES:	REASON FOR LEAVING:
APPOINTMENT DATE TO ____/____/____      ____/____/____  TOTAL ____ YEARS ____ MONTHS  FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	DUTIES:	REASON FOR LEAVING:

As an applicant for employment with the 17th District Agricultural Association (Nevada County Fairgrounds),

**I understand the following:**

- Any material or deliberate omission of any fact in my application may be justification for refusal of, or if employed, termination from employment. It is my understanding that the 17th District Agricultural Association may make an investigation of my work history and may verify any information given in application for employment, related papers, or oral interviews. I herewith release from liability any person giving or receiving any such information. I agree that my employment may be terminated by the 17th District Agricultural Association at any time without liability for wages or salary except such as may have been earned at the date of such termination.
- I understand that the business needs of the 17th District Agricultural Association may, at times, require me to work excess hours, shift work, a rotating schedule other than Monday through Friday. I further understand that my rate of pay is straight time regardless of excess hours worked. Social Security will not be withheld from my wages, however, Medicare will be deducted. All employees not eligible for Public Employees Retirement System will automatically be enrolled in the State’s PST Plan (Part-time, Seasonal, Temporary Retirement Plan.)
- I further understand that the signing of this application does not constitute an offer of employment by the District. In the event of employment, I understand that I am required to abide by all rules and regulations of the employer. I understand that I will be required to furnish documents that establish my identity and eligibility to work in the United States, in compliance with the Immigration and Reform Act of 1986.
- REASONABLE ACCOMMODATIONS:** (Please initial the applicable statement)  
 I have read and understand the duties and essential functions of the position I am applying for.  
 I understand REASONABLE ACCOMMODATION and how it applies to essential functions.  
 \_\_\_\_\_ I can perform the duties of this job without REASONABLE ACCOMMODATION.  
 OR  
 I have read and understand the duties and essential functions of the position I am applying for.  
 I understand REASONABLE ACCOMMODATION and how it applies to essential functions.  
 I will need REASONABLE ACCOMMODATION to perform one or more of the essential functions described in  
 \_\_\_\_\_ the duties assigned.
- I certify that I have read, understand, and will adhere to the aforementioned statements.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
**If applicant is under 18 years of age, parent or guardian’s signature is required and a valid work permit is required before first day of employment.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_