

# APPLICATION INFORMATION

## APPLICANT COMPLETES THIS SECTION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Last 4 digits SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Notes:** Applicant is not hired as an employee unless and until approved by the Administration. If hired, the employee is presumed to have Seasonal status, unless otherwise approved by the Administration. Seasonal employees are not eligible for full benefits. SWFC prohibits smoking in enclosed public places and work places in compliance with the Smoke-Free Arizona Act.

## SUPERVISOR COMPLETES THIS SECTION:

Recommended:

Start Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Department: \_\_\_\_\_

Did you (y/n):

Review for completeness?: \_\_\_\_\_ (signatures, ID, I-9, work & school histories, etc.)

Attach copies of ID?: \_\_\_\_\_ (1 from "list A", or 1 from each "list B" & "list C")

Complete "Section 2" of I-9 form?: \_\_\_\_\_

Is applicant related to you or any current employee? Y\*/N: \_\_\_\_\_ Who: \_\_\_\_\_

\*If yes, Executive Director must sign: \_\_\_\_\_ (Signature)

This indicates awareness of the relationship, not exemption from the SWFC nepotism policy.

Referred by (if anyone): \_\_\_\_\_

Sponsoring Supervisor: \_\_\_\_\_ (Signature)

## ADMINISTRATION COMPLETES THIS SECTION:

Rate of pay: Hourly \_\_\_\_\_, or Annual Salary \_\_\_\_\_

Seasonal w/o benefits: \_\_\_\_\_, or Regular w/ benefits: \_\_\_\_\_

Approved for hire by: \_\_\_\_\_ Employee #: \_\_\_\_\_

E-Verify Reference: \_\_\_\_\_

## Employee's Withholding Allowance Certificate

**2019**

▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<b>1</b> Your first name and middle initial	Last name	<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	<b>9</b> First date of employment	<b>10</b> Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form **W-4** (2019)

Note: Employees with complex tax situations may elect to use Form W-4 2020, available at [irs.gov/pub/irs-pdf/fw4.pdf](https://irs.gov/pub/irs-pdf/fw4.pdf). (ex: high income, non-employment income, additional withholdings, multiple jobs, itemized deductions, dependents.)

Arizona Form  
**A-4**

## Employee's Arizona Withholding Election

**2020**

Type or print your Full Name	Your Social Security Number	
Home Address – number and street or rural route		
City or Town	State	ZIP Code

**Choose either box 1 or box 2:**

**1** Withhold from gross taxable wages at the percentage checked (check only one percentage):  
 0.8%     1.3%     1.8%     2.7%     3.6%     4.2%     5.1%

Check this box and enter an extra amount to be withheld from each paycheck ..... \$ \_\_\_\_\_

**2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SOUTHWESTERN FAIR COMMISSION, INC.**  
**APPLICATION FOR EMPLOYMENT**



11300 S. Houghton, Tucson, AZ 85747  
520-762-9100, Fax 520-762-5005

I have read, understand and by my signature consent that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of Southwestern Fair Commission, Inc. ("SWFC") and my employment may be terminated at any time with or without cause and with or without notice.

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

Name \_\_\_\_\_  
Last First Middle

Phone \_\_\_\_\_  
Mobile Home Work

Current Address \_\_\_\_\_  
Street City State Zip

Prior Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ E-Mail \_\_\_\_\_

**APPLICANT NOTE:**

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. Except where required or permitted by law, all qualified applicants will receive consideration without discrimination based upon race, color, religion, marital status, sex, sexual orientation, national origin, age, disability, military reserve membership or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills or for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by SWFC.

**AVAILABILITY:** For which position are you applying? \_\_\_\_\_  
What date can you start? \_\_\_\_\_ What category would you prefer?  Full-time  Part-time  Temporary  Labor Pool

For which schedules are you available?\*  Weekdays  Weekends  Evening  Nights  Overtime  Shift  Other  
\*reasonable efforts will be made to accommodate religious beliefs and practices.

**SKILLS:** Do you have a valid driver's license? Y/N: \_\_\_\_\_  
Name on License \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or SWFC. \_\_\_\_\_

List languages in which you are fluent \_\_\_\_\_

**CONVICTIONS:** Have you ever been convicted of a felony? Y/N: \_\_\_\_\_ (If yes, attach an explanation for each conviction.)

**OTHER:** Are you related to any current employee? Y/N: \_\_\_\_\_ Who: \_\_\_\_\_

**PREVIOUS EMPLOYERS:**

Please note: Your application will not be considered unless this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

**Most Recent Employer** Are you currently working for this employer?  Yes  No If yes, may we contact?  Yes  No

Company Name	City	State
From _____ To _____		
Dates Employed	Job Title	Supervisor Name
Duties _____		
Salary _____	Per _____	Reason For Leaving _____
Hour/Week/Month		

**Second Most Recent Employer**

Company Name	City	State
From _____ To _____		
Dates Employed	Job Title	Supervisor Name
Duties _____		
Salary _____	Per _____	Reason For Leaving _____
Hour/Week/Month		

**Third Most Recent Employer**

Company Name	City	State
From _____ To _____		
Dates Employed	Job Title	Supervisor Name
Duties _____		
Salary _____	Per _____	Reason For Leaving _____
Hour/Week/Month		

**REFERENCES:** Include only individuals familiar with your work ability. Do not include relatives.

Name	Address / Phone	Years Known / Relationship

**EDUCATION:** Highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed please enter that name \_\_\_\_\_

School Name	City / State	Graduated (Y/N)	Degree / Area of Study

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one of this form and that my answers to the application questions and the statements made by me in the application are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in a rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during employment, and I am willing to submit to drug testing to detect the use of drugs in compliance with SWFC's policy. If I am employed by SWFC, I understand my employment will be at will and subject to termination at any time and without notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## BACKGROUND INVESTIGATION NOTICE AND AUTHORIZATION

This is to inform all job applicants with Southwestern Fair Commission, Inc. ("SWFC"), that SWFC may conduct background checks for anyone who applies for a job with us. The applicant's background check may include an investigation of his/her education, employment history, driving record and criminal record, as well as a trace of his/her Social Security number, and consumer and credit checks. Prior employers may be contacted to verify salary level, position held, dates of employment, reasons for departure, and eligibility for rehire. Such investigation may be conducted either prior to or, in the event you are hired by SWFC, after your hire. The information obtained during this investigation will be used only for employment purposes.

By signing below, you authorize this background check to be conducted either by SWFC or by a third party retained by SWFC. You also authorize any present or former employer, school, law enforcement agency, government agency, or other person having personal knowledge about you to furnish the bearer of this authorization with all the information it has about you, and you expressly waive any privileges you may have to prohibit disclosure of this information. In addition, you authorize SWFC to use this information, not only in deciding whether to hire you, but also for retention, and other employment purposes.

\_\_\_\_\_  
Print Full Name (Last, First, Middle)

\_\_\_\_\_  
Print Former Name  
(If name changed through marriage or otherwise)

\_\_\_\_\_  
Social Security Number

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYEE ACKNOWLEDGMENT**

This will acknowledge that I have received access to the Southwestern Fair Commission, Inc. Employee Handbook. I understand that I am responsible to read the Handbook and each of the policies and procedures contained in it prior to reporting to my first day of employment. I understand that I have been given an opportunity to ask questions or address any concerns I may have with the Handbook at any time. I understand that the policies and procedures contained in the Handbook are not intended to cover every type of situation that may arise in my employment with the Fair Commission. I also understand that employment with the Fair Commission is "**at-will**", which means that **either I or the Fair Commission can terminate the employment at any time, for any reason or for no reason, with or without notice.** I understand that this Handbook and the policies and procedures it contains do not in any way constitute a contract (either express or implied) of employment between me and the Fair Commission. I understand that only the Executive Director of the Fair Commission can enter into any contract, either written or oral, regarding my employment with the Fair Commission. Further, I understand that the policies and procedures contained in this Handbook are subject to change at any time at the discretion of the Fair Commission. In the event that the actual terms of the policies, provisions or benefit plans appear to be in conflict with any information contained in this Handbook, the Fair Commission's interpretation thereof will govern.

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Employee's signature \_\_\_\_\_

Print full name \_\_\_\_\_

Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Witness Signature \_\_\_\_\_

NOTE: The SWFC Employee Handbook is available to employees and applicants under consideration of employment. It can be accessed electronically at the web site [www.PimaCountyFair.com](http://www.PimaCountyFair.com) or a paper copy can be obtained at the administrative office of SWFC.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

**STOP**    *Employer Completes Next Page*    **STOP**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Southwestern Fair Commission Inc	
Employer's Business or Organization Address (Street Number and Name) 11300 S Houghton Road	City or Town Tucson	State AZ	ZIP Code 85747

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**