

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

P.O. Box 2687  
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 Grass Valley, CA 95945  
 Phone: (530) 273-6217  
 FAX: (530) 273-1146  
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 Web Site: [www.nevadacountyfair.com](http://www.nevadacountyfair.com)

**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 (Day)	
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:	How many years of service?	
Do you have any relatives employed by the Nevada County Fairgrounds? If yes, please list below:				
Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date:	Place:	Offense:	Disposition:	

**EDUCATION**

<input type="checkbox"/> High School	<input type="checkbox"/> College	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4+	College Degree/Major:
Are you able to perform the job-related functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, we will ask you to describe or demonstrate how with, or without reasonable accommodation you will be able to perform the job-related functions.						

**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. Give details on the experience which you believe helps you meet the requirements of the position for which you are applying.

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: _____	SALARY: \$ _____ PER _____ DUTIES:	REASON FOR LEAVING:
APPOINTMENT DATE TO ____/____/____    ____/____/____  TOTAL ____ YEARS ____ MONTHS  FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>  HOURS PER WEEK: _____	SALARY: \$ _____ PER _____ DUTIES:	REASON FOR LEAVING:
APPOINTMENT DATE TO ____/____/____    ____/____/____  TOTAL ____ YEARS ____ MONTHS  FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>  HOURS PER WEEK: _____	SALARY: \$ _____ PER _____ DUTIES:	REASON FOR LEAVING:

**As an applicant for employment with the 17th District Agricultural Association (Nevada County Fairgrounds), I understand the following:**

1. 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.
2. 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.)
3. 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.
4. 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.**

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