

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: _____

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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.

SOUTHWESTERN FAIR COMMISSION, INC. APPLICATION FOR EMPLOYMENT



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

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 _____
 Hour/Week/Month _____ Reason For Leaving _____

Second Most Recent Employer

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

Third Most Recent Employer

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

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.

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 or a paper copy can be obtained at the administrative office of SWFC.

Employee's Withholding Certificate

Complete Form **W-4** so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2023

Department of the Treasury
Internal Revenue Service

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) _____		Date _____
Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____

Arizona tax rates have decreased. As a result, we are revising withholding percentages and are requiring taxpayers to complete a new Form A-4 for 2023.

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):
- 0.5% 1.0% 1.5% 2.0% 2.5% 3.0% 3.5%
- 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.	
SIGNATURE _____	DATE _____
Employee's Instructions	

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.0% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.



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 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"> </div>		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: _____ OR 2. Form I-94 Admission Number: _____ OR 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

Employer Completes Next Page



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		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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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