APPLICATION INFORMATION

APPLICANT COMPLETES THIS SECTION:

Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact Relationship: _____

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 background check authorization attached after offering position Y/N:____

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.

Is applicant a rehire? Y*/N:____ Dept:_____ Last Year Worked:_____

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: _____

Updated 10-26-2026

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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

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 EMPLOYEE:

Have you previously worked for SWFC? Y/N:____ Dept:_____Year: _____

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

_____ Per _____ _____

Salary Hour/Week/Month Reason For Leaving

Second Most Recent Employer

Company Name _____ City _____ State _____

From _____ To _____ _____

Dates Employed Job Title Supervisor Name

Duties

_____ Per _____ _____

Salary Hour/Week/Month Reason For Leaving

Third Most Recent Employer

Company Name _____ City _____ State _____

From _____ To _____ _____

Dates Employed Job Title Supervisor Name

Duties

_____ Per _____ _____

Salary 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

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 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 ___________________________

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.