



## 2026 Contra Costa County Fair

### Employment Application

Are you a New Employee \_\_\_\_\_ or Returning Employee \_\_\_\_\_

If returning what was the last year you worked \_\_\_\_\_

If returning what was your job \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Are you a minor? (under 18yrs old) \_\_\_\_\_ If yes, do you have a work permit? \_\_\_\_\_

Are you a Cal PERS Member \_\_\_\_\_

#### Position Applying For:

Parking Attendant \_\_\_\_\_

Ticket Taker \_\_\_\_\_

Ticket Seller \_\_\_\_\_

Information Booth Attendant \_\_\_\_\_

#### Past Work Experience:

Name & Address of Last Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Name & Address of Last Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_

**TURN OVER TO COMPLETE**



Name & Address of Last Employer \_\_\_\_\_

Job Title \_\_\_\_\_


Dates of Employment \_\_\_\_\_

As an applicant for employment with the 23<sup>rd</sup> District Agricultural Association - Contra Costa Event Park (Contra Costa County Fair), I understand the following:

1. Any material deliberate omission of any fact in my application may be justifications for refusal of, or if employed, terminated from employment. It is my understanding the 23<sup>rd</sup> 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 interview. I herewith release from liability any person giving receiving any such information. I agree that my employment may be terminated by the 23<sup>rd</sup> 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 23<sup>rd</sup> District Agricultural Association may, at times, require me to work excess hours, shift work, a rotating schedule other than Monday – Friday. I further understand that if I work over 8 hours in a single day, any hours over 8, I will be paid at time and a half. Social Security will not be withheld for wages; however, Medicare will be deducted. All employees not eligible for Public Employment Retirement System will automatically be enrolled in the State’s PST (Part-time, Seasonal, Temporary Retirement Plan.)
3. I further understand that signing of this application does not constitute an offer of employment by the 23<sup>rd</sup> District Agricultural Association. 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 and understand and will adhere to the aforementioned statements.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THIS APPLICATION AND DELIVER IN-PERSON TO OUR FAIRGROUNDS OFFICE**  
Located at 1201 W. 10<sup>th</sup> st.



**ADMIN OFFICE HOURS**

Monday - Friday	9am - 4pm
Lunch Breaks (Unavailable)	12pm - 1pm
Sat & Sun	CLOSED