



Dutchess County Agricultural Society, Inc.



Dutchess County Fair
P.O. Box 389 • 6550 Springbrook Ave • Rhinebeck, NY 12572
(845) 876-4000 • Fax: (845) 876-4003 • Email: info@dutchessfair.com

Applicant Notice

Dear Applicant,

Thank you for your interest in working with us at the Fairgrounds!

- 1) Please complete the attached Application and W4 forms and bring them to the Interview Session listed below.
- 2) If you are between the ages of 14 and 18, please bring your school working papers.
- 3) To help us verify your identity and employment eligibility (for I9 Form), please bring personal identification documents. The attached "Lists of Acceptable Documents" includes all approved alternatives. In short, EITHER one document from List A OR one document from List B AND one document from List C are required for presentation.
- 4) If you prefer electronic direct deposit instead of a physical pay check, please bring a copy of a voided check from your bank account.

Interview Session Date & Time: _____

Interview Session Location: _____

SLI051710

Application for Employment

Dutchess County Agricultural Society, Inc.
6550 Springbrook Avenue, P. O. Box 389
Rhinebeck, NY 12572

Dutchess County Agricultural Society is an equal opportunity employer. Federal and state laws prohibit discrimination in employment with respect to race, sex, national origin, religion, age, disability, and sexual preference. If you require reasonable accomodation to the application and/or interview process, please notify a representative of the Human Resources Department.

Please print all information requested below:

Position(s) applied for: _____ Date of Application: _____ / _____ / _____
Month Day Year

Name: _____ Social Security Number: _____ / _____ / _____
Last First Middle Initial

Physical address: _____
Street City State Zip Code

Mailing address (if different): _____
P. O. Box, etc. City State Zip Code

Telephone: () - Cell Phone: () - Email: _____

Referral source (How did you hear about us?) _____

Are you under 18 years of age (if yes, please indicate date of birth)? _____ Yes No

Date available to start work: _____ / _____ / _____
Month Day Year

Are you legally eligible for employment in this country? _____ Yes No

Have you ever been employed here before (if yes, give dates & position)? _____ Yes No

Emergency Contact Name & Phone Number: _____ () - _____

Availability for work (check all that apply to you): Full-Time Part-Time Temporary Overtime Shift-Work Weekends Flexible

Have you ever been convicted of a crime (If yes, please list the nature, dates and location of the crime(s). Use additional pages, if needed)? _____ Yes No

Educational Background (list most recent education first)

School Name (Include City & State)	# of Years Completed	Completed	GPA	Major / Minor
		<input type="checkbox"/> Attended, Did Not Graduate <input type="checkbox"/> Bachelors Degree _____ <input type="checkbox"/> Advanced Degree _____ <input type="checkbox"/> Certificate _____		
		<input type="checkbox"/> Attended, Did Not Graduate <input type="checkbox"/> Bachelors Degree _____ <input type="checkbox"/> Advanced Degree _____ <input type="checkbox"/> Certificate _____		
		<input type="checkbox"/> Attended, Did Not Graduate <input type="checkbox"/> Bachelors Degree _____ <input type="checkbox"/> Advanced Degree _____ <input type="checkbox"/> Certificate _____		
High School or Equivalent		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Special Qualifications (list other skills, special training, licenses and certificates that may assist you with your responsibilities)

Employment History (Starting with the most recent employer)

Employer Company Name & Location (City & State)	Specific Responsibilities	Your Title & Your Supervisor's Name	Dates	Wages	Reason for Ending Your Employment
1.			From:	Starting:	
			To:	Present/Ending:	
2.			From:	Starting:	
			To:	Present/Ending:	
3.			From:	Starting:	
			To:	Present/Ending:	
4.			From:	Starting:	
			To:	Present/Ending:	

May we contact your current employer at this time? Yes No (If yes, please provide business phone. If not now, when?) _____

References (Please do not include relatives as references)

Name	Phone / Address / Title	Relationship
1		
2		
3		

Applicant Statement

All of the information that I have provided in this application is accurate to the best of my knowledge. I understand that any false statement or omission of fact will be the basis for rejecting this application from further consideration or the termination of my employment. I understand that if employed by Dutchess County Agricultural Society, I can voluntarily end my employment or be terminated at any time for any reason or no reason at all because my employment is "at will." I give Dutchess County Agricultural Society permission to contact any or all of my previous employers and/or references and authorize those sources to provide all information required by Dutchess County Agricultural Society, and I release all such parties, including Dutchess County Agricultural Society, its employees, clients and agents from liability as a result of doing so. I give Dutchess County Agricultural Society permission to check the status of my driver's license if I am required to drive on company business. I will provide appropriate documentation establishing my identity and employment eligibility prior to or on the day my employment commences as required as part of the Employment Eligibility Verification Form. A medical assessment/examination, including a drug screen urinalysis may be required if an offer of employment is made with the findings disclosed to Dutchess County Agricultural Society. I understand that if I fail to complete the required medical assessment or urinalysis, the offer for employment will be withdrawn.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all of the above Applicant Statement.

Signature of Applicant: _____ Ending Date: ____ / ____ / ____

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are 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.</p>	OMB No. 1545-0074 2010
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 _____

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.

Employee's signature (Form is not valid unless you sign it.) ▶	Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
DUTCHESS COUNTY AGRICULTURAL SOCIETY, INC.	14	1412568

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	
<p>1. U.S. Passport or U.S. Passport Card</p>		<p>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</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>		<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>		<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>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</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>3. School ID card with a photograph</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
	<p>4. Voter's registration card</p>	
	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>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</p>	<p>9. Driver's license issued by a Canadian government authority</p>	
	<p>For persons under age 18 who are unable to present a document listed above:</p>	
	<p>10. School record or report card</p>	
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)