



## Ulster County Fair

### Application for Employment

Please go over your application carefully, making sure that you have signed in all the required places and have entered the required information. Incomplete applications will not be considered.

We must have a copy of your social security card and your drivers license or some other type of Photo ID.

Your applications will be reviewed and if you are hired you will be called and given the date of your mandatory orientation. Please be sure to give us a good phone number on your application! Filling out the application does not guarantee a job even if you have worked here before.

You must have availability for the entire fair and transportation that allows you to work your hours without having to depend on others.

All applications must be in by July 15<sup>th</sup> to be considered for employment. All applications will be processed and approved by the Payroll Supervisor.

If you have any questions, please call 845-255-1380

Last Name	First Name	MI	POSITION HIRED
Please Print Neatly			Hourly Rate \$15.00

## Ulster County Agricultural Society, Inc 2024 Employment Application

**Personal Information** (Please Print Neatly)

SOCIAL SECURITY NUMBER		Date of Application						
Mailing Address (Where you want paychecks and W-2 mailed)								
Street	City	State	Zip					
Tel. # Home -	Cell -	Date of Birth						
Have you ever worked at the Fair before? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, when _____		What Position _____						
Where would you like to work ?    ( Parking Lot – Collecting Tickets – Traffic Control – Maintenance )								
1st Choice _____		2nd Choice _____						
BRIEFLY STATE ANY PRIOR WORK EXPERIENCE OR VOLUNTEER WORK YOU HAVE DONE:								
EMERGENCY CONTACT: NAME _____ PHONE _____								
WHAT DAYS AND HOURS YOU ARE AVAILABLE? DAY SHIFT - 9 AM TO 5 PM EVENING SHIFT - 5 PM TO MIDNIGHT	Day	Mon	Tue	Wed	Thur	Fri	Sat	Sun
	From							
	To							

**Please read carefully**

I understand that false or misleading information given in my application may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the Ulster County Fair. The Ulster County Fair may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Ulster County Fair does not imply employment and that this application and/or other Ulster County Fair documents are not contracts of employment.

**OVERTIME WILL BE PAID AT 1 ½ TIMES THE MINIMUM WAGE OR \$22.50 PER HOUR**

Paychecks will be mailed when received in the office.

I have been notified of my pay rate, overtime rate, and designated pay day on the date given below.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

# 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.

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial _____ Last name _____	<b>(b)</b> Social security number _____
	Address _____	
	City or town, state, and ZIP code _____	
	<b>(c)</b> <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.)	

**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](http://www.ssa.gov).

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

**(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

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
<b>Employers Only</b>	Employee's signature (This form is not valid unless you sign it.) _____		Date _____
	Employer's name and address Ulster County Agricultural Society PO Box 71 New Paltz, NY 12561	First date of employment	Employer identification number (EIN)  <b>14-1642592</b>





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3. above</b> ) authorized to work until (exp. date, if any)						
		If you check <b>Item Number 4.</b> , enter one of these:				
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
<b>Suzanne Britsky</b>				
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
<b>Ulster County Agricultural Society</b>		<b>PO Box 71, New Paltz, NY 12561</b>		

For reverification or rehire, complete **Supplement B, Reverification and Rehire on Page 4.**