

29<sup>th</sup> District Agricultural Association  
Mother Lode Fair  
Temporary Employment

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Hire/Start Date: \_\_\_\_\_ Re-hire: YES \_\_\_\_\_ NO \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Previously employed here/ another State/County/Public Agency: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a member of **CALPERS**? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a member of **CalSTRS**? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently full time at another state agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a PERS retired annuitant? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving retirement benefits from Social Security? Yes \_\_\_\_\_ No \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Department Working:  
\_\_\_\_\_ Maintenance

\_\_\_\_\_ Exhibits

\_\_\_\_\_ Admissions

\_\_\_\_\_ Livestock

\_\_\_\_\_ Other \_\_\_\_\_

I hereby certify under penalty of perjury that this information is true and accurate to the best of my knowledge. This form will waive any and all financial liability to the 25<sup>th</sup> DAA if placed in the wrong retirement based on employee answers.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_