

LYCOMING COUNTY FAIR ASSOCIATION

EMPLOYEE APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BOROUGH/TOWNSHIP: _____ PHONE: _____

BIRTHDATE: _____ SOCIAL SECURITY NUMBER: _____

REFERENCES (NOT FAMILY MEMBERS)

1) NAME: _____ PHONE: _____

ADDRESS: _____

2) NAME: _____ PHONE: _____

ADDRESS: _____

HOURS & DAYS AVAILABLE TO WORK: _____

OFFICE USE ONLY

NOTES: _____
