

COUNTRY FAIR WHITE ELEPHANT

P.O. Box 970 – Green Valley, Arizona 85622

Phone: (520) 625-4119 Fax: (520) 625-9206

2023 STUDENT WORK PROGRAM APPLICATION



Date: _____ Phone: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Birthdate: _____

PLEASE LIST TWO REFERENCES

1. _____ Phone _____

2. _____ Phone _____

Emergency contact in this area: _____ Phone _____

Bilingual(Please circle) English Spanish Other _____

Do you have any physical problems that could prevent your working in all phases of work, i.e., lifting, standing, bending? Briefly describe any such problems.

All applicants must be fully vaccinated for COVID-19 to apply for this work program.

All positions will work the 8am to 12noon shift. Work days will be M-W-F or T-TH-S. Students who are selected for the program will be notified which days they will work and must be available for either work day shift.

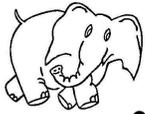
You will be expected to be available for your work shift for the entire length of the program. The program schedule is from Monday, June 5, 2023 through Saturday, July 29, 2023. **IF YOU ARE NOT AVAILABLE FOR ALL DATES DURING THE WORK PROGRAM, DO NOT SUBMIT YOUR APPLICATION.**

If you are accepted into the Student Work Program at the Country Fair White Elephant, your duties will be diversified and directed by the Manager of the Day (MOD).

By signing this document I acknowledge my understanding of all the above statements and to the best of my knowledge, I have answered all questions correctly. My parent's signature indicates that I have my parent's permission to work at the Country Fair White Elephant if I am selected for the program.

Student Signature

Parent/Guardian signature if less than 18 years old



COUNTRY FAIR WHITE ELEPHANT

2023 STUDENT WORK PROGRAM REQUIREMENTS AGREEMENT

I, _____ UNDERSTAND THAT IF I AM SELECTED, I AM PARTICIPATING IN THE COUNTRY FAIR WHITE ELEPHANT STUDENT WORK PROGRAM FOR THE PERIOD June 5, 2023 THROUGH July 29, 2023. **I UNDERSTAND THAT I MUST BE AT LEAST 14 YEARS OF AGE AND FULLY VACCINATED FOR COVID-19 TO APPLY FOR THIS WORK PROGRAM.**

I AGREE TO:

- A. **BE ON TIME EACH DAY AND BE AVAILABLE FOR THE ENTIRE SCHEDULED PROGRAM WORK DAYS**
- B. **FOLLOW ALL RULES AND REGULATIONS OUTLINED IN THE STUDENT HANDBOOK**
- C. **CONTACT THE OFFICE IMMEDIATELY IF I CANNOT BE AT WORK DUE TO ILLNESS**
- D. **REPORT ANY INJURY I MAY SUFFER TO THE GENERAL MANAGER IMMEDIATELY.**

FOR WORK PERFORMED DURING THE WORK PROGRAM PERIOD, I WILL BE PAID A STIPEND OF \$10.00 per hour. PAYCHECKS WILL BE DISTRIBUTED ONCE AT THE END OF MY JUNE WORK SCHEDULE, AND AGAIN AT THE END OF MY JULY WORK SCHEDULE.

I HEREBY AGREE TO THE TERMS STATED ABOVE.

STUDENT SIGNATURE

DATE: _____

PARENT SIGNATURE

DATE: _____