

# Erie County Agricultural Society

## BOARD OF DIRECTORS

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Lloyd L. Lamb

O. Frederick Hofmann

Kevin N. O'Gorman, MD

## AUTHORITY TO RELEASE INFORMATION

To Whomever It May Concern:

I hereby authorize an appropriate supervisory employee of the Erie County Agricultural Society, bearing this Release or a copy thereof, within 12 months of its date, to obtain any information in your files pertaining to the following: my criminal or motor vehicle driving history, employment, credit and military records. Information you are authorized to disclose includes any and all criminal records (including criminal records involving sex-offender crimes), department of motor vehicle records, past employment information and credit reports. I hereby direct you to release such information whether such information is of public, private or confidential nature.

This Release is executed with full knowledge and understanding that the information is for the official use of the Erie County Agricultural Society. Consent is granted to the Erie County Agricultural Society to use the information obtained to arrive at decisions involving job qualifications and classifications. I hereby release you as the custodian of such records including your agency's officers, employees or related personnel, both individually and collectively, from any and all liability for damages of any kind which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it. In signing this release, I voluntarily waive any and all claims to privacy that may exist regarding these records and information, statutory or otherwise as may relate to my association with the Erie County Agricultural Society.

I am furnishing my social security and state driver's license numbers on a voluntary basis. I have been advised that the Erie County Agricultural Society will utilize this information only to facilitate the location of criminal history, employment, military or credit records concerning me in connection with my employment or involvement with the Erie County Agricultural Society. Should there be any question as to the validity of this release, you may contact me as indicated below. A copy of this release is as valid as an original, even though said copies do not contain my original signature.

FULL NAME: \_\_\_\_\_

*Printed*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS' LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

*Street, City/Town, State, Zip*

TELEPHONE #: \_\_\_\_\_ (CELL / HOME)

WITNESS: \_\_\_\_\_

*Printed*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Current Address*



*A not-for-profit  
membership corporation.*

5600 McKinley Parkway Hamburg, NY 14075  
(716) 649-3900 Fax (716) 649-4687 www.the-fairgrounds.com

**ERIE COUNTY AGRICULTURAL SOCIETY  
APPLICATION FOR SECURITY DEPARTMENT  
2019**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Last) (First) (Initial)  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Address \_\_\_\_\_  
(Street and No.) (City) (State) (Zip)

Date Of Birth \_\_\_\_\_ Gender M / F Social Security No. \_\_\_\_\_  
(Month) (Day) (Year)

<b>Police Applicants Only:</b>	
Agency Name	_____
Address	_____ _____
Chief/Sheriff Name	_____

New York State Security Guard Number (if Applicable) \_\_\_\_\_

A background check will be conducted.

Have you ever been arrested for any violation other than a motor vehicle violation? \_\_\_\_\_

If answer is "yes", explain on back the details and disposition. \_\_\_\_\_

During the past year have you been under the care of a physician, or are you currently being treated by a doctor?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a medical condition which may limit your ability to perform the duties of a Security Person ? Yes / No

If the answer is "yes", please explain on the back. You may be required to submit a release form from your Doctor.

Have you worked for Erie County Fair in the past? \_\_\_\_\_ Dates: \_\_\_\_\_

**In case of emergency please notify the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Answer all the above questions and return it to the ERIE COUNTY AGRICULTURAL SOCIETY, 5600 McKinley Parkway, Hamburg, NY 14075. ATTN: Director of Security

**PLEASE COMPLETE REVERSE SIDE**      Applicant's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

## 2019 Security Application Continued

Applicant's Name \_\_\_\_\_

Shirt Size (Please write in) \_\_\_\_\_

Shift Preference (Midnights / Days / Afternoons) \_\_\_\_\_

Please Indicate, If Applicable, Any Day or Time  
You Would Not be Available. \_\_\_\_\_

		<b>Official Use Only</b>		
<b>Administration</b>		<b>Issue</b>		
Application	<input type="checkbox"/>	Shirts	# _____ Size _____	Evaluation: <b>Satisfactory / Unsatisfactory</b>
Background Waiver	<input type="checkbox"/>	Jacket	# _____ Size _____	
W-4	<input type="checkbox"/>	Hat	<input type="checkbox"/>	Comments: _____ _____
I-9	<input type="checkbox"/>	Credentials	<input type="checkbox"/>	
Police ID	<input type="checkbox"/>	Gate Tickets	# _____	
Security Licence	<input type="checkbox"/>	Parking Pass	<input type="checkbox"/>	
Background Check	<input type="checkbox"/>	Rate of Pay	_____	
				Admin Signature: _____