



# Sheriff David M. Lucas

## Belmont County Sheriff's Office

68137 Hammond Road • St. Clairsville, Ohio 43950

~ Emergency: 911 ~

Sheriff's Office: 740.695.7933 • Dispatcher: 740.695.2212 • Fax: 740.699.2582

Jail: 740.695.5124 • Jail Fax: 740.695.4781

March 25, 2013

Dear Deputy:

**Jamboree in the Hills 2013** will be soon!!! If you are interested in working JTH 2013, please obtain an employment packet this year, please go to our web site: [www.belmontsheriff.net](http://www.belmontsheriff.net) and choose New Hire Packet. Print the packet and either mail, fax or e-mail it back to the Belmont County Sheriff's Office. You must complete **ALL** forms and provide a copy of your Social Security Card **AND** a copy of your Driver's License. Without these copies of your ID, you will not be considered to schedule for JITH 2013.

Mail: Attn: Captain Everett

BCSO

68137 Hammond Road

St. Clairsville, OH 43950

Fax: 740-695-9552

E-Mail: [KPaboucek@BelmontSheriff.net](mailto:KPaboucek@BelmontSheriff.net) or

[REverett@BelmontSheriff.net](mailto:REverett@BelmontSheriff.net)

You will be **required to work two shifts** (and these two must include either Friday and/or Saturday). Anyone scheduled to work that does not fulfill their obligation will not be permitted to work this venue in the future.

Please complete the Live Nation Forms and **ALL** requested Personal Information on the "Employee Schedule" for and the 2013 Oath. Failure to complete all documentation will hold up your payroll from Live Nation.

To work JITH 2013, you will need to supply the following for yourself:

Flashlight

Ball Cap (Law Enforcement)

Rain Gear

Reflector Vest for Traffic details

Water, Food and other personal comfort items.

All forms **MUST** be completed and returned to: **Kitty Jo Paboucek or Captain Ron Everett**.

All Forms **MUST** be received by this office by: **May 24, 2013** to be considered for this year's event.

If any deputy wants to work JITH 2013 but did not work JITH 2012, they can obtain a "New Hire" packet from our website and return it to this office in the same way as "Rehire" packets. Be sure to get a letter of permission for your employer and return this letter with your packet.

Respectfully,

Kitty Jo Paboucek

Fiscal Officer



# PART-TIME/SEASONAL NEW HIRE/REHIRE CHECKLIST

(this checklist provided to employee)

EMPLOYEE INFORMATION		
Employee Name:		Position:
Venue Name, City, State:		Hiring Mgr:

## Please Complete for Part-Time/Seasonal New Hire:

Provide to Employee	Collect from Employee	Send to HRIS for processing	Forms
<input type="checkbox"/>	<input type="checkbox"/>		Employment Application – Part-Time/Seasonal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Background Consent Form (if applicable) *
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EEO Data Form (voluntary)
		<input type="checkbox"/>	PAF (Personnel Action Form)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I-9 Form and supporting identification documents**
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W-4 Form / Please visit <a href="http://www.dol.gov/oasam/doljobs/StateTaxForms.htm">http://www.dol.gov/oasam/doljobs/StateTaxForms.htm</a> for all other State Tax withholding forms (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct Deposit Sign-Up Form and void check (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIF (Personal Information Form)
<input type="checkbox"/>			Sexual Harassment Policy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consolidated Acknowledgement Form
<input type="checkbox"/>			1 CD containing: Employee Handbook/Code of Conduct Sexual Harassment Policy Proprietary Information Agreement Arbitration Agreement
<input type="checkbox"/>			Part-Time/Seasonal Benefits Information Sheet

## Please Complete for Part-Time/Seasonal Re-Hire (Considered a Rehire if worked during the prior calendar year):

Provide to Employee	Collect from Employee	Send to HRIS for processing	Forms
		<input type="checkbox"/>	PAF (Personnel Action Form)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Background Consent Form (if applicable)*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-certify I-9 Form and supporting identification documents for employees on work permits or visas** (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W-4, PIF, Direct Deposit Forms (if applicable) Also, please visit <a href="http://www.dol.gov/oasam/doljobs/StateTaxForms.htm">http://www.dol.gov/oasam/doljobs/StateTaxForms.htm</a> for all other State Tax withholding forms (if applicable)
<input type="checkbox"/>			Sexual Harassment Policy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consolidated Acknowledgement Form (if applicable)
<input type="checkbox"/>			1 CD containing: Employee Handbook/Code of Conduct Sexual Harassment Policy Proprietary Information Agreement Arbitration Agreement
<input type="checkbox"/>			Part-Time/Seasonal Benefits Information Sheet

\*Background checks must be conducted on all cash handling, driver and security applicants (both union and non-union, but excluding any security provided by a third-party vendor).

\*\*Employees who are unable to provide documentation that meets the requirements of DHS Form I-9 within 3 business days of hire will not be permitted to work.

Copies of the completed documents should be sent to HRIS for processing. You may scan and email them to [HRISSeasonal@LiveNation.com](mailto:HRISSeasonal@LiveNation.com) or fax them to (866) 792-7418 or mail them to 7060 Hollywood Blvd., Hollywood, CA 90028.

The Hiring Manager certifies that the original documents listed above have been completed and have been viewed by and/or given to employee.

Hiring Manager Signature

Date

Questions? HRIS & I-9 - ([HRISSeasonal@LiveNation.com](mailto:HRISSeasonal@LiveNation.com))

Background Checks – Results: your HRD/HRM, Account: Danielle Gilchrist ([DGilchrist@employeescreen.com](mailto:DGilchrist@employeescreen.com))

TMSS - Lance "Bosley" Silburn ([LanceSilburn@livenation.com](mailto:LanceSilburn@livenation.com))

# JAMBOREE IN THE HILLS 2013 – EMPLOYEE WORK SCHEDULE

NAME: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

PHONE NUMBERS: Home: \_\_\_\_\_ Law Enforcement Employer: \_\_\_\_\_

Cell: \_\_\_\_\_ Notify in Case of Emergency: \_\_\_\_\_

Work: \_\_\_\_\_

Fax# to receive schedule: \_\_\_\_\_

E-Mail Address to receive schedule: \_\_\_\_\_

Will you be camping: Yes No Type/Size of Camper: \_\_\_\_\_  
Circle One

EMPLOYEES PLANNING TO CAMP MUST BE ON SITE FOR CAMPER PLACEMENT BY 10a-2pm on 7/14/2013

LIST THE TIMES WHEN YOU ARE AVAILABLE TO WORK AT THE JAMBOREE IN THE HILLS  
(DO NOT LIST TIMES WHEN YOU ARE ENGAGED IN YOUR REGULAR EMPLOYMENT)  
LEAVE LAST TWO COLUMNS BLANK

DATES	TIME AVAILABLE TO WORK JITH	(For Administrative Use Only) ASSIGNED TIME	(For Administrative Use Only) ASSIGNED POST
SUNDAY (July 14)			
MONDAY (July 15)			
TUESDAY (July 16)			
WEDNESDAY (17)			
THURSDAY (July 18)			
FRIDAY (July 19)			
SATURDAY (July 20)			
SUNDAY (July 21)			

All Schedules must have a letter attached from your Supervisor permitting you to work this Extra Detail  
Schedules received without copies of Driver's License & Social Security Cards will not be considered

**You Must provide a copy  
Of your  
Social Security Card  
  
AND  
  
Driver's License**

**(If you have applied for a copy of your Social Security Card, you may send  
copy of the confirmation letter)**

**IN RE:      Oath of \_\_\_\_\_  
As Special Commission Deputy Sheriff of Belmont County,  
Ohio, for the period beginning July 14, 2013 and ending  
July 21, 2013**

**STATE OF OHIO**  
**COUNTY OF BELMONT, to-wit:**

**do solemnly swear that I will support the Constitution of the United States of America and the Constitution of the State of Ohio, and that I will faithfully, honestly and impartially perform all the duties incumbent upon me as Special Commission Deputy Sheriff of Belmont County, Ohio, so help me God.**

**Sworn to before me the said \_\_\_\_\_**  
**And by him/her subscribed in my presence this 14th day of July, 2013.**

## Sheriff



# Application for Employment – Part-Time/Seasonal

*Complete all*

Today's date: \_\_\_\_\_

Name	Telephone Number	Email address	
Street Address	City	State	Zip Code
Position you are applying for		Desired salary (\$)	
Are you immediately available for work? Please indicate Full-time or Part-time:			Date Available

Where did you **learn** about this opportunity with **Live Nation**? \_\_\_\_\_

Have you ever been **previously** employed with **Live Nation** including all acquired or affiliated companies? ☐ Yes ☐ No

If yes, which company/affiliate: \_\_\_\_\_

Are you subject to any **contractual** restrictions that would prevent or interfere with Live Nation extending an offer of employment? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

Should you be offered a position at **Live Nation**, can you submit verification of your legal right to work in the U.S.? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Within the **past ten years**, have you been terminated or asked to resign by an employer? ☐ Yes ☐ No

If you answered, "Yes," please explain: \_\_\_\_\_

Can you perform the **essential** functions of the job for which you have applied, either with or without reasonable accommodation? ☐ Yes ☐ No - If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and/or agility tests")

**(State of Massachusetts and city of Philadelphia Applicants: under Massachusetts and Philadelphia laws, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts and Philadelphia applicants should not answer the following question)**

Have you ever, under your name or any other name been convicted\* of a felony in the past seven (7) years? ☐ Yes ☐ No

(CA: Convictions for marijuana-related offenses that are more than two years old need not be listed.) (\*Exclude any convictions which have been expunged, sealed, discharged, rendered confidential, sequestered or impounded, were part of a juvenile record or resulted in referral to and participation in a pre- or post-trial diversion program.)

A conviction will not necessarily disqualify you from employment. Each case will be evaluated on its own merit based upon its job relatedness to the position for which you are applying.

If you marked "Yes," please list the date(s) and details: \_\_\_\_\_

Live Nation is an equal opportunity employer. It is the policy of Live Nation not to discriminate in its employment and policies because of a person's race, color, national origin, ancestry, religion, age, sex, gender identity, pregnancy or related medical conditions, sexual orientation, marital status, medical condition, genetic information, political belief or affiliation, veteran status, physical disability, or mental disability, including persons who have AIDS or have tested HIV-positive, or any other classification protected by local, state, federal or provincial laws. Live Nation also provides reasonable accommodations to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act (and amendments thereto) and related state and local laws, or any other characteristic protected by state or federal laws.

Please list the highest level of **education** that you have achieved: \_\_\_\_\_

If related to the position that you are seeking, in which **computer applications** are you proficient?

☐ MS Word ☐ Excel ☐ PowerPoint ☐ Database Programs ☐ Other-- please list: \_\_\_\_\_

List below **present** and past **employment** starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
City, State: \_\_\_\_\_ Phone: \_\_\_\_\_ Current Base Salary: \$ \_\_\_\_\_ Bonus (if applicable): \$ \_\_\_\_\_  
Current Supervisor: \_\_\_\_\_ May we contact this supervisor as a reference: ☐ Yes ☐ No  
Duties: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving/change: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
City, State: \_\_\_\_\_ Phone: \_\_\_\_\_ Final Base Salary: \$ \_\_\_\_\_ Bonus (if applicable): \$ \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact this supervisor as a reference: ☐ Yes ☐ No  
Duties: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving/change: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
City, State: \_\_\_\_\_ Phone: \_\_\_\_\_ Final Base Salary: \$ \_\_\_\_\_ Bonus (if applicable): \$ \_\_\_\_\_  
Supervisor: \_\_\_\_\_ May we contact this supervisor as a reference: ☐ Yes ☐ No  
Duties: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving/change: \_\_\_\_\_

It is **Live Nation's** policy to conduct **reference** and **background checks** as part of the pre-employment process. You may be asked to provide additional references upon request. May we contact your present employer at this time? ☐ Yes ☐ No  
If no, please explain: \_\_\_\_\_

Please read and initial each paragraph below and sign in the space provided below.

☐ I certify that all of the information on this application and attachments is true, correct and complete. I have not withheld any information requested by Live Nation. I understand that false, misleading, incomplete or omitted information will result in rejection of my application, reprimand or termination from employment, whenever discovered.

☐ I authorize my prior employers, all educational institutions that I have attended and all individuals whom I have listed as references herein to supply Live Nation and its agents any and all information that they may have regarding my past employment, education, experience and qualifications. I further authorize Live Nation and its agents to investigate and obtain any and all oral and documentary information regarding my past employment, education, experience, qualifications, references, character, credit, driving history and criminal or police records, including those maintained by both public and private organizations as permitted under applicable state or federal law. **(For MA and Philadelphia applicants, the authorization regarding criminal records is limited to those able to be released pursuant to MA and Philadelphia laws and only will be requested after an employment offer has been made, if it is requested at all, as it is prohibited by Massachusetts and Philadelphia laws to make a written inquiry about criminal history prior to employment.)** I agree to furnish additional information if requested. I hereby release and agree to indemnify and hold harmless Live Nation and all prior employers, educational institutions and other individuals or companies from any and all liability for providing any information set forth herein regarding me, except where such release is prohibited by statute or regulation.

☐ I understand that this application is not a job offer or employment contract with Live Nation for any specific time period. I agree that if I become employed by Live Nation, my employment will be on an "at-will" basis. This means that my employment will be for no definite or determinable period and may be terminated at any time, with or without cause and with or without prior notice, at the option of either myself or Live Nation. I further understand that Live Nation may demote or discipline me, or take other action with respect to my employment, with or without cause and with or without notice. I hereby acknowledge that no one has made any promises or commitments to me contrary to the foregoing and no promises or representations contrary to the foregoing are binding on Live Nation unless made in writing and signed by me and the company's Chief Executive Officer.

☐ I understand that any offer of employment by Live Nation is conditioned on successful completion of all employment requirements, including, without limitation, background checks, compensation, employment, education, experience, qualifications, professional references, employment eligibility, authorization to work in the United States and any other mandates as required by law.

☐ I understand that in order to work at Live Nation I must execute an arbitration agreement.

☐ If I am hired, I agree to comply with all of Live Nation's employment policies and code of conduct.

☐ I acknowledge that I have read the statements listed above, that I understand them and that they will become a part of the terms and conditions of my employment if I become employed by Live Nation. I understand and agree that the terms set forth above cannot be changed or revoked by any employee of Live Nation, except in a written agreement signed by the company's Chief Executive Officer or his/her specifically authorized designee.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



## EEO Data Form

(Use the TAB key to navigate)

Live Nation Entertainment, Inc., including all of its subsidiaries and affiliates, including but not limited to Live Nation Worldwide, Inc., all House of Blues Entertainment Inc. related subsidiaries and affiliates and Ticketmaster LLC subsidiaries and affiliates ("Live Nation"), is an Equal Opportunity Employer. It is required to collect the following information. This data will assist us in meeting our reporting obligations as well as the goals of our Equal Employment Opportunity Program.

Completing this form is **not** a condition of employment with Live Nation and is **voluntary**. This form will be maintained in a separate file from your employment file. If you choose not to volunteer this information please check the "Decline to State" box under each applicable section.

The information you provide on this form is collected for statistical purposes only. This data will be kept confidential and will only be used in accordance with applicable state and federal laws and regulations.

Legal Name (Last, First, MI)

Location

Position

### **GENDER DATA** Please check one box

- ☐ Male  
☐ Female  
☐ Decline to State

### **DO YOU CONSIDER YOURSELF TO BE OF HISPANIC OR LATINO ORIGIN?** Please check one box

- ☐ Yes  
☐ No  
☐ Decline to State

### **RACE/ETHNICITY DATA** Please check appropriate box(es)

- ☐ White  
☐ Black or African American  
☐ Asian  
☐ Native Hawaiian or Other Pacific Islander  
☐ American Indian or Alaska Native  
☐ Two or more races (check as many above as apply)  
☐ Decline to State

### **VETERAN DATA** Please check one box (See attached for explanations of each category)

- ☐ **Vietnam Era Veteran** - a person who served on active duty for more than 180 days and was discharged or released other than dishonorably, any time in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases; or was discharged or released from active duty for service connected disability if any part of such act of duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases.
- ☐ **Disabled Veteran** - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Recently Separated Veteran** - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- ☐ **Armed Forces Service Medal Veteran** - any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- ☐ **Other Protected Veteran** - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.
- ☐ N/A
- ☐ Decline to State

### **DISABILITY DATA** Please check one box

- ☐ Disabled  
☐ Not Disabled  
☐ Decline to State

EMPLOYEE SIGNATURE

DATE

human resources

EEO Form (01-25-2012)



## Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, Section 2 must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. Employers are still responsible for completing and retaining Form I-9.

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

---

### **Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)	
Employee's Signature		Date (month/day/year)	

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)		B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A		LIST B		LIST C	
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization	
OR		AND			
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)					
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa					
4. Employment Authorization Document that contains a photograph (Form I-766)					
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	3. School ID card with a photograph	5. U.S. Military card or draft record	4. Voter's registration card	5. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	6. Military dependent's ID card	7. U.S. Coast Guard Merchant Mariner Card	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	8. Employment authorization document issued by the Department of Homeland Security
	7. U.S. Military card or draft record	8. Native American tribal document	9. Driver's license issued by a Canadian government authority		
	8. Military dependent's ID card				
	9. U.S. Coast Guard Merchant Mariner Card				
	10. Native American tribal document				
	11. Driver's license issued by a Canadian government authority				
	For persons under age 18 who are unable to present a document listed above:				
10. School record or report card					
11. Clinic, doctor, or hospital record					
12. Day-care or nursery school record					

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____						
<b>B</b>	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . .</td><td rowspan="3"><b>B</b></td><td rowspan="3">_____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . .	<b>B</b>	_____	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.		
• You are single and have only one job; or	} . . . . .	<b>B</b>				_____			
• You are married, have only one job, and your spouse does not work; or									
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.									
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____						
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____						
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____						
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	_____						
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b>	_____						
For accuracy, complete all worksheets that apply. <table border="0"><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.			
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.									
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.									
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.									

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2012</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$			
<b>7</b> I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ► <b>7</b>					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	

**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$11,900 if married filing jointly or qualifying widow(er)  
\$8,700 if head of household  
\$5,950 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)****Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1****Table 2**

Married Filing Jointly				All Others			
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

STATE OF OHIO  
DEPARTMENT OF TAXATION

Form IT-4  
(11-90)

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Public School District of Residence \_\_\_\_\_ School District No. \_\_\_\_\_

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_

2. If married, personal exemption for your spouse if not separately claimed  
(enter "1" if claimed) \_\_\_\_\_

3. Exemptions for dependents \_\_\_\_\_

4. Add the exemptions which you have claimed above and enter total \_\_\_\_\_

5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

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



**PERSONNEL INFORMATION FORM**

(Use the TAB key to navigate)

**COMPLETE ALL**

Date:	(Check One)	<input type="checkbox"/> New Information	<input type="checkbox"/> Change/Update Information
-------	-------------	--	--

PERSONAL INFORMATION			
Legal Name* (Last, First, MI)		Preferred Name (Last, First, MI)	
Last 4 Digits of SSN		Birth Date	
Marital Status** <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner			
Citizenship	Visa Type	Visa Number	Visa Expiration Date

ADDRESS/PHONE INFORMATION		
Home Address		
2 <sup>nd</sup> Address Line		
City	State	Zip Code
Mailing Address		
2 <sup>nd</sup> Address Line (Mailing)		
City (Mailing)	State (Mailing)	Zip Code (Mailing)
Home Phone Number	Alternate Phone Number	E-mail Address

EMERGENCY CONTACT INFORMATION			
First and Last Name	Relationship	Phone Number	Alternate Phone Number
First and Last Name	Relationship	Phone Number	Alternate Phone Number

LICENSES/CERTIFICATIONS					
Name of Licensing Institution	License/Certification	Number	State	Date Issued	Expiration Date

EDUCATION				
Name of Institution	Degree	Major	GPA	Mo/Year Graduated

I certify that the information herein is true and correct to the best of my knowledge.

Signature

Date

\* Name/Social Security Number changes require a copy of a social security card. Please attach.

\*\*A change in marital status may change your eligibility to your current benefits. If your state or federal tax information has changed, please update your State Tax and W-4 Form. These forms can be found on the Live Nation Intranet site under the Human Resources New Hire Paperwork section.

If you are an existing employee and are making changes to your information, you may fax this form directly to Human Resources at 1-866-792-7418. Newly hired employees will need to complete this form in conjunction with their new hire paperwork and provide all of the information to their manager.

**human resources**

Personal Information Form (01-20-2012)

**LIVE NATION HARASSMENT/SEXUAL HARASSMENT POLICY**

It is Live Nation Entertainment, Inc.'s (and all of its subsidiaries and affiliates including, but not limited to Live Nation Worldwide, Inc., Ticketmaster LLC, HOB Entertainment, Inc. and all of its subsidiaries and affiliates, collectively, "Live Nation") policy to provide everyone who works in any of our facilities with a workplace free of discrimination and harassment. Live Nation is committed to providing a work environment free from disrespectful and offensive behavior. In order to provide a pleasant, professional and productive work environment, it is important that we maintain an atmosphere characterized by mutual respect and professionalism at all times. Actions, words, jokes or comments based on an individual's sex (sexual harassment, gender harassment, and harassment due to pregnancy, childbirth or related medical conditions), sexual orientation, marital status, genetic information, gender identity, medical condition, disability, veteran status, race, color, national origin and ancestry, age, religion or other characteristics protected by state and federal law will not be tolerated, even if such behavior is not intended to be offensive or is not directed at a particular person. Unlawful harassment of employees in any form is unacceptable conduct and will not be tolerated. This policy applies to all employees and applicants for employment. It also applies to relationships with customers, vendors, and all other people related to our business.

Harassment or other offensive conduct may take many forms. It includes by way of example:

- Verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations or comments;
- Visual conduct such as derogatory posters, screen-savers, photography, cartoons, drawings or gestures;
- Physical conduct such as assault, blocking normal movement or interfering with work;
- Inappropriate e-mails or other written communications that contain messages, pictures, and descriptions or content that is anything other than professional in every respect; or
- Retaliation for having reported or threatened to report harassment.

The issue of sexual harassment warrants special mention. Sexual harassment is perhaps one of the most egregious forms of disrespect and is strictly prohibited by this policy. Sexual harassment has been defined as including unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment,
- Employment decisions concerning an individual are based on whether the person submitted to or rejected the harassing action;
- Such conduct has the purpose or effect of unreasonably interfering with the individual's work performance or creating an intimidating, hostile, or offensive work environment.

It may also include, but not be limited to, actions such as: (1) sex-oriented kidding, teasing or jokes; (2) repeated offensive sexual flirtations, advances or propositions; (3) verbal abuse of a sexual nature; (4) sexually-graphic or degrading comments about an individual or his or her body or appearance; (5) the display of obscene or sexually-oriented pictures, photographs, objects or other

visual materials; and (6) physical contact, such as patting, hugging, pinching or brushing against another's body.

Whatever form it takes harassment is insulting and demeaning and undermines the employment relationship by creating an intimidating, hostile or offensive work environment and will not be tolerated. All employees must comply with these policies and take appropriate measures to prevent harassment from occurring. Violations of these policies may result in disciplinary action up to and including termination.

### **Procedures for Reporting Harassment**

If you feel that you have been the subject of sexual harassment or any other form of harassment prohibited by this policy, whether by a fellow employee or by any person who does business with Live Nation, promptly bring the matter to the attention of: (1) your immediate supervisor or manager; (2) your department head; and/or (3) Human Resources at 1-877-HR-LIVEN. Please refer to the Live Nation Employee Handbook and Code of Business Conduct and Ethics for more specifics about reporting any form of harassment and the remedies available to you if you feel you have been a victim of any form of harassment. You are also within your right to report complaints directly to an appropriate government agency, including the EEOC, DFEH or other state or local agency, or pursue your concerns through other legal avenues once you have filed a claim with an appropriate government agency.

A prompt and thorough investigation of any reported harassment will be conducted, and appropriate corrective action will be taken, if warranted. Every employee is expected, if requested, to cooperate fully in any investigation. Reports of harassment, as well as any other information provided during an investigation of harassment, will be kept confidential to the extent possible. However, it may at times be necessary to disclose such information in order to further the investigation or to take the appropriate corrective action.

Any individual found to have engaged in harassment prohibited by this policy will be disciplined, as appropriate, up to and including termination. Any other inappropriate or offensive conduct discovered during an investigation of reported harassment may also result in disciplinary action, up to and including termination, regardless of whether the conduct constitutes a violation of law or a violation of this policy. Additionally, if an investigation finds evidence that an employee made false claims against another for the purpose of maliciously harming that individual's employment or reputation, that employee will also be subject to disciplinary action up to and including termination of employment.

Any Employee who experiences further incidents of harassment or other inappropriate conduct at any time after reporting harassment should immediately notify the Human Resources Department.

### **Non-retaliation Policy**

Live Nation will not retaliate in any way against a employee, potential employee, or former employee for complaining of or reporting any form of harassment to Live Nation management or to any state or federal government agency, even if the report or complaint cannot be verified or confirmed. Employees who participate in the investigation of such a complaint or report of harassment are also protected against retaliation in any form. Retaliation against any individual for reporting harassment or other inappropriate conduct or for cooperating in any investigation will not be tolerated and will, itself, subject the individual to discipline up to and including termination.



## PART-TIME/SEASONAL EMPLOYEE CONSOLIDATED ACKNOWLEDGMENT FORM

This document serves as an acknowledgment of Live Nation Entertainment, Inc.'s (and all of its affiliates and subsidiary employers including but not limited to Live Nation Worldwide, Inc., all subsidiaries and affiliates of House of Blues Entertainment, Inc. and Ticketmaster, LLC) (collectively, "Live Nation") Code of Business Conduct and Ethics, Employee Handbook, the Proprietary Information Agreement, Arbitration Agreement and Acknowledgment of Receipt of Harassment / Sexual Harassment Policy. Please read carefully and sign each section of this document.

<b>Print Employee Name</b>	<b>Employee ID</b>
<b>Code of Business Conduct and Ethics Acknowledgment</b> <p>I acknowledge that I have either received or been provided access to a copy of the Code of Business Conduct and Ethics of Live Nation. I understand that I am responsible for reading the Code of Conduct and for knowing and complying with its provisions, regardless of whether I am assigned to work at Live Nation or one of its subsidiaries or affiliates. I further understand that my failure to comply with the provisions of the Code of Conduct may result in discipline, up to and including termination of my employment. I acknowledge that the Code of Conduct does not create any contractual rights or obligations, express or implied, between me and Live Nation. As a union member referred to Live Nation, I understand that certain provisions of the code of conduct may not be applicable and that certain provisions of my collective bargaining agreement may prevail. If I have any questions relating to the Code of Conduct, I will either ask my union representative, union steward or follow the procedure in the "Asking for Help and Reporting Concerns" section contained in the Code of Conduct.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Employee Signature</b></div><div style="width: 35%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Date</b></div></div>	
<b>Employee Handbook Acknowledgment</b> <p>I acknowledge that I have either received or been provided access to a copy of the Live Nation Employee Handbook. I understand that I am responsible for reading the Employee Handbook and for knowing and complying with the policies set forth in the Employee Handbook during my employment with Live Nation or with any subsidiary or other entity affiliated with Live Nation.</p> <p>I further understand that the policies contained in the Employee Handbook are guidelines only and are not intended to and do not create any contractual rights or obligations, express or implied. If any of the policies in the Employee Handbook conflict with an applicable collective bargaining agreement or local, state, or federal laws, the applicable collective bargaining agreement and/or laws will supersede the Employee Handbook. I also understand that, except as provided in an applicable collective bargaining agreement or for items subject to negotiations under my union's collective bargaining agreement with Live Nation or any of its subsidiaries or affiliates, Live Nation has the right to amend, interpret, modify or withdraw any of the provisions of the Employee Handbook at any time in its sole discretion, with or without notice. Furthermore, I understand that, because Live Nation cannot anticipate every issue that may arise during my employment, if I have any questions regarding the Employee Handbook or any of Live Nation's policies or procedures, I should consult with my union representative, union steward or the Live Nation Human Resources Department.</p> <p>I understand and agree that the terms of this Acknowledgment may not be modified or superseded except by a written agreement signed by me and Live Nation's Chief Executive Officer, that no other employee or representative of Live Nation has the authority to enter into any such agreement and that any agreement to employ me for any specified period of time or that is otherwise inconsistent with the terms of this Acknowledgment will be unenforceable unless in writing and signed by me and Live Nation's Chief Executive Officer. I further understand and agree that if the terms of this Acknowledgment are inconsistent with any policy or practice of Live Nation now or in the future, the terms of this Acknowledgment shall control.</p> <p>Finally, I understand and agree that this Acknowledgment (together with any valid fully-executed Employment Agreement with Live Nation) contains a full and complete statement of the agreements and understandings that it recites, that no one has made any promises or commitments to me contrary to the foregoing and that this Acknowledgment (together with any valid fully-executed Employment Agreement with Live Nation) supersedes all previous agreements, whether written or oral, express or implied, relating to the subjects covered in this Acknowledgment.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Employee Signature</b></div><div style="width: 35%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Date</b></div></div>	
<b>Proprietary Information Agreement Signature</b> <p>I acknowledge that I have received a copy of the Proprietary Information Agreement, that I have had the opportunity to consult legal counsel concerning the agreement, that I have read and understand the agreement and that I am fully aware of its legal effect. I agree that by signing below I intend to create a legally binding contract and agree to be bound by the terms of the Proprietary Information Agreement, and I acknowledge that I have entered into it freely based on my own judgment and not on any representations or promises other than those contained in the agreement.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Employee Signature</b></div><div style="width: 35%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Date</b></div></div>	
<b>Arbitration Agreement Signature</b> <p>I acknowledge that I have received a copy of the Arbitration Agreement, and that I understand and agree that the Arbitration Agreement constitutes a waiver of my right to a trial by jury of any claims or controversies covered by the agreement. I agree that none of those claims or controversies shall be resolved by a jury trial. I agree that by signing below I intend to create a legally binding contract and agree to be bound by the terms of the Arbitration Agreement, and I further acknowledge that I have been given the opportunity to discuss this agreement with my legal counsel and have availed myself of that opportunity to the extent I wish to do so.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Employee Signature</b></div><div style="width: 35%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Date</b></div></div>	
<b>Acknowledgment of Receipt of Harassment / Sexual Harassment Policy</b> <p>I recognize and understand the company is committed to providing a work environment that is free from discrimination or harassment, including sexual harassment. I further understand that the company not only supports the law on this issue but has made an organizational commitment to respect the diversity of all people and that as a Live Nation employee I am also making this a personal commitment. I am aware that I am expected to inform others in the workplace if I find their conduct to be offensive or unwelcome. I also understand that if I am uncomfortable confronting the issue directly that I may seek assistance and guidance from my supervisor and/or the Human Resources Department without fear of any negative consequences. I am aware that violations of this policy may subject me to disciplinary action, up to and including termination from employment. I acknowledge that I have received and understand my obligation to read, become familiar with and abide by the company's policy regarding harassment/sexual harassment, including the company's procedures for filing a complaint of harassment.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Employee Signature</b></div><div style="width: 35%;"><hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/><b>Date</b></div></div>	

Do not attach this page to other documents.

NATION ENTERTAINMENT, INC., parent company to Live Nation Worldwide, Inc. and other subsidiaries and affiliated entities

31 December 2012

US Employer, LIVE

## Consumer Report / Investigative

## Consumer Report

## Disclosure and Release of

## Information Authorization

## (Background Check Authorization)

REQUESTED BY:

REGION: West ☐ Midwest ☐ Central ☐ Northeast ☐ Southeast ☐

BUSINESS UNIT/DIVISION:

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report**, ("Consumer Report") may be prepared about me as part of my application for employment and/or continued employment, except where prohibited by law, specifically, in Massachusetts and Philadelphia, PA where such requests are prohibited, pre-employment. **Massachusetts, Newark, New Jersey and Philadelphia, PA employees** should only complete this form and consent to a background check after an offer of employment has been made, if required.

I authorize the Company to procure a Consumer Report from **employeescreenIQ**, a federally regulated Consumer Reporting Agency (CRA) as defined by the Fair Credit Reporting Act (FCRA) for the purpose of providing pre-employment, as applicable, screening and background check information in accordance with all applicable guidelines and mandates as stipulated within applicable statutes. Also, if I am hired, I authorize the Company to procure subsequent reports on me at its sole and absolute discretion in connection with my continued employment. I understand that a Consumer Report may be prepared which may include written, oral, or other information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities to the extent permissible by state or federal law. A check specifically related to my credit worthiness, credit standing and credit capacity will not be performed unless I meet an exception to such credit checks as permitted by applicable state law if I reside in the state of California, Vermont, Oregon, Hawaii, Illinois, Maryland and/or Connecticut or other states that may be added from time to time by the passage of relevant legislation. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, if applicable, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. In connection with any Investigative Consumer Report obtained by the Company, I understand that the Company will, upon my written request made within a reasonable period of time after my receipt of this Disclosure and Release of Information Authorization, make a complete and accurate disclosure to me of the nature and scope of the investigation requested. I understand and authorize some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

I acknowledge that I have been provided the accompanying "Summary of Your Rights under the Fair Credit Reporting Act" and the provisions of California Civil Code Section 1786.22.

I may request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **employeescreenIQ, 4853 Galaxy Parkway, Bldg. K, Cleveland, Ohio 44128, USA. Phone: (800) 235-3954 Fax: (888) 390-4617.**

**California:** Are you employed in, seeking employment in, or a resident of California?

☐ YES

☐ NO

**California, Minnesota or Oklahoma:** Are you employed in, seeking employment in, or a resident of one of these States? If so, do you wish to receive a copy of any Consumer Report of which you are the subject?

☐ YES

☐ NO

**For California Residents:** I understand that, in connection with my application for employment or during my employment (if I am hired), Live Nation may obtain information which are matters of public record, without using a consumer reporting agency to obtain it. Public record information includes records documenting a conviction, civil judicial action, tax lien or outstanding judgment against me. If the Company obtains such records I waive the right to receive a copy of any such records.

☐ YES

☐ NO

**Maine and New York:** You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company. The name and address of the agency from which reports are obtained is above.

***I have read the Disclosure and Release of Information Authorization provided to me and I understand that information and hereby voluntarily authorize the Company to procure a Consumer Report about me from employeescreenIQ. I understand that these reports will be used for employment purposes in connection with my application for employment, except in Massachusetts, Newark, NJ and Philadelphia, PA, or my continued employment with the Company. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the Company this authorization will remain in effect throughout such employment and can be used to authorize the subsequent procurement of additional Consumer Reports as described in the Disclosure unless prohibited by applicable law or I withdraw my authorization in writing.***

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Do not provide the following information until you have read and signed the *Disclosure and Release of Information Authorization* above. The information requested below is needed to conduct your background investigation and IS NOT considered part of your application. **PLEASE PRINT CLEARLY.**

Last Name	First Name	Middle Name	Date of Birth (spell month)
Street Address		City	
State/Province	Country	ZIP/Postal Code	
Driver's License No.	Country/State of License	Expires On	
List any other COUNTRIES, CITIES, and STATES in which you have lived during the previous 7 years			
List any other LAST NAMES you have used during the previous 7 years			
List any other LAST NAMES under which you received your GED, high school diploma, or other academic credentials.			

(State of Massachusetts and the cities of Newark, NJ and Philadelphia, PA applicants: under Massachusetts, Newark and Philadelphia laws, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts, Newark, NJ and Philadelphia, PA applicants should not complete this form or answer the following question unless they first have been given a conditional offer of employment)

Have you ever, under your name or any other name been convicted\* of a felony in the past seven (7) years? ☐ Yes ☐ No  
(CA: Convictions for marijuana-related offenses that are more than two years old need not be listed.) (\*Exclude any convictions which have been expunged, sealed, discharged, rendered confidential, sequestered or impounded, were part of a juvenile record or resulted in referral to and participation in a pre- or post-trial diversion program.)

A conviction will not necessarily disqualify you from employment. Each case will be evaluated on its own merit based upon its job relatedness to the position for which you are applying.

If you marked "Yes," please list the date(s) and details:

***Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.***

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).



**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

**CONTACT:**

- |   |   |
|---|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  | a. Consumer Financial Protection Bureau<br>1700 G Street NW<br>Washington, DC 20552   |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:  | b. Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357  |
| 2. To the extent not included in item 1 above:  |   |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks   | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050   |
| b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480   |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations   | c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106  |
| d. Federal Credit Unions  | d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO)<br>1775 Duke Street<br>Alexandria, VA 22314           |
| 3. Air carriers   | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, SE<br>Washington, DC 20590 |
| 4. Creditors Subject to Surface Transportation Board  | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street S.W.<br>Washington, DC 20423  |
| 5. Creditors Subject to Packers and Stockyards Act, 1921  | Nearest Packers and Stockyards Administration area supervisor   |
| 6. Small Business Investment Companies  | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, SW, 8th Floor<br>Washington, DC 20416                                 |
| 7. Brokers and Dealers  | Securities and Exchange Commission<br>100 F St NE<br>Washington, DC 20549   |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations  | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090   |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above   | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357                        |

## PROVISIONS OF CALIFORNIA CIVIL CODE SECTION 1786.22

(a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.

(b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:

(1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.

(2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.

(3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone is prepaid by or charged directly to the consumer.

(c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.

(d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.

(e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.

(f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.



# Sheriff David M. Lucas

## Belmont County Sheriff's Office

68137 Hammond Road • St. Clairsville, Ohio 43950

~ Emergency: 911 ~

Sheriff's Office: 740.695.7933 • Dispatcher: 740.695.2212 • Fax: 740.699.2582

Jail: 740.695.5124 • Jail Fax: 740.695.4781

March 25, 2013

Dear Officer:

This year, for JITH 2013, you will be required to "Deputy Sheriff" T-shirts (see order form below) with black BDU Pants when working Venue. Please enclose \$6.00 (S, M or L) or \$8 (XL, XXL or XXXL) per shirt and the number of shirts needed. If you are working any other area, you will be required to be in your dress uniform.

Please use the order form below and enclose the money for the shirts. If paying by check, make check payable to Belmont County Sheriff's Office (BCSO).

---

**Please return this order page and money with your employment packet**

Your Name: \_\_\_\_\_ Home Office: \_\_\_\_\_

Number of Shirts (Mark Sizes below) \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Shirts:      How many

Small      \_\_\_\_\_      @\$6.00 each

Medium      \_\_\_\_\_      @\$6.00 each

Large      \_\_\_\_\_      @\$6.00 each

XLarge      \_\_\_\_\_      @\$8.00 each

XXLarge      \_\_\_\_\_      @\$8.00 each

XXXLarge      \_\_\_\_\_      @\$8.00 each      \$ \_\_\_\_\_ Enclosed