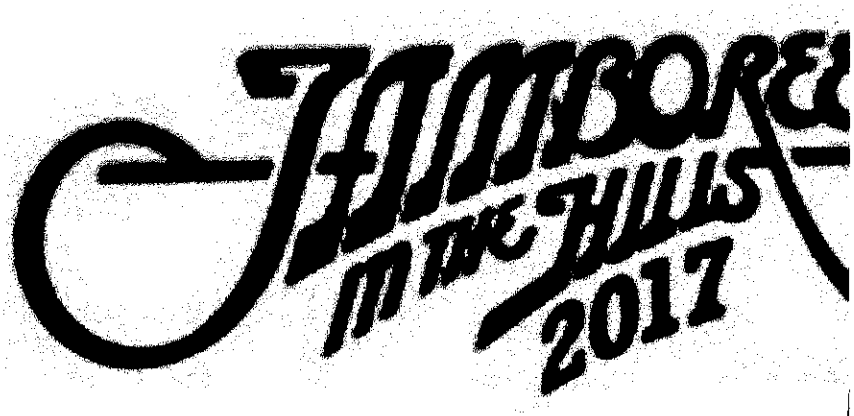

2017

Re - Hire

Packet

Complete if you worked

JITH 2016

DO NOT FORGET COPIES OF ID'S

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 28, 2017

Dear Law Enforcement Personnel:

Jamboree in the Hills 20167 will be here before you know it!

Continued this year: . . . . if you worked last year (JITH 2016), you only have to complete the Personal Information Form (PIF) and attached paperwork. These forms will be on our website under: *"Worked JITH 2016 Forms"*. Please go to our website: www.belmontsheirff.com to obtain hiring packet that pertains to you (Information – Forms – JITH). Complete all requested information and attach all required documentation. Remember new hires must include a **copy of your social security card and driver's license** – this is mandatory – **no exceptions**. You will be **required to work two shifts (must include Friday and/or Saturday)**. Anyone scheduled to work that does not fulfill their obligation will **not** be permitted to work in the future. Please complete **All** Personal Information on the "Employee Schedule". You are **required to include a letter from your supervisor giving you permission to work this detail.**

To work JITH 2017 you will need to supply the following for yourself:

- Flashlight
- Ball Cap (LE)
- 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.**
All forms **MUST** be received by this office by **June 19, 2017** to be considered to work this year's event.
You can email completed packets/documentation to jith.kjp@gmail.com or you can fax completed packets/documentation to 740-695-9662. Packets/Documentation may also be mailed to:

Belmont County Sheriff's Office
Attn: Kitty Jo Paboucek
68137 Hammond Road
St. Clairsville, OH 43950

If any deputy wants to work JITH 2017 that did not work 2016; please refer them to our website:
www.belmontsheriff.com

Respectfully,

Kitty Jo Paboucek
Belmont County Sheriff's Office

STATE OF OHIO, COUNTY OF BELMONT, SS:
IN THE COURT OF COMMON PLEAS

IN RE: **Oath of _____**
As Special Commission Deputy Sheriff of Belmont County, Ohio, for the period beginning July 9, 2017 and ending July 24, 2017

OATH

STATE OF OHIO
COUNTY OF BELMONT, to-wit:

I,_____,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.

_____
Special Commission for Jamboree in the Hills 2017

Sworn to before me the said_____
And by him/her subscribed in my presence this 9th day of July, 2016.

_____
Sheriff

JAMBOREE IN THE HILLS 2017 – EMPLOYEE WORK SCHEDULE

NAME: _____ **SSN:** _____
(Last) (First) (M.I.)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE NUMBERS:

Home: _____ **Law Enforcement Employer:** _____ **Work #:** _____

Cell: _____ **Notify in Case of Emergency:** _____ **Emergency#** _____

Work: _____ **Fax# to receive Schedule:** _____ **E-Mail** _____

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-1pm on 7/9/2017

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	This Section Only TIME AVAILABLE TO WORK JITH	(For Administrative Use Only) ASSIGNED TIME	(For Administrative Use Only) ASSIGNED POST
SUNDAY (July 9)			
MONDAY (July 10)			
TUESDAY (July 11)			
WEDNESDAY (12)			
THURSDAY (July 13)			
FRIDAY (July 14)			
SATURDAY (July 15)			
SUNDAY (July 16)			

All Schedules must have a letter attached from your Supervisor permitting you to work this Extra Detail
New Hire Schedules received without copies of Driver's License & Social Security Cards will have payroll held.

Sheriff David M. Lucas

Belmont County Sheriff's Office

68137 Hammond Road • St. Clairsville, Ohio 43950

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March 28, 2017

Dear Officer:

This year, for JITH 2017, you will be required to "Deputy Sheriff" T-shirts (see order form below) with black BDU Pants when working Venue. Please enclose $7.00 (S, M or L) or $9 (XL, XXL) or $10 (XXXL) – other sizes see form - 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

If writing a check, make out to: Belmont County Sheriff's Office

Your Name: _____ Home Office: _____

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

Shirts:	How many				
Small	_____	@$7.00 each	XXLarge	_____	@$9.00 each
Medium	_____	@$7.00 each	3XLarge	_____	@$11.00 each
Large	_____	@$7.00 each	4X Large	_____	@ $11.00 each
XLarge	_____	@$9.00 each	5X Large	_____	@ $11.00 each

$_____ Enclosed

LIVE NATION ENTERTAINMENT

Complete and Sign

Personal Information Form

Date:	(Check One) ☐ New Information ☐ Change/Update Information

PERSONAL INFORMATION

Legal Name* *(Last, First, MI)*	Preferred Name *(Last, First, MI)*
Last 4 Digits of SSN	Birth Date

Marital Status**
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Domestic Partner

Citizenship	Visa Type	Visa Number	Visa Expiration Date

ADDRESS/PHONE INFORMATION

please note that your paycheck will be mailed to the mailing address provided below

Home Address		
2nd Address Line		
City	State	Zip Code
Mailing Address		
2nd 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.

Box.com: Please submit via box.com for processing.

Questions? HRISseasonal@livenation.com. Please do NOT submit paperwork through HRISseasonal@livenation.com .

human resources
Rev. 04-16-14