



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 21, 2016

Dear Law Enforcement Personnel:

Jamboree in the Hills 2016 will be here before you know it!

New this year: . . . if you worked last year (JITH 2015), you only have to complete the Personal Information Form (PIF) and attached paperwork. These forms will be on our website under: "Worked JITH 2015 Forms".

Please go to our website: www.belmontsheriff.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 2015 you will need to supply the following for yourself:

- Flashlight
- Ball Cap
- 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 **June 17, 2016** to be considered to work this year's event.

You can email completed packets/documentation to KPaboucek@BelmontSheriff.com or REverett@BelmontSheriff.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 or Capt. Ron Everett
68137 Hammond Road
St. Clairsville, OH 43950

If any deputy wants to work JITH 2016 that did not work 2015; please refer them to our website:

www.belmontsheriff.com

Respectfully,

Kitty Jo Paboucek
Belmont County Sheriff's Office

YOU **MUST** INCLUDE THE FOLLOWING DOCUMENTATION

WHEN YOU SUBMIT YOUR HIRING PACKET:

- LETTER FROM YOUR SUPERVISOR ALLOWING
YOU TO WORK THIS DETAIL
- A COPY OF YOUR DRIVER'S LICENSE
- A COPY OF YOUR SOCIAL SECURITY CARD

PLEASE COMPLETE (INCLUDING SIGNATURES) ALL PAPER WORK.

All forms in packet **must** be completed.

MAKE SURE TO INCLUDE PAYMENT FOR T-SHIRTS IF YOU ARE ORDERING

CALL IF YOU HAVE ANY QUESTIONS:

Capt. Ron Everett — 740-695-7933 Ext 120

Kitty Jo Paboucek — 740-695-7933 Ext 115

JAMBOREE IN THE HILLS 2016 – 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-1pm on 7/10/2015

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 10)			
MONDAY (July 11)			
TUESDAY (July 12)			
WEDNESDAY (13)			
THURSDAY (July 14)			
FRIDAY (July 15)			
SATURDAY (July 16)			
SUNDAY (July 17)			

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.

**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 10, 2016 and ending
July 17, 2016**

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 2016**

**Sworn to before me the said _____
And by him/her subscribed in my presence this 10th day of July, 2016.**

**_____
Sheriff**



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 21, 2016

Dear Officer:

This year, for JITH 2016, 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

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** <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

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

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



Consolidated Acknowledgment Form

Seasonal

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.

Print Employee Name

Employee ID

Code of Business Conduct and Ethics Acknowledgment - revision date 2/18/11

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.

Employee Signature

Date

Employee Handbook Acknowledgment - revision date 01/01/15

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.

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.

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.

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.

Employee Signature

Date

Proprietary Information Agreement Signature - revision date 1/26/12

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.

Employee Signature

Date

Arbitration Agreement Signature - revision date 10/21/14

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.

Employee Signature

Date

Acknowledgment of Receipt of Harassment / Sexual Harassment Policy - revision date 01/23/15

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.

Employee Signature

Date

human resources

Rev. 02-19-2015

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.


¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Important Contacts / Employment Verification

		PHONE:
HRIS	HRISseasonal@livenation.com	(866) 936-0802 Fax
Human Resources	humanresources@livenation.com	(877) 475-4836
Payroll	payrollcorporate-livenation@livenation.com	(866) 540-0115
iPay	To access your earnings statements and W-2 forms: <ul style="list-style-type: none"> • https://ipay.adp.com/ipay/login.jsf • Click on Register Now • Code: LIVENATION-1234abcd • Follow the instructions for setting up your new account. 	(866) 540-0115

EMPLOYMENT VERIFICATION PROCEDURES:

	<ul style="list-style-type: none"> • Inform the verifier that LIVE NATION uses The Work Number to provide immediate employment and income verifications on our employees. • Furnish the verifier with the Employer Code: 12515 • Provide the verifier with one of the access options below:
---	--

VERIFICATION TYPE:	ACCESS OPTIONS:	REQUIRED:
Commercial Income requires employee's authorization/salary key	www.theworknumber.com 1-800-367-5690	Employer Name or Code AND Employee's Social Security Number
Social Services Only available to qualifying assistance agencies	www.theworknumber.com 1-800-660-3399	

FREQUENTLY ASKED QUESTIONS:

Why does LIVE NATION use The Work Number to provide employment and income verifications?

The Work Number is a service of Equifax, an automated process for employment and income verifications that allows employees to have their information verified within a matter of minutes. It is the number one service used by mortgage companies, pre-employment screeners, consumer finance, and government agencies. Verifiers get immediate, convenient access to information that is accurate and secure. The employee receives the benefit of a quick turnaround service. There is no cost to the employee to use this service.

Do I need anything special to obtain an income verification?

The Work Number requires that verifiers have employee authorization to access income information. This allows the employee control over who has the ability to pull their income. A **salary key** is one form of employee authorization.

How does an employee obtain a salary key?

The employee may get a salary key by visiting www.theworknumber.com, select *I'm an Employee* and follow the steps to create a user account or you may call 1-800-367-2884. Once you have a salary key, you can provide the salary key to the verifier and inform them to visit www.theworknumber.com and go to the verifier section to obtain the data. **Note:** You will need a new salary key every time you will allow someone to verify your salary.

Can I obtain an employment verification letter for myself?

Yes, please create a user account by visiting www.theworknumber.com select *I'm an Employee* and follow the steps to create a user account or you may call 1-800-367-2884. Once you have a user account, you will have the ability to immediately print an employment verification letter.

How do I obtain my pin number?

The employee should call 1-800-367-2884.

What is considered a Social Services verification?

Social Service verifications are used for Food Stamps, TANF, Medicaid, Child Support, WIC, Housing, Social Security etc.

What is the Employer Code for LIVE NATION?

12515

LIVE NATION PART-TIME/SEASONAL EMPLOYEE BENEFIT HIGHLIGHTS

Who can enroll?	Regular, part-time or seasonal employees who are not part of a collective bargaining agreement	
When can you enroll?	New hires/Rehires - within 30 days from hire date. Once received, review and enroll on-line. Enrollment materials and information may be requested by calling 1-866-868-4139 and speaking with a Licensed Benefit Counselor.	
Questions:	Live Nation Benefits Team – 877-HR LIVEN (877-475-4836) – select options 2, 1, 1 Boon Group - Enrollment Questions – 866-868-4139	
ID Cards:	ID cards are mailed to your home address after enrollment and first payment is made	
Where to enroll?	http://private.boongroup.com/livenation	
PROGRAM	ELIGIBILITY	BENEFIT
Medical Insurance (Transamerica) <i>Not available in MA</i>	1 st of the month following hire date or status change	• Medical coverage that includes preventive services along with other items such as emergency room visits, doctors office and prescriptions, up to specific limits – refer to summary of benefits for more information.
Hospital Indemnity (SRC-Aetna)		• Lump sum or daily benefit (refer to summary of benefits for more information)
Dental Insurance (Transamerica)		• No deductible, coverage maximum of \$1,000 per year • Refer to Summary of Benefits for additional information
Vision Insurance (VSP)		• \$10 copay for exam every 12 months. Additional copays for other services. (refer to summary for more information)
Short-term Disability (Transamerica)		• Max weekly benefit (80% of base pay, up to 6 months) • Begins on 15 th day – refer to summary for more information • Not available in CA, HI, NJ, NY, RI and PR
Term Life Insurance (Transamerica)		• Employee benefit of \$10,000 • Spouse Life \$5,00; Child life \$2,500 • Accidental Death & Dismemberment also available
ADDITIONAL BENEFITS		
Critical Illness Ins. (ING)		• Lump sum benefit paid in the event of serious illness. Examples include: Cancer, Stroke, Heart Attack, Kidney / Renal Failure
Accident Insurance (ING)		• Pays in addition to your health insurance to help meet your personal, financial or household needs
Pet Insurance (VPI)		• Plans as low as \$12 a month • Coverage ranges from wellness & every day care to major medical
Leaves of Absence	Varies	• State / Federal Leaves – paid or unpaid depending upon regulations
401(k) Plan (Fidelity)	1 yr of service & 1,000 hrs. (must be 21 or older)	• Defer 1-50%, max \$17,500 (2014) match \$.50/dollar up to 5% deferred • Catch-up contribution available up to \$5,500/yr (age 50 plus) • Loans and Hardship withdrawals available
Commuter Program	Immediate	• Pay for commuting cost thru pre-tax payroll deductions • Saves you taxes and money, up to \$1,600 or more/year



Seasonal (Ohio)

EMPLOYEE INFORMATION			
Employee Name:		Hiring Mgr:	
Position:		Start Date:	
Location:			
Provide to Employee	Collect from Employee	Send to HRIS	DOCUMENTS
		<input type="checkbox"/>	Personnel Action Form (PAF Seasonal)
EMPLOYEE SIGNATURE REQUIRED			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Background Consent Form*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EEO Data Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form I-9**
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form W-4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ohio State Tax Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Information Form (PIF)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct Deposit (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consolidated Acknowledgment Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Self-Identification of Disability
INFORMATION ONLY			
<input type="checkbox"/>			Important Contacts / Employment Verification
<input type="checkbox"/>			Benefit Information Sheet
<input type="checkbox"/>			Live Nation CD includes: <input type="checkbox"/> Employee Handbook <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Sexual Harassment Policy <input type="checkbox"/> Proprietary Information Agreement <input type="checkbox"/> Arbitration Agreement

*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). Contact Human Resources for background check results.

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

Please direct Form I-9 questions to HRISseasonal@livenation.com. Form I-9 Handbook (instructions) can be found on All Access <https://lneallaccess.sharepoint.com/> under Forms > HR > New Hire.

Download the most current Personnel Action Form (Seasonal). All Access <https://lneallaccess.sharepoint.com/> under Forms > HR > New Hire.

Rehires: Re-certify Form I-9 with supporting identification. For employees on work permits or visas** please email HRISSeasonal@livenation.com for further instructions.

Box.com: Upload new hire documents & other paperwork to box.com.

QUESTIONS? HRISseasonal@livenation.com

Please do NOT submit paperwork through HRISseasonal@livenation.com



Application for Employment – Part-Time/Seasonal

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")

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.

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 (as permitted by applicable state law), 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 applicants in MA, Newark, NJ, Philadelphia, PA, RI, HI, MN, Seattle, WA, Buffalo, NY, and any other state which has laws prohibiting its use, the authorization regarding criminal records is limited to those able to be released pursuant to MA, Newark, NJ, Philadelphia, PA, RI, HI, MN, Seattle, WA, Buffalo, NY or other applicable state laws and only will be requested as appropriate under state or local law, if it is requested at all, after the application and interview stage of the hiring process.)** 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

Do not attach this page to other documents.

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

04 April 2014

**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 a condition of employment and/or continued employment. In any state or jurisdiction that has laws prohibiting such request pre-interview or hiring, applicants should only complete this form and consent to a background check after an offer of employment has been made, if required at all.

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, promotion or reassignment unless revoked in writing. 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, all only 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, Nevada, Colorado 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 to the extent permitted by law. 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.** You may find information about EmployeeScreenIQ's privacy policy at www.employeescreen.com/privacy.asp.

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 in connection with my employment. In any state or other jurisdiction which has laws prohibiting the use of a consumer report during the application stage or pre-employment, this information will not be requested unless permitted by law. 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.			

Para información en español, visite 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 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 identity 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 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 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.

• **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.

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:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

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

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

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center –
FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement &
Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590

Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423
Nearest Packers and Stockyards Administration area
supervisor
Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates
or Federal Trade Commission: Consumer Response Center –
FCRA
Washington, DC 20580
(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.



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 <i>Please check one box</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State
DO YOU CONSIDER YOURSELF TO BE OF HISPANIC OR LATINO ORIGIN? <i>Please check one box</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State
RACE/ETHNICITY DATA <i>Please check appropriate box(es)</i>
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races (<i>check as many above as apply</i>) <input type="checkbox"/> Decline to State
VETERAN DATA <i>Please check one box (See attached for explanations of each category)</i>
<input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> N/A <input type="checkbox"/> Decline to State
DISABILITY DATA <i>Please check one box</i>
<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Decline to State

EMPLOYEE SIGNATURE

DATE

human resources

EEO Form (01-26-2012)



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: 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.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
 5. Sign and date the attestation on the date Section 2 is completed.
 6. Record the employer's business name and address.
 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents 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. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 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. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no 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 "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

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 the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

USCIS Privacy Act Statement

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

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: 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 employer will keep this form and make it 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.

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 35 minutes per response, including the time for reviewing instructions and completing and retaining 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)										
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code								
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number									
	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>														

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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	--	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 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 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 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

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• 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	Enter "1" for your spouse . 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.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here 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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016	
► 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.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				4 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"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►				7 _____	
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.) ►				Date ►	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 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 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details. . . . 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2016 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 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2016 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 \$4,050 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 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.


You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Department of
Taxation

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

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 that 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 _____