



Sheriff David M. Lucas

Belmont County Sheriff's Office

68137 Hammond Road • St. Clairsville, Ohio 43950

~ Emergency: 911 ~

Sheriff's Office: 740.695.7933 • Dispatcher: 740.695.2212 • Fax: 740.699.2582
Jail: 740.695.5124 • Jail Fax: 740.695.4781

March 25, 2013

Dear Deputy:

Jamboree in the Hills 2013 will be here before we know it!! You are receiving this letter because you worked Jamboree in the Hills 2012. To obtain an employment packet this year, please go to our web site: www.belmontsheriff.net and choose Rehire Packet. Print the packet and either mail, fax or e-mail it back to the Belmont County Sheriff's Office. You must complete **ALL** forms and provide a copy of your Social Security Card **AND** a copy of your Driver's License. Without these copies of your ID, you will not be considered to schedule for JITH 2013.

Mail: Attn: Captain Everett

BCSO

68137 Hammond Road

St. Clairsville, OH 43950

Fax: 740-695-9552

E-Mail: KPaboucek@BelmontSheriff.net or

REverett@BelmontSheriff.net

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

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

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

Flashlight

Ball Cap (Law Enforcement)

Rain Gear

Reflector Vest for Traffic details

Water, Food and other personal comfort items.

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

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

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

Respectfully,

Kitty Jo Paboucek

Fiscal Officer

PART-TIME/SEASONAL NEW HIRE/REHIRE CHECKLIST

(this checklist provided to employee)

EMPLOYEE INFORMATION

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

Please Complete for Part-Time/Seasonal New Hire:

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

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

Provide to Employee	Collect from Employee	Send to HRIS for processing	Forms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAF (Personnel Action Form)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Background Consent Form (if applicable)*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Re-certify I-9 Form and supporting identification documents for employees on work permits or visas** (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W-4, PIF, Direct Deposit (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Harassment Policy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consolidated Acknowledgement Form (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 CD containing: Employee Handbook/Code of Conduct Sexual Harassment Policy Proprietary Information Agreement Arbitration Agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part-Time/Seasonal Benefits Information Sheet

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

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

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

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

Hiring Manager Signature _____ Date _____

Questions? HRIS & I-9 - (HRISSeasonal@LiveNation.com)

Background Checks – Results: your HRD/HRM, Account: Danielle Gilchrist (DGilchrist@employeescreen.com)
TMSS - Lance "Bosley" Silburn (LanceSilburn@livenation.com)

JAMBOREE IN THE HILLS 2013 – EMPLOYEE WORK SCHEDULE

NAME: _____
 ADDRESS: _____
 SSN: _____

PHONE NUMBERS: Home: _____ (Street) _____ (City) _____ (State) _____ (Zip)

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
Circle One

Type/Size of Camper: _____

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

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

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

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

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

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

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

STATE OF OHIO
COUNTY OF BELMONT, to-wit:

(Your Signature)

Special Commission for Jamboree in the Hills 2013

Sheriff

Do not attach this page to other documents.

US Employer, Live Nation Entertainment, Inc. and its subsidiaries and affiliates, including, but not limited to, Live Nation Worldwide, Inc., Live Nation Merchandise, Inc., Live Nation Touring (USA), Inc., Live Nation UTours (USA), Inc., House of Blues San Diego Restaurant Corp., ROC Nation, LLC, House of Blues Los Angeles Restaurant Corp., House of Blues Anaheim Restaurant Corp., SFX Financial Advisory Management Enterprises (collectively, the "Company").

25-January 2012

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization
(Background Check Authorization)**

REQUESTED BY:

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

BUSINESS UNIT/DIVISION:

Through this document, it is being disclosed to me and I understand that a **Consumer Report or Investigative Consumer Report**, ("Consumer Report") may be prepared about me as part of my application for employment and/or continued employment.

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 screening and background check information in accordance with all applicable guidelines and mandates as stipulated within applicable statutes. Also, if I am hired, I authorize the Company to procure subsequent reports on me at its sole and absolute discretion in connection with my continued employment. I understand that a Consumer Report may be prepared which may include written, oral, or other information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. In connection with any Investigative Consumer Report obtained by the Company, I understand that the Company will, upon my written request made within a reasonable period of time after my receipt of this Disclosure and Release of Information Authorization, make a complete and accurate disclosure to me of the nature and scope of the investigation requested. I understand and authorize some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

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

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

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

☐

☐ YES

☐

☐ NO

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

☐

☐ YES

☐

☐ NO

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

☐ YES

☐ NO

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

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

Signature _____ Social Security Number _____ Date _____

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

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

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

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

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

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

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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

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

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

Signature of Employer or Authorized Representative

Print Name

Title

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____

Document #: _____

Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	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. U.S. Military card or draft record	
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
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	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Form W-4 (2012)

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

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____					
B	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td><td rowspan="3">B _____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	B _____	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	
• You are single and have only one job; or	}	B _____					
• 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.							
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 \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____					
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	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. <table border="0"><tr><td>• 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.</td><td rowspan="3">}</td><td rowspan="3">H _____</td></tr><tr><td>• 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 \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• 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.	}	H _____	• 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 \$40,000 (\$10,000 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.	
• 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.	}	H _____					
• 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 \$40,000 (\$10,000 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
► 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.				2012
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 2012, and I certify that I meet both of the following conditions for exemption. • 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.) ►				
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 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

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

Table 1

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
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

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

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

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

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

STATE OF OHIO
DEPARTMENT OF TAXATION

Form IT-4
(11-90)

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name _____ Social Security No. _____
Address _____

Public School District of Residence _____ School District No. _____

1. Personal exemption for yourself, enter "1" if claimed _____
2. If married, personal exemption for your spouse if not separately claimed
(enter "1" if claimed) _____
3. Exemptions for dependents _____
4. Add the exemptions which you have claimed above and enter total _____
5. Additional withholding per pay period under agreement with employer _____ \$ _____

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

Signature _____ Date _____



PERSONNEL INFORMATION FORM

(Use the TAB key to navigate)

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

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.

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

human resources

Personal Information Form (01-20-2012)



PART-TIME/SEASONAL EMPLOYEE CONSOLIDATED ACKNOWLEDGMENT FORM

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

Print Employee Name	Employee ID
Code of Business Conduct and Ethics Acknowledgment 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. <div style="text-align: right; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></div></div>	
Employee Handbook Acknowledgment 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. <div style="text-align: right; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></div></div>	
Proprietary Information Agreement Signature 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. <div style="text-align: right; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></div></div>	
Arbitration Agreement Signature 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. <div style="text-align: right; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></div></div>	
Acknowledgment of Receipt of Harassment / Sexual Harassment Policy 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. <div style="text-align: right; margin-top: 10px;"><div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="width: 40%; border-bottom: 1px solid black; margin-bottom: 5px;"></div></div>	



Sheriff David M. Lucas

Belmont County Sheriff's Office

68137 Hammond Road • St. Clairsville, Ohio 43950

~ Emergency: 911 ~

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

Jail: 740.695.5124 • Jail Fax: 740.695.4781

March 25, 2013

Dear Officer:

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

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

Please return this order page and money with your employment packet

Your Name: _____ Home Office: _____

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

Shirts: How many

Small _____ @\$6.00 each

Medium _____ @\$6.00 each

Large _____ @\$6.00 each

XLarge _____ @\$8.00 each

XXLarge _____ @\$8.00 each

XXXLarge _____ @\$8.00 each \$ _____ Enclosed