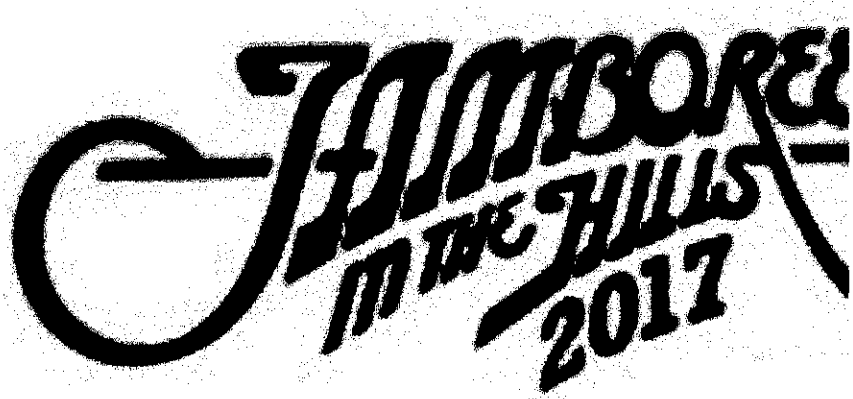

2017

New Hire

Packet

Complete if you did not work

JITH 2016

DO NOT FORGET COPIES OF ID'S

Sheriff David M. Lucas

Belmont County Sheriff's Office
68137 Hammond Road • St. Clairsville, Ohio 43950
~ Emergency: 911 ~
Sheriff's Office: 740.695.7933 • Dispatcher: 740.695.2212 • Fax: 740.699.2582
Jail: 740.695.5124 • Jail Fax: 740.695.4781

March 28, 2017

Dear Law Enforcement Personnel:

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

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

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

- Flashlight
- Ball Cap (LE)
- Rain Gear
- Reflector Vest for Traffic Details
- Water, Food and other personal comfort items.

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

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

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

Respectfully,

Kitty Jo Paboucek
Belmont County Sheriff's Office

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

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

OATH

STATE OF OHIO
COUNTY OF BELMONT, to-wit:

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

_____
Special Commission for Jamboree in the Hills 2017

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

_____
Sheriff

JAMBOREE IN THE HILLS 2017 – EMPLOYEE WORK SCHEDULE

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

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

PHONE NUMBERS:

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

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

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

Will you be camping: Yes No **Type/Size of Camper:** _____
Circle One

EMPLOYEES PLANNING TO CAMP MUST BE ON SITE FOR CAMPER PLACEMENT BY 10a-1pm on 7/9/2017

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

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

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

Sheriff David M. Lucas

Belmont County Sheriff's Office

68137 Hammond Road • St. Clairsville, Ohio 43950

~ Emergency: 911 ~

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

Jail: 740.695.5124 • Jail Fax: 740.695.4781

March 28, 2017

Dear Officer:

This year, for JITH 2017, you will be required to "Deputy Sheriff" T-shirts (see order form below) with black BDU Pants when working Venue. Please enclose $7.00 (S, M or L) or $9 (XL, XXL) or $10 (XXXL) – other sizes see form - per shirt and the number of shirts needed. If you are working any other area, you will be required to be in your dress uniform.

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

Please return this order page and money with your employment packet

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

Your Name: _____ Home Office: _____

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

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

$_____ Enclosed

Complete Employee Information

LIVE NATION ENTERTAINMENT

Seasonal (Ohio)

EMPLOYEE INFORMATION	
Employee Name:	**Hiring Mgr:**
Position:	**Start Date:**
Location:	

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

LIVE NATION ENTERTAINMENT

Complete and Sign

Personal Information Form

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

PERSONAL INFORMATION

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

Marital Status**

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Domestic Partner

Citizenship	Visa Type	Visa Number	Visa Expiration Date

ADDRESS/PHONE INFORMATION

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

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

Home Phone Number	Alternate Phone Number	E-mail Address

EMERGENCY CONTACT INFORMATION

First and Last Name	Relationship	Phone Number	Alternate Phone Number
First and Last Name	Relationship	Phone Number	Alternate Phone Number

LICENSES/CERTIFICATIONS

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

EDUCATION

Name of Institution	Degree	Major	GPA	Mo/Year Graduated

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

* Signature _____ Date _____

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

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

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

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

Complete

LIVE NATION ENTERTAINMENT

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

REQUESTED BY:
REGION: West ☐ Midwest ☐ Central ☐ Northeast ☐ Southeast ☐
BUSINESS UNIT/DIVISION:

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

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.			

LIVE NATION ENTERTAINMENT

Complete and Sign

EEO Data Form

(Use the TAB key to navigate)

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

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

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

Legal Name (Last, First, MI)

Location

Position

GENDER DATA *Please check one box*

☐ Male
☐ Female
☐ Decline to State

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

☐ Yes
☐ No
☐ Decline to State

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

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

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

☐ Vietnam Era Veteran - a person who served on active duty for more than 180 days and was discharged or released other than dishonorably, any time in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases; or was discharged or released from active duty for service connected disability if any part of such act of duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases.

☐ Disabled Veteran - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.

☐ Recently Separated Veteran - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

☐ Armed Forces Service Medal Veteran - any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

☐ Other Protected Veteran - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

☐ N/A

☐ Decline to State

DISABILITY DATA *Please check one box*

☐ Disabled
☐ Not Disabled
☐ Decline to State

*

EMPLOYEE SIGNATURE **DATE**

Complete and Sign

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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 boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

*

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

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)*				

Additional Information

QR Code - Sections 2 & 3
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	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

*

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	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)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date *(mm/dd/yyyy)*	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	AND	LIST C Documents that Establish Employment Authorization
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to the instructions for more information about acceptable receipts.

Complete and Sign

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren't 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 2017. 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: • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't 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 (**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 $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.

- 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

▶ **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.**

OMB No. 1545-0074

2017

1 Your first name and middle initial	Last name	2 **Your social security number**	
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ 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.** ▶ ☐	
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 2017, 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.) ▶ **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 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widow(er); $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details . . . . . 1 $

2 Enter: { $12,700 if married filing jointly or qualifying widow(er) / $9,350 if head of household / $6,350 if single or married filing separately } . . . . . 2 $

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $

4 Enter an estimate of your 2017 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 2017 Form W-4* worksheet in Pub. 505.) . . . . . 5 $

6 Enter an estimate of your 2017 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 2017. 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 2017. 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 - $7,000	0	$0 - $8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 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 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 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 - $75,000	$610	$0 - $38,000	$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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.

Complete and Sign

IT 4
Rev. 5/07

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

Ohio | 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 _____

LIVE NATION ENTERTAINMENT

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 applicable and that certain provisions of y 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

LIVE NATION ENTERTAINMENT

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: • 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:

THE WORK NUMBER

- 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 ENTERTAINMENT™

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)* *Not available in MA)*	1st 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 15th 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