



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: <input type="checkbox"/> Yes <input type="checkbox"/> 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



Personal Information Form

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

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

ADDRESS/PHONE INFORMATION			
<i>please note that your paycheck will be mailed to the mailing address provided below</i>			
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 HRIS 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.



EEO Data Form

(Use the TAB key to navigate)

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

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

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

Legal Name (Last, First, MI)
Location
Position
GENDER DATA <i>Please check one box</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State
DO YOU CONSIDER YOURSELF TO BE OF HISPANIC OR LATINO ORIGIN? <i>Please check one box</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to State
RACE/ETHNICITY DATA <i>Please check appropriate box(es)</i>
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races (<i>check as many above as apply</i>) <input type="checkbox"/> Decline to State
VETERAN DATA <i>Please check one box (See attached for explanations of each category)</i>
<input type="checkbox"/> Vietnam Era Veteran - a person who served on active duty for more than 180 days and was discharged or released other than dishonorably, any time in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases; or was discharged or released from active duty for service connected disability if any part of such act of duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964 and May 7, 1975 in all other cases. <input type="checkbox"/> Disabled Veteran - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability. <input type="checkbox"/> Recently Separated Veteran - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. <input type="checkbox"/> Armed Forces Service Medal Veteran - any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. <input type="checkbox"/> Other Protected Veteran - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. <input type="checkbox"/> N/A <input type="checkbox"/> Decline to State
DISABILITY DATA <i>Please check one box</i>
<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Decline to State

EMPLOYEE SIGNATURE

DATE

human resources

EEO Form (01-25-2012)



Consolidated Acknowledgment Form

Union

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
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Code of Business Conduct and Ethics Acknowledgment - revision date 02/18/11
 I acknowledge that I have either received or been provided access to a copy of the Code of Business Conduct and Ethics of Live Nation. I understand that I am responsible for reading the Code of Conduct and for knowing and complying with its provisions, regardless of whether I am assigned to work at Live Nation or one of its subsidiaries or affiliates. I further understand that my failure to comply with the provisions of the Code of Conduct may result in discipline, up to and including termination of my employment. I acknowledge that the Code of Conduct does not create any contractual rights or obligations, express or implied, between me and Live Nation. As a union member referred to Live Nation, I understand that certain provisions of the code of conduct may not be applicable and that certain provisions of my collective bargaining agreement may prevail. If I have any questions relating to the Code of Conduct, I will either ask my union representative, union steward or follow the procedure in the "Asking for Help and Reporting Concerns" section contained in the Code of Conduct.

_____ **Employee Signature** _____ **Date**

Employee Handbook Acknowledgment - revision date 01/01/15
 I acknowledge that I have either received or been provided access to a copy of the Live Nation Employee Handbook. I understand that I am responsible for reading the Employee Handbook and for knowing and complying with the policies set forth in the Employee Handbook during my employment with Live Nation or with any subsidiary or other entity affiliated with Live Nation.

I further understand that the policies contained in the Employee Handbook are guidelines only and are not intended to and do not create any contractual rights or obligations, express or implied. If any of the policies in the Employee Handbook conflict with an applicable collective bargaining agreement or local, state, or federal laws, the applicable collective bargaining agreement and/or laws will supersede the Employee Handbook. I also understand that, except as provided in an applicable collective bargaining agreement or for items subject to negotiations under my union's collective bargaining agreement with Live Nation or any of its subsidiaries or affiliates, Live Nation has the right to amend, interpret, modify or withdraw any of the provisions of the Employee Handbook at any time in its sole discretion, with or without notice. Furthermore, I understand that, because Live Nation cannot anticipate every issue that may arise during my employment, if I have any questions regarding the Employee Handbook or any of Live Nation's policies or procedures, I should consult with my union representative, union steward or the Live Nation Human Resources Department.

I understand and agree that the terms of this Acknowledgment may not be modified or superseded except by a written agreement signed by me and Live Nation's Chief Executive Officer, that no other employee or representative of Live Nation has the authority to enter into any such agreement and that any agreement to employ me for any specified period of time or that is otherwise inconsistent with the terms of this Acknowledgment will be unenforceable unless in writing and signed by me and Live Nation's Chief Executive Officer. I further understand and agree that if the terms of this Acknowledgment are inconsistent with any policy or practice of Live Nation now or in the future, the terms of this Acknowledgment shall control.

Finally, I understand and agree that this Acknowledgment (together with any valid fully-executed Employment Agreement with Live Nation) contains a full and complete statement of the agreements and understandings that it recites, that no one has made any promises or commitments to me contrary to the foregoing and that this Acknowledgment (together with any valid fully-executed Employment Agreement with Live Nation) supersedes all previous agreements, whether written or oral, express or implied, relating to the subjects covered in this Acknowledgment.

_____ **Employee Signature** _____ **Date**

Proprietary Information Agreement Signature - revision date 01/26/12
 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**

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**

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	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		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.		2017		
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 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: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 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 <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> 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

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
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						

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.



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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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



IATSE LOCAL 927
449-1/2 Moreland Ave., NE Suite 215
Atlanta, GA 30307
(404) 870.9911 ♦ Fax: (404) 870.9906

AGREEMENT AND AUTHORIZATION FOR WORK DUES

I, _____ hereby request I.A.T.S.E. Local 927, ("Union"), to refer me to work available with any employer with whom the referral shall be in accordance with the terms and conditions of the Union's agreement with employer.

In consideration for referral, I hereby agree to pay the Union work dues. The amount of the work dues are established from time to time by the Union and is posted in the Union's office at 449-1/2 Moreland Ave., NE, Ste. 215 in Atlanta, Georgia. Work dues are due and payable at the time the employer compensates me.

Where applicable, I hereby authorize the employer to deduct from my wages an amount equal to the Union's work dues and to remit the same to the Union. I understand and agree that I am ultimately responsible for payment of my work dues. I understand and agree that if for any reason the fee is not taken out of my check, that my failure to pay such work dues to the Union relieves the Union of any obligation to refer me to work.

I further understand and agree that the work dues are due and payable to the Union regardless of my membership or lack of membership in the Union.

I hereby acknowledge that the Union has made no guarantees, inducements, or promise of any kind in connection with this agreement and authorization, which I now sign freely and voluntarily.

Signature

Today's Date

Street Address

Main Telephone #

City, State and Zip

Social Security #

E-Mail Address: _____

NOTICE: The Union shall refer workers for work under this agreement without regard to their race, sex, color, religion, creed, national origin, age, membership or lack of membership in the Union.

Voluntary Self-Identification of Disability

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

Why are you being asked to complete this form?

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

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

How do I know if I have a disability?

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

Disabilities include, but are not limited to:

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

Please check one of the boxes below:

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

Your Name

Today's Date