

BOWER EVENTS

FOR OFFICE USE ONLY:

Position: _____
Pay Rate: \$ _____ / Hr
Mgr: _____ Date: _____
FileMaker Pro: _____
B/G: _____

EMPLOYMENT APPLICATION

- Neither this application nor any subsequent employment resulting from it is intended to create, or will create, a contract of employment for any specific period of time.
- You may request an accommodation to enable you to complete this application or to participate in an interview.
- Any application containing information not requested will be rejected.

PLEASE PRINT – ANSWER EVERY QUESTION COMPLETELY

NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
NUMBER STREET APT. # CITY STATE ZIP CODE

HOME PHONE: _____ CELL PHONE: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRES: _____

EMAIL ADD: _____ SS#: _____

- Are you a U.S. military veteran of the Vietnamese Conflict? _____
- Are you a disabled veteran of the U.S. Military? _____
- Do you have the legal right to work in the US? _____ 18 or older? _____
- Have you worked for us before? _____ Other Private Security Companies? _____
- Have you ever been convicted of a crime? If yes, please explain. _____
- Have you ever been denied a drivers license or had one suspended or revoked? _____
- If yes, please explain. _____
- Are you able to stand for long periods of time? _____ Are you able to climb stairs easily? _____
- Are you able to walk continuously for 30 minutes? _____ Are you able to lift 30 lbs easily? _____
- Do you have serious uncorrectable loss of sight, hearing or smell? _____
- Do you have a condition that sometimes causes you to lose consciousness? _____

- Do you have a current California Security Guard Card? _____ Gun Permit or Baton? _____

Type of License or Permit	License or Permit Number	Issuing Agency	Date Issued	Date Of Expiration
CA Guard Card				
Firearm Permit				
List makes, models and Caliber of firearms				
Baton & Type				
Chemical/Tear Gas				
CPR/First Aid				
CCW Permit				

PLEASE LIST THE HOURS YOU ARE WILLING TO WORK EACH DAY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:
TO:	TO:	TO:	TO:	TO:	TO:	TO:

EDUCATION & TRAINING

- High School Name: _____ City/St: _____ Graduate? _____
- College Name: _____ City/St: _____
- Major/Degree: _____ Graduate? _____
- Trade School: _____ City/St: _____
- Skills learned: _____
- Other: _____

EMPLOYMENT/UNEMPLOYMENT HISTORY

From: _____ To: _____ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Last Job Title: _____

Reason for leaving: _____

From: _____ To: _____ Employer: _____
Address: _____
Phone: _____ Supervisor: _____
Last Job Title: _____
Reason for leaving: _____

From: _____ To: _____ Employer: _____
Address: _____
Phone: _____ Supervisor: _____
Last Job Title: _____
Reason for leaving: _____

PERSONAL REFERENCES

Do not list relative or former employers. You must list two.

Name: _____ How long known: _____
Address: _____ Phone: _____
Name: _____ How long known: _____
Address: _____ Phone: _____

CERTIFICATION AND AUTHORIZATION

I certify that the information provided herein is accurate and no relevant data was omitted. I understand that falsification or intentional omissions may result in rejection of my application or my discharge, if I have already been hired. I authorize **BOWER EVENTS** to contact prior employers, personal acquaintances, schools and credit bureaus in order to determine my desirability as an employee. I hereby release and hold harmless all persons and organizations that provide truthful information about my background and personal traits that might affect my employability.

Applicant's Signature: _____ Date: _____

BOWER EVENTS

VERIFICATION OF EMPLOYMENT

NAME: _____ SS#: _____

I, _____, authorize **BOWER EVENTS** to contact prior employers, personal acquaintances, schools and credit bureaus in order to determine my desirability as an employee. I hereby authorize all persons and organizations to provide truthful information about my background and personal traits, furthermore I hereby release and hold harmless all persons and organizations that provide truthful information about my background and personal traits that might affect my employability.

Signature

Date

APPLICANTS - DO NOT WRITE BELOW – OFFICE USE ONLY

The above referenced individual has indicated that he/she has previously worked for your establishment. Please verify that the above name and social security number are correct and fill in the following information. Thank you for your help in this matter. You can fax the completed form to **760-834-2664**.

Dates of employment: From: _____ To: _____

Position Held: _____ Pay Rate: _____

Available for rehire?: _____ If NO, please explain: _____

How would you rate their attendance?: _____

Do you have any reason to doubt their: LOYALTY _____

HONESTY _____ DEPENDABILITY _____

Do you have any reason to believe they use: DRUGS _____ ALCOHOL _____

Additional Comments:

Company Name: _____ Phone#: _____

Completed by: _____ Title: _____

Signature: _____ Date: _____

PLEASE FAX BACK TO 760-834-2662

BOWER EVENTS

EVENT STAFF DISCLAIMER

Employment as *Event Staff* is a temporary position. Any employment by **BOWER EVENTS** as *Event Staff* is in no way a promise of permanent employment, full time employment or a promise of future full time employment.

Signature constitutes understanding and agreement of the above statement.

Print Name

Date

Signature

Witness

Form W-4 (2011)

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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

Head of household. Generally, you may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Cut 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2011</div>
1 Type or print 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 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

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

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

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

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

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

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

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

Employee's Signature

Date (month/day/year)

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

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

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

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

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------