

# USA Party Supplies

## APPLICATION FOR EMPLOYMENT

(Clearly print or type answers to each question)

Prospective employees will receive consideration without regard to race, creed, color, sex, age, national origin or handicap.

### PERSONAL DATA

Name	Date
Address	Home telephone
City, state, zip	Daytime telephone
Position desired	Social security
Are you eligible for employment in the United States? <input type="checkbox"/> Yes (complete Form I-9) <input type="checkbox"/> No	DL number
Have you ever been convicted of a felony? <input type="checkbox"/> Yes (explain) <input type="checkbox"/> No	County
Special training or skills	

### EDUCATION

School	Name and location	Major courses	Years completed	Did you graduate?	Dates attended
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### WORK AVAILABILITY

Sun	Mon	Tue	Wed	Thu	Fri	Sat

### WORK HISTORY

Employer	Address	Telephone	From	To	Position

### REFERENCES

Name	Address	Telephone	Occupation

# EMPLOYEE INSTRUCTIONS

All forms MUST be signed, dated and returned to your supervisor, with the appropriate identification, no later than 3 days after your first day of work. It is your responsibility to complete all information on each of the following forms, including, if applicable, those required for employees under 18 years of age. Your payroll cannot be processed without them!

## ● Application for Employment

- Personal Data
  - ◆ County - Write the name of the county in which you lived on January 1st. of this year (for withholding tax purposes)
- Work Availability Section
  - ◆ If you can work from Start to Close, write “S/C”
  - ◆ If you can’t work from Start to Close, write the hours you will be available to work
- References
  - ◆ If you have work references, complete the information required for your immediate supervisor(s)
  - ◆ If you have no work references, complete the information required for a teacher, family friend and/or relative

## ● Internal Revenue Service Form W-4 “Employee's Withholding Allowance Certificate”

- Box 1 - Write your Name and Address
- Box 2 - Write your Social Security number
- Box 3 - Marital Status
  - ◆ If you’re not married, check the box for “Single”
  - ◆ If you’re married, check the box for “Married”
- Box 5 - Number of Allowances
  - ◆ If no one else can claim you as a dependent, i.e. you support yourself, write “1”
  - ◆ If someone else can claim you as a dependent, e.g. your parents, guardian or spouse, write “0”
- Employee Signature and Date - Sign your name and write today’s date.

## ● U.S. Department of Justice Form I-9 “Employment Eligibility Verification”

- Section 1: Employee Information and Verification - Complete all information, including your signature and today’s date.
- Section 2: Employer Review and Verification - Show your supervisor one item from List B and one from List C. Only original documents are acceptable.
  - ◆ List B
    - ✓ Driver's license
    - ✓ Photo ID
    - ✓ Military ID
    - ✓ ID with name, sex, birth date and description
    - ✓ School record or report card
    - ✓ Medical record
  - ◆ List C
    - ✓ Social security card
    - ✓ Birth certificate

## ● Indiana Form WH-4 “Employee's Withholding Exemption & County Status Certificate”

- Write your Name and Address
- Write your Social Security number
- Write your County of Residence on January 1<sup>st</sup> of this year
- Write your County of Work on January 1<sup>st</sup> of this year
- Line 1 - Number of Withholding Exemptions
  - ◆ If no one else can claim you as a dependent, i.e. you support yourself, write “1”
  - ◆ If someone else can claim you as a dependent, e.g. your parents, guardian or spouse, write “0”
  - ◆ If you have dependents, complete lines 2, 3, and 5
  - ◆ Enter the total number of exemptions claimed on line 4
- Employee Signature and Date - Sign your name and write today’s date.