

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR _____

"This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application."

This form should be filled out in the applicant's handwriting. All information given will be treated as confidential.

Name in full _____ Date _____ 20__

Present Address _____
Street and Number City and State Telephone No.

Social Security No. _____

Have you previously filed an application with us? _____ Have you been previously employed by this company? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. (I-9) Yes No

Who Is Your Nearest Relative	NAME ADDRESS
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With whom, among those connected with this Company, are you acquainted? _____

EDUCATION

SCHOOL OR COLLEGE	WHERE LOCATED	ATTENDED		COURSE OF STUDY	STATE WHETHER GRADUATE OR NOT
		From Year	To Year		
Grade School					
Preparatory or High School					
College or University					
Other Schools attended					
Corresponding Courses					
State Office Equipment You can Operate					

W-4
 Form Department of the Treasury
 Internal Revenue Service

Employee's Withholding Allowance Certificate

↓ For Privacy Act and Paperwork Reduction Act Notice, see reverse.

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 Marital status { <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>
City or town, state, and ZIP code _____	

4 Total number of allowances you are claiming 4 _____
 5 Additional amount, if any, you want deducted from each pay 5 \$ _____

6 I claim exemption from withholding and I certify that I meet **ALL** 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; **AND**
- This year if my income exceeds \$500 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter the year effective and "EXEMPT" here 6 20 _____

7 Are you a full-time student? (**Note: Full-time students are not automatically exempt.**) 7 Yes No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ↓ _____ Date ↓ _____, 20__

8 Employee's name and address (Employer: Complete 8 and 10 only if sending to IRS) _____	9 Office code (optional) _____	10 Employer identification number _____
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