APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMA	TION			DATE				
IAME (LAST NAME FIRST)				SOCIAL	SECURITY NO.			
RESENT ADDRESS	Ic	YTY		ISTATE		- IZIR CO		
RESENT ADDRESS		CITY		STATE		ZIP CODE		
ERMANENT ADDRESS	C	CITY		STATE		ZIP CODE		
and the second s			ALL SULATIONS		VASI AGRICAÇÃO			
HONE NO.	are not seen one and the	REFERE	RED BY		transels. Be	volonio II	tera kristinabno	
	and the supplication	Children A	and sol			and the second	N Louis Linear	
MPLOYMENT DESIR	RED							
POSITION			DATE YOU	CAN START	and the said	SALARY DES	IRED	
DE VOIL		name of	IF 00 1411	WE INOUENE	da mandi	As a line	and translate	
ARE YOU EMPLOYED? YES NO				WE INQUIRE RESENT EMPL	YES NO			
EVER APPLIED TO	YES NO	WHERE?	dien in a	eu in sus	WHE	N?	- Williams	
THIS COMPANY BEFORE?		college red	to his 20	A pur port	tidue(U)	W.Conleav	Lett vd beidde	
DUCATION HISTOR	Υ							
NAME & LOCATION OF SCHOOL				YEARS	DID YOU GRADUATE			
				TENDED	GIIADOAII		of Cayanga	
GRAMMAR SCHOOL	3977		Jan In					
		SAFE COLUMN		2.7.7. 500				
HIGH SCHOOL								
COLLEGE								
TD 4 DE DUQUESO 6	25							
TRADE, BUSINESS C CORRESPONDENCI	E							
SCHOOL								
GENERAL INFORMAT	TION							
SUBJECTS OF SPECIAL ST	UDY/RESEARCH							
WORK OR SPECIAL TRAINI	NG/SKILLS							
			1 = -1		-			
U.S. MILITARY OR	Committee of the second		RA	NK				
NAVAL SERVICE								
CORNER EMPLOYER	S (LIST BELOW LAST FOUR EI	ADI OVEDO OT	A DYTHAIO MATTER	ACT ONE FIDE	T.			
DATE					Maria Company District Company			
MONTH AND YEAR	NAME & ADDRESS OF B	MPLOYER	SALARY	POSITIO	ON	REASON	FOR LEAVING	
FROM	-	ING IST		100				
FROM				-			77 - 7-10	
то								
FROM				3			1 1031150	
то		oato regureas.	45			COLUMN TO THE PARTY OF THE PART		
FROM TO								
U .	AND RESTRICTIONS OF THE PERSON AND PARTY OF THE PERSON NAMED IN COLUMN TWO PARTY OF THE PERSON NAMED IN COLUMN TO PERSON N	Charles of the state of		STATE OF THE PARTY	THE RESERVE OF THE PARTY OF THE			

@ adams 9661 APR 1998

CONTINUED ON OTHER SIDE

BUSINESS **ADDRESS** AUTHORIZATION "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws." __SIGNATURE __ DATE _____ INTERVIEWED BY __ ------ DO NOT WRITE BELOW THIS LINE -REMARKS CHARACTER NEATNESS ABILITY PERSONALITY

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

REFERENCES

GENERAL MANAGER EMPLOYMENT MANAGER DEPARTMENT HEAD

POSITION

FOR

DEPT.

HIRED

APPROVED: 1._

WILL

REPORT

SALARY

WAGES

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).

come, or two-earr	ers/multiple jobs situations.	consider making estimated	d tax payments usin	g					
301110	Personal	Allowances Worksl	neet (Keep for	your records.)					
F-1 #17 fo	yourself if no one else can cla					Α			
Enter 1 10	You are single and have	only one job; or)				
	- You are single and have o	nly one job, and your so	one job, and your spouse does not work; or						
Enter "1" if:		the barrier and the control of the form of the form and the barrier of the control of the contro							
F-1 #17 60	your spouse. But, you may cl	noose to enter "-0-" if w	ou are married an	d have either a wor	king spouse or mo	re			
then one in	/Entering "-0-" may help you	avoid naving too little to	ix withingia.			С			
	a s dA- /-May thom to	our engues or vourself)	vou will claim on '	your tax return		D			
	umber of dependents (other than your spouse or yourself) you will claim on your tax return								
		ld or donandoni care e	exmenses for write	at And bien, so own.		F			
Enter "1" if	ot include child support payme	nte See Pub 503 Chile	d and Dependent	Care Expenses, for	details.)				
(Note. Do r	ot include child support payme credit (including additional child	d tou gradith San Pub 9	72 Child Tax Cre	dit, for more inform	ation.				
						eligible childrer			
 If your tota 	income will be less than \$61,000 (s al income will be between \$61,	000,000 ii iiiaiie0j, eilei 2	00 and \$119,000	if married), enter "1	" for each eligible				
						G			
child plus					m on your tax return.	► H			
	hrough G and enter total here. (No	or claim adjustments	to income and w	ant to reduce your	withholding, see the	e Deduction			
For accura	and Adjustments W	orksheet on page 2.			ambiand parnings from	all inhs excee			
complete workshee	 If you have more than or 	ne job or are marned and y	ou and your spouse	both work and the co	id having too little tax	withheld.			
that apply	\$40,000 (\$10,000 if marri	ne job or are married and y ed), see the Two-Eamers/N e situations applies, sto	Multiple Joos Works	the number from li	ne H on line 5 of Fo	rm W-4 belo			
	o if neither of the abov	Form W-4 to your emp			and the second				
Form W-4	sury Subject to review by the	e's Withholdin tled to claim a certain num le IRS. Your employer may	have of alloweness of	evenntion from with	holding is	B No. 1545-00 2011			
1 Type or p	nt your first name and middle initial.	Last name			2 1001 300101 00000				
						as Cinala rata			
Home address (number and street or rural route)			3 Single	Married Marrie	ed, but withhold at high	er alligie rate.			
			Note. If married, but	t legally separated, or spou	se is a nonresident alien, c	neck the Single			
City or town, state, and ZIP code			4 If your last na	me differs from that s	hown on your social s	ecurity card,			
			check here. \	ou must call 1-800-7	72-1213 for a replace	ment card.			
F Total nu	mber of allowances you are cla	iming (from line H above	e or from the app	licable worksheet o	n page 2) 5	•			
		bbold trom each haycon	N			\$			
		2011 and I certify that I	meet bout of the	following condition	s for exemption.				
		It fodoral income tay wi	mneid Discause i i	idu ilo tax ilacini	4114				
• Last y	ear I had a right to a refund of a ear I expect a refund of all fede	ral income tax withheld	because I expect	to have no tax liab	ility.				
• This y	ear I expect a refund of all fede eet both conditions, write "Exe	mnt" here		▶	7				
If you n	eet both conditions, write "Exe perjury, I declare that I have examine	this certificate and to the b	est of my knowledge	and belief, it is true, cor	rect, and complete.				
Under penalties of	perjury, i deciare that i have examine	a time deliginosis arra se sir							
Employee's sig	nature				Date ►				
	- It decomposed to the land of		PROTECTION OF THE PARTY OF THE		10 Employer identifi	and on municipal			
	to some and address (Employer Con	nolete lines 8 and 10 only if s	ending to the IRS.)	9 Office code (optional)	10 Employer identifi	cation number			
8 Employe	's name and address (Employer: Con	nplete lines 8 and 10 only if s	ending to the IRS.)	9 Office code (optional)	10 Employer localism	cation number			