

ON TAP APPLICATION

NAME _____ BIRTHDATE ____/____/____
FIRST MI LAST IF UNDER 18
 ADDRESS _____ SOCIAL SECURITY NUMBER _____
 CITY _____ STATE _____ ZIP CODE _____ PHONE _____
 POSITION APPLIED FOR _____ EXPECTED SALARY _____
 FULL TIME _____ PART TIME _____ HOURS AVAILABLE PER WEEK _____
 DATE YOU CAN START _____

HOURS AVAILABLE

	SU	M	TU	W	TH	F	SA
FROM							
TO							

EDUCATION LAST GRADE COMPLETED _____ CURRENTLY ENROLLED _____
 SCHOOL NAME _____ GRADUATED _____ IF SO, WHEN _____
 SPORTS OR OTHER ACTIVITIES _____
 US MILITARY PRESENT MEMBER OF _____
 SERVED YES _____ NO _____ RANK _____ RESERVE OR NATIONAL GUARD? _____
 PHYSICAL _____
 ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR EMPLOYMENT? YES _____ NO _____
 IF YES DESCRIBE _____
 DURING THE PAST SEVEN YEARS HAVE YOU BEEN CONVICTED OF A CRIME EXCLUDING TRAFFIC VIOLATIONS
 OR MISDEMEANORS? YES _____ NO _____ A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT
 IF YES DESCRIBE _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE FROM	TO	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

MANAGEMENT IS TAKING A TIP CREDIT OF \$3.92 PER HOUR, AS PERMITTED BY LAW

FORM W-4 EMPLOYEES WITHHOLDING ALLOWANCE CERTIFICATE **2013**
 DEPARTMENT OF TREASURY OMB NO 1545-0010
 INTERNAL REVENUE SERVICE

1 TYPE OR PRINT YOUR FIRST NAME AND MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)	MARITAL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> MARRIED, BUT WITHHOLDING AT HIGHER SINGLE RATE <small>NOTE: IF MARRIED, BUT LEGALLY SEPERATED, OR SPOUSE IS A NONRESIDENT ALIEN, CHECK SINGLE BOX</small>
CITY OR TOWN, STATE, AND ZIP CODE		

4 IF YOUR LAST NAME DIFFERS FROM THAT ON YOUR SOCIAL SECURITY CARD CHECK HERE. YOU MUST CALL 1-800-772-1213 FOR A NEW CARD.

5 TOTAL NUMBER OF ALLOWANCES YOU ARE CLAIMING

5

6 ADDITIONAL AMOUNT, IF ANY, YOU WANT WITHHELD FROM EACH PAYCHECK

6

7 CLAIM EXEMPTION FROM WITHHOLDING AND I CERTIFY THAT I MEET ALL 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

IF YOU MEET ALL OF THE ABOVE CONDITIONS, ENTER THE YEAR EFFECTIVE AND "EXEMPT" HERE

7

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT DELIBERATE FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DISMISSAL IN ACCORDANCE WITH ON TAP POLICY. I AUTHORIZE THE REFERENCES 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I REALIZE THAT ON TAP DOES NOT HIRE BY JOB CLASSIFICATION.

BY SUBMITTING THIS APPLICATION, THE APPLICANT AGREES THAT THE EMPLOYER MAY PERFORM A BACKGROUND CHECK ON THE APPLICANT IN EMPLOYER'S SOLE DISCRETION.
 APPLICANTS SIGNATURE _____ DATE _____

NOTES:
 HIRED _____ POSITION _____ WAGE _____ STARTING DATE _____

PLEASE 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 ELIGIBLE INDIVIDUALS. EMPLOYERS CANNOT SPECIFY WHICH DOCUMENT(S) THEY WILL ACCEPT FROM AN EMPLOYEE. THE REFUSAL TO HIRE AN INDIVIDUAL BECAUSE OF 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
ADDRESS (STREET NAME AND NUMBER)		APT #	DATE OF BIRTH (MTH/DAY/YR)
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) <input type="checkbox"/> A CITIZEN OR NATIONAL OF THE UNITED STATES <input type="checkbox"/> A LAWFUL PERMANENT RESIDENT (ALIEN # A _____) <input type="checkbox"/> AN ALIEN AUTHORIZED TO WORK UNTIL ___/___/___ (ALIEN # OR ADMISSION # _____)	
EMPLOYEE'S SIGNATURE		DATE (MONTH/DAY/YEAR)	

PREPARE 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.

PREPARED BY (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 LIST C AS LISTED BELOW AND RECORD 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 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 ELIGIBLE 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	ADDRESS (STREET NAME AND NUMBER, CITY, STATE, ZIP CODE)	DATE (MONTH/DAY/YEAR)

FORM I-9 (REV. 11-21-91) N

LIST A	LIST B	LIST C
US PASSPORT CERTIFICATE OF US CITIZENSHIP CERTIFICATION OF NATURALIZATION UNEXPIRED FOREIGN PASSPORT WITH UNEXPIRED EMPLOYMENT AUTHORIZATION ALIEN REGISTRATION CARD WITH PHOTOGRAPH UNEXPIRED TEMPORARY RESIDENT CARD UNEXPIRED EMPLOYMENT AUTHORIZATION CARD UNEXPIRED REENTRY PERMIT UNEXPIRED REFUGEE TRAVEL DOCUMENT UNEXPIRED EMPLOYMENT AUTHORIZATION DOCUMENT ISSUED BY INS WITH PHOTOGRAPH	DRIVERS LICENSE ID CARD ISSUED BY FEDERAL, STATE OR LOCAL GOVERNMENT SCHOOL ID CARD WITH PHOTOGRAPH VOTERS REGISTRATION CARD US MILITARY CARD US COAST GUARD MERCHANT MARINER CARD NATIVE AMERICAN TRIBAL DOCUMENT DRIVERS LICENSE ISSUED BY CANADIAN GOVERNMENT AUTHORITY FOR PERSONS UNDER AGE OF 18: SCHOOL RECORD OR REPORT CARD CLINIC, DOCTOR OR HOSPITAL RECORD DAY-CARE OR NURSERY SCHOOL RECORD	US SOCIAL SECURITY CARD CERTIFICATION OF BIRTH ABROAD ISSUED BY THE DEPARTMENT OF STATE ORIGINAL BIRTH CERTIFICATE NATIVE AMERICAN TRIBAL DOCUMENT US CITIZEN ID CARD ID CARD FOR USE OF RESIDENT CITIZEN OF US UNEXPIRED EMPLOYMENT AUTHORIZATION DOCUMENT ISSUED BY INS

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 FOR WORK AUTHORIZATION HAS EXPIRED, PROVIDE THE INFORMATION BELOW FOR THE DOCUMENT THAT ESTABLISHES CURRENT EMPLOYMENT ELIGIBILITY.	
DOCUMENT TITLE: _____	DOCUMENT #: _____
EXPIRATION DATE (IF ANY): ___/___/___	
I ATTEST, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE, THIS EMPLOYEE IS ELIGIBLE 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)