

Party Personnel

EMPLOYMENT APPLICATION

THIS APPLICATION MUST BE COMPLETED IN FULL, EVEN IF A RESUME IS ATTACHED.

Thank you for your interest in employment with Party Personnel, Kansas. Party Personnel is an Equal Opportunity Employer. We consider all applicants on the basis of qualifications and job-related requirements and criteria, without regard to race, color, creed, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, and any other legally protected status.

Date _____ Referred by _____ Soc. Sec. _____ - _____ - _____

Name (Last, First, M.I.) _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip _____ Email _____

Telephone Home _____ Cell _____ Alternate _____

List experience in restaurant, catering or banquet serving or bartending:

Have you ever worked for another hospitality staffing service? Yes No

If yes, where and when: _____

Employment desired: full-time part-time Date available to begin work: _____ Hourly Wage: _____

NOTE: SATURDAY NIGHTS ARE MANDATORY

Shifts you are available to work: _____

KC. MO Liquor Card # _____ Expiration Date: _____

PLEASE REVIEW JOB DESCRIPTIONS BEFORE ANSWERING. Are you able to perform the essential functions of each of the positions you listed? Yes No If "no", please explain by position title: _____

Are you 18 years of age or older (in order to serve wine)? Yes No

Are you 21 years of age or older (in order to bartend)? Yes No

Are you legally eligible to work in the United States and able to provide required documentation upon employment? Yes No

Have you ever been convicted of any criminal offenses other than minor traffic violation, including a morals charge? Yes No

If "yes", please explain (attach additional paper if necessary): _____

Have you ever been convicted of any intoxicating liquor law in the United States during the two years prior to this date?

Yes No If "yes", please explain (attach additional paper if necessary): _____

(Disclosure of a criminal record will not necessarily disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness, in relation to the job for which you are applying. However, failure to disclose such information may result in disqualifying you from employment consideration or termination of employment.)

EDUCATION

	Name and Location of School	Course of Study	# of Years Completed	Diploma, Certificate or Degree Received or Credit Hours Completed
High School				
College or University				
Vocational or Trade School				
Graduate School				

WORK HISTORY

Start with your present or most recent employment and provide ALL information requested.

Name of Employer		Telephone number, starting with area code	
Complete address, including street Company, state & zip code		Supervisor's name and title	
Dates employed From: month/day/year	To: month/day/year	Starting salary:	Ending salary:
Give <u>title(s)</u> of position(s) held and describe the <u>duties and responsibilities</u> of each:			

Reason for leaving:			

Name of employer		Telephone number, starting with area code	
Complete address, including street Company, state & zip code		Supervisor's name and title	
Dates employed From: month/day/year	To: month/day/year	Starting salary:	Ending salary:
Give <u>title(s)</u> of position(s) held and describe the <u>duties and responsibilities</u> of each:			

Reason for leaving:			

Do you authorize inquiry about you from your present employer? Yes No If no, please explain: _____

APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT

Any questions regarding this Acknowledgement and Agreement or the Employment Application should be directed to Party Personnel BEFORE signing. This Employment Application will be given every consideration, if its receipt and acceptance does not imply or guarantee that the applicant will be employed by Party Personnel.

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this Employment Application, including previous employment, as may be necessary in arriving at an employment decision. I hereby release Party Personnel from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I also release from all liability anyone supplying such information and release Party Personnel from all liability that might result from making an investigation.

I understand that the falsification, misrepresentation or omission of facts on this Employment Application, or any other accompanying or required documents, will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I will provide all documentation as proof of educational, training or certification requirements.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Party Personnel is of an "at-will" nature, which means that the employee may resign at any time and Party Personnel may terminate the employee at any time, with or without cause or notice. I understand that any employment offered is for an indefinite duration. It is further understood that this "at-will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by the Owner of Party Personnel.

If employed, I understand that I may be requested to submit to a drug and alcohol test at any time deemed appropriate by the Company and as permitted by applicable law. I consent to such tests, and I request that the results of such tests be disclosed to the Company, which the Company shall keep confidential. I understand that my employment or continued employment, to the extent permitted by applicable law, is contingent upon a negative drug and/or alcohol test.

I understand that should an employment offer be extended to me and accepted by me, that I will fully adhere to the policies, rules and regulations of employment of Party Personnel. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I further understand that no representation, whether oral or written by any representative or agent of Party Personnel, at any time, can constitute a contract of employment. I understand that my employment will be contingent upon signing the Acknowledgement Page designating that I have read and understand the company's policies.

I understand that Party Personnel and its executives shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. **NO EMPLOYMENT WITH PARTY PERSONNEL IS "PERMANENT"**. Therefore, no representative or agent of Party Personnel has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment, or to make any agreement contrary to the foregoing, other than in a document signed by the Mayor, with the approval of the Company Council.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on Party Personnel. I understand this decision is to rest with Party Personnel.

If employed, I agree to hold in strictest confidence any information concerning Party Personnel, its guests, employees and agents.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this Employment Application.

Signature of Applicant

Date

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF
A CONSUMER REPORT**

(This authorization will be provided to any agency who assists Party Personnel in the procurement of a consumer report and background investigation.)

I understand that, as a condition of my consideration for employment with PARTY PERSONNEL, or as a condition of my continued employment with PARTY PERSONNEL, PARTY PERSONNEL may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to PARTY PERSONNEL'S procurement of such a report. I understand that, pursuant to the Federal Fair Credit Reporting Act, PARTY PERSONNEL will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with PARTY PERSONNEL. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

My signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____
(PLEASE PRINT)

Applicant's Address: _____

Company/State/Zip: _____

Signature: _____

Social Security Number: _____

Date of Birth: _____

EEOC Notice N-915.043 II states "a pre-employment inquiry on the part of the employer for information such as date of birth or state age on an application form is not, in itself, a violation of the age discrimination in employment act (ADEA). The ADEA of 1967 prohibits discrimination in employment on the basis of age.

Notice To All Applicants: The information requested above is used to assist in the completion of a background investigation. The information will be maintained in a limited access file, detached from your application. The information will be used for the sole purpose of identification when conducting a background investigation. Your response will not be used to determine your eligibility for employment.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it.
- **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



PARTY PERSONNEL
Providing Remarkable Service

SCHEDULING HOTLINE: 913-312-7361

Employee Policy Sheet

General Policy: Party Personnel sets high standards and is proud of how it treats clients and employees. We know there is no company without you. As a temporary agency, we help staff banquet and catering facilities, and professionalism is the key to our success. The following are some of Party Personnel's specific policies.

Integrity and Professionalism: Our employees are expected to consistently conduct themselves with the highest standards of integrity and professionalism at all times. A lack of business integrity can result in serious consequences for the company. Please report any of these to your supervisor.

Physical Demands: Our employees must be able to perform the following:

- remain standing for a minimum of four hours
- be able to frequently carry food trays weighing up to 60 pounds
- constant lifting, grasping, bending, stooping
- adhere to local health codes

Schedule: Saturday nights are required. You must call in on Thursday for the following weeks' schedule. When you accept an assignment, we expect you to complete it in a professional manner. Write down the client's name, location, the date, and time. You are expected to stay until your assignment is complete and the client releases you.

No Show No Call No Job

Arrival Time: You must arrive on time for all jobs. Lateness means less pay. Plan to arrive 15 minutes earlier than scheduled to allow for getting lost or heavy traffic. Keep phone numbers on you at all times. If you are running late, call us so that we may inform the client. Leave a voice mail message if we do not answer.

Personal Appearance and Hygiene: You must have a clean, well-groomed appearance. Men should be clean-shaven (unless medical restrictions to do so apply) with hair length above the collar. Women must pull their long hair back. No facial piercings or visible tattoos are allowed. Your person should be showered and clean.

Uniform: A professional look is important, keeps your uniforms clean and pressed. Our standard uniform is: **White tuxedo shirt and black bow tie.** Purchase at Hobby Lobby or Michael's. **Black vest.** Purchase from Party Personnel. **Black dress pants.** We require black slacks for men and black pleated dress pants for women. No faded cotton, jeans or elastic waists are allowed. Only black belts, black socks and black closed-toe leather shoes may be worn. No canvas or logo shoes are allowed. They must be clean and polished. When working outside events, avoid slick leather soles. Other uniforms may be required based on clients' requests.

You may not time in for a job until you are fully dressed. This means that your bowtie is on and shirt is tucked in. If you show up for a job out of uniform, Party Personnel or the client may send you home and you will not be paid.

Time Sheets: Most jobs have a timesheet on site. If not, ask the client to keep track of your time to report to the schedulers. Keep a record of your hours worked so you can be sure that you are paid correctly. Compare it to your pay stubs and call if there are any problems. Report hours via email to Amy@partypersonnelkc.com or call the hotline during business hours at 913-312-7361.

Meals: Some clients let you eat food; some do not. Get permission from the site supervisor before eating. Do not take food out of the facility. We recommend you eat before your shift. If you are allowed to eat, the client can deduct 30 minutes from your time worked.

Payday: We pay every other Friday. The pay period runs Monday through Sunday for two weeks. You may pick up your check at the office at 5920 Nall Suite 304 Mission, KS 66202 on Tuesday through Friday from 11:30am to 2pm. You may choose to have your pay directly deposited into your bank account by filling out the Electronic Funds Transfer Form. If you choose to use direct deposit, your paystub will be emailed to you upon request.

Tips: You cannot put out a tip jar while bartending.

Open Door Policy: Party Personnel respects and values the opinions and views of all employees. The Company has an Open Door Policy and any employee may speak with any member of management about any job-related interest, concern or problem he or she may have at any time. You are encouraged to speak first with your supervisor if appropriate. If you do not receive a suitable response, you must submit your concern in writing to the owners of the Party Personnel Franchise.

Drug & Alcohol Policy: The success of our company is linked to your performance, behavior and judgment while on the job. Therefore, Party Personnel does not tolerate the abuse of drugs or alcohol by its employees. If engaged in the sale of or found under the influence of habit forming or illicit drugs or alcohol, you may be terminated. You may be asked to pass a drug screen for a variety of clients.

Harassment: Party Personnel will not tolerate any form of conduct in the workplace that may be considered harassing, coercive, unprofessional or disruptive. This policy extends to employees, vendors, customers and others who may have interaction with our employees on the client site. All employees are responsible for respecting the rights of everyone encountered in the course of business.

If you have experienced or witnessed harassment or discrimination in the workplace, you should immediately report the incident(s) to your supervisor. If you feel it would be inappropriate to discuss the matter with your supervisor, the incident(s) can be reported directly to any other management individual. If you do not feel you have received a suitable response, you must utilize the Open Door Policy by submitting the complaint in writing directly to the owner of your city's franchise.

Introductory Period: As a new employee, you enter an introductory period of sixty days from your date of hire. During this period you will train for your job and learn what we expect from you. If you succeed, we succeed, so ask questions! We will make every effort to help you through your probation period; however, we reserve the right to terminate any trainee during or after this 60-day period.

Referral Bonus: We offer a \$25 referral fee to employees who send qualified candidates who are hired and successfully complete 40 hours of work. Your name must appear in the referral section of their employment application when it is initially submitted. Call for details.

Non-solicitation: As a condition of employment, Party Personnel, Inc. employees are prohibited from soliciting Party Personnel clients either directly or indirectly, for a period of 120 days after your last assignment for the client. You are also prohibited from soliciting other Party Personnel employees to leave their employment with Party Personnel, Inc., during or within 120 days after your employment with Party Personnel, Inc. terminates. Party Personnel, Inc. is entitled to monetary damages to cover each instance of lost revenue resulting from solicitation.

Any infractions of the above or any other company practices may lead to disciplinary action up to and including termination of employment. The physical and mental requirements of the job have been explained to me.

Signature: _____ Date: _____

I have read and understand the above information.

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

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

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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

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 2009. 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: <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <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. </div>	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 \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
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 (\$25,000 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: 5px 0 0 20px;">▶ 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; text-align: center;">2009</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 2009, 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 (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)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) **6** \$ _____

7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____

8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” **2** _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet **4** _____

5 Enter the number from line 1 of this worksheet **5** _____

6 **Subtract** line 5 from line 4 **6** _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

K-4

(9/07)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

The following instructions will assist you in completing the worksheet and K-4 form below. After you have completed the K-4 form, detach it and give it to your employer. For assistance with this form, call KDOR (Kansas Department of Revenue) at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding: To qualify for exempt status you must, 1) Verify with KDOR that last year you had the right to a refund of all STATE income tax withheld because you

had no tax liability; 2) Verify with KDOR that this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Notes: Your status of "Single" or "Joint" may differ from your status claimed on your Federal Form W-4. Claiming more than the proper amount may result in taxes owed when filing your state income tax.

Basic Instructions: If you are not exempt, complete the **Personal Allowances Worksheet** below. The allowances claimed on this form should not exceed that claimed under "Exemptions" on your Kansas income tax return. To avoid owing taxes when you file, follow the suggested allowance rate selection on line A below. This form must be

filed with your employer; otherwise, your employer must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

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 cost of keeping up a home for yourself and for your dependent(s).**

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payment using form K-40ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax when filing your state income tax return.

Personal Allowance Worksheet (Keep for your records)

A Allowance Rate:

If you are a single filer mark "Single"

If you are married and your spouse has income mark "Single"

If you are married and your spouse does not work mark "Joint"



Single

Joint

B Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) **B** _____

C Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld) **C** _____

D Enter "1" if you will file head of household on your tax return (see conditions under "Head of household" above) **D** _____

E Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. **E** _____

F Enter "1" if you have at least \$1,500 of child or dependant care expenses for which you plan to claim a credit and your household income is below \$50,000 **F** _____

G Add lines B through F and enter the total here **G** _____

▼ **Cut here and give this K-4 form to your employer. (Keep the top portion for your records.)**

K-4

(9/07)

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by KDOR. Your employer may be required to send a copy of this form to KDOR.

1 Print your first name and middle initial		Last Name		2 Social Security Number	
Mailing Address			3 Allowance Rate Mark the allowance rate selected in line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint		
City or Town, State, and ZIP Code					
4 Total number of allowances you are claiming (from line G above)		4			
5 Enter any additional amount you want withheld from each paycheck (this is optional)		5		\$	
6 I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line. Note: KDOR will receive your federal W-2 forms for all years claimed Exempt.		6			
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.					
SIGN HERE ►			DATE		
7 Employer's name and address				8 EIN (Employer Identification Number)	

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

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 work eligible 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 #

<p>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.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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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 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 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)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

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

Electronic Funds Transfer Authorization

I hereby authorize my employer to directly deposit my pay in the bank account listed below. **I have attached a voided check for my account specified below.** This authorization is to remain in force until the company has received written authorization from me of its termination or change. Also, I grant Party Personnel, Inc. the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Telephone: (_____) _____

Signature: _____ Date: _____

Company Use Only: Effective Date _____

Account Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Personal Account Number: _____

Bank routing number (9 digits): _____

Your paystub will be emailed only upon request. I request my paystub to be emailed to me.

Signature: _____ Date: _____

Please attach a voided check here. Do not use a deposit slip.