



SUNSET BINGO EMPLOYMENT APPLICATION

Personal Information

PLEASE PRINT Date _____

Last Name _____ First Name _____ Middle Name _____

Phone _____ Email _____

Permanent Address if different from above (street, city, state, and zip)

Mailing Address (if different from above)

A citizen or national of the United States
 An alien lawfully admitted for permanent residence (Alien number A _____)
 An alien authorized by the Homeland Security to work in the United States
 (Alien number A _____ or Admission number _____)
 Expiration of employment authorization, if any _____

Employment Desired

Hours available	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From							
To							

Position _____

Currently employed? _____ If so, may we inquire of your present employer? _____

Are you interested in: Full Part Time Temporary

Total hours available per week _____ Date available _____ Salary acceptable (per hour) _____

Who referred you to this job?

Former Employers

(List below your last four employers, starting with the most recent)

Month and year	Salary Starting Final	Name, address, and phone number of employers	Supervisor's name	Position	Reason for leaving
From					
To					
From					
To					
From					
To					
From					
To					

Physical Record

Do you have any physical defects that preclude you from performing any work for which you are being considered? _____
 Any defects in hearing? _____ In vision? _____ In speech? _____

In case of emergency notify: Relationship _____ Telephone number _____

Last Name _____ First Name _____ Middle Name _____

Education

	Name and Location of School	Years	Date	Subjects studied
		Attended *	Graduated *	
Elementary School				
High School				
College/University				
Trade, Business, or Correspondence School				

*** The age discrimination in employment act of 1967 prohibits discrimination based on age with respect to individuals who are at least 40 but less than 70 years if age.**

By signing below, I authorize D.B.A. Sunset Bingo to investigate all statements made by me on this application form. I understand that misstatements or omissions of information in connection with my application for employment can lead to rejection of my application or dismissal from employment, whenever discovered.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Sunset Bingo and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Sunset Bingo. If I am hired, I understand that my employment would be "at will", which means that I would have the right to terminate my employment at any time and that Sunset Bingo would retain the same right.

Applicant's signature _____

_ Date _____

FOR OFFICE USE ONLY-

OMB No. 1545-0010

Form **W4** Employee's Withholding Allowance Certificate

2017

Department of the Treasury
Internal Revenue Service

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. Single Married Married, but withholding at higher Single rate
 Note: if married, but 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 on your social security card, check here and call 1-800-772-1213 for more information.

5. Total number of allowances you are claiming 5 _____

6. Additional amount, if any, you want deducted from each paycheck 6 \$ _____

7. I claim exemption from withholding and I certify that I meet ALL the following conditions for exemptions:

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 \$600 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all the above conditions enter the year effective and "EXEMPT" here 7 20 _____

8. Are you a full-time student? (Note: Full time students are not automatically exempt) 8 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 _____

9. Employer's name and address (Employer: Complete 9 and 11 only if sending to the IRS) _____

10. Office code _____

11. Employer identification _____

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Date of hire: _____ Start Date: _____ Hourly rate: _____

Department: _____ Date of birth: _____