

OKTOBERFEST 2011

APPLICATION FOR EMPLOYMENT

NAME:
MAILING ADDRESS FOR PAYCHECK & W-2:
CITY, STATE & ZIP CODE:

PHONE NUMBER: ()	ALTERNATE PHONE NUMBER: ()
E-MAIL ADDRESS:	DATE OF BIRTH:
PREVIOUS OKTOBERFEST EMPLOYEE? LAST YEAR WORKED	REFERRED BY:
CURRENT EMPLOYER:	PHONE NUMBER:
PREVIOUS EMPLOYER:	EMPLOYMENT DATES & REASON FOR LEAVING:

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please attach an explanation.

POSITION DESIRED: RANK IN ORDER OF PRIORITY JOBA YOU WISH TO BE HIRED FOR: __BEER/WINE __FOOD SERVICES __CASHIER __SECURITY __GROUNDS __RUNNER __BUSSER

DATES	TIMES	<u>HOURS YOU WILL WORK</u>
FRIDAY, SEPTEMBER 30	5:30 PM to midnight	_____
SATURDAY, OCTOBER 1	11:30 AM to midnight	_____
FRIDAY, OCTOBER 7	5:30 PM to midnight	_____
SATURDAY, OCTOBER 8	11:30 AM to midnight	_____
FRIDAY, OCTOBER 14	5:30 PM to midnight	_____
SATURDAY, OCTOBER 15	11:30 AM to midnight	_____

PLEASE NOTE: SOCIAL SECURITY CARD **AND** ANOTHER FORM OF PHOTO I.D. **OR** A U.S. PASSPORT MUST BE PRESENTED FOR VERIFICATION BEFORE HIRE

SIGNATURE

DATE

MAIL APPLICATION TO: **Projekt Bayern, PO Box 411, Leavenworth, WA 98826**

E-MAIL QUESTIONS TO: PBoktoberfest@frontier.com

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EMPLOYEE POLICY ACKNOWLEDGEMENT

The undersigned employee hereby acknowledges that he/she has read, and agrees to abide by the Leavenworth Oktoberfest Employee and Alcohol Policies. Policies are available on www.LeavenworthOktoberfest.com.

Signature

DATE _____

Printed Name

Form W-4 Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ 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;">2011</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 2011, 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 ▶		
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 (This 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)