



Application for Employment
An Equal Opportunity Employer

Please Print:

Name: Last First MI Today's Date: / /

Social Security #: - - Email Address:

Present Address: Number Street Home Phone: ( )

City State Zip Other Phone: ( )

Position Applying For: Salary Desired: \$

Date available to start: / / Referred by:

Emergency Contact Name: Address: Ph #:

Team Play Events produces functions throughout Southern California. Are you willing to drive if an event is not held locally? Yes No

If no, please explain

Are you legally eligible to work in the U.S.A.? Yes No Are you 18 years or older? Yes No
Have you ever applied to this Company before? Yes No When?
Have you ever been employed by this Company? Yes No Dates: from to

I understand that any offer of employment may be contingent upon my having completed the entire hiring process. That process includes a satisfactory background check, which may include criminal convictions.

In connection with my application for employment with Keystone Group, Inc. (the "Company"), I hereby authorize any person, educational institution or company I have listed as a reference on my employment application to disclose any information and opinions they may have regarding my qualifications for employment including personal evaluation of my honesty, reliability, carefulness and ability to follow direction from my supervisors.

I will hold Keystone Group, Inc., any former employers, educational institutions, and all other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information pertinent to the employment process.

I understand the employment is contingent upon this investigation and, if employed, false statements in the application, as well as misrepresentations or omissions of information shall be considered cause for dismissal. I understand and agree that if, in the opinion of the Company, the results of the investigation are unsatisfactory, that any offer of employment that has been made, may be withdrawn or my employment with the Company may be terminated.

I understand that employment with Keystone Group, Inc. is on an at-will basis. Accordingly, employment may be terminated at any time, either by me or by the Company, with our without cause or advance notice.

Applicant's Signature

Date

**Education:**

School	Name of School	Course of Study	No. of yrs attended	Degree & Yr Graduated
High School				
College				
Graduate, Technical, or Other (Specify)				

**Professional References:**

Name	Phone Number and Email Address	Relationship	Years Acquainted

**Experience:**

List all employment over the last 5 years, beginning with your most recent position (attach a separate sheet, if necessary).

Company: _____ Address: _____ Supervisor: _____ Title: _____ Phone: ( _____ ) _____ - _____ May we contact this Employer? Yes    No	From: Mo.                  Yr.	Job Title & Duties:
	To: Mo.                  Yr.	Acquired Skills:
	Starting Salary: Ending Salary: Yearly Bonus:	Reason for leaving:
Company: _____ Address: _____ Supervisor: _____ Phone: _____ Phone: ( _____ ) _____ - _____	From: Mo.                  Yr.	Job Title & Duties:
	To: Mo.                  Yr.	Acquired Skills:
	Starting Salary: Ending Salary:	Reason for leaving:
Company: _____ Address: _____ Supervisor: _____ Phone: _____ Phone: ( _____ ) _____ - _____	From: Mo.                  Yr.	Job Title & Duties:
	To: Mo.                  Yr.	Acquired Skills:
	Starting Salary: Ending Salary:	Reason for leaving:

**Thank you for applying with Keystone Swim School/Keystone Group, Inc.**

Team Play Events  
Employee Behavior Policy

Team Play Events strictly enforces the employee behavior policy. Please initial that you have read and understand the following rules and regulations:

\_\_\_\_ Arrive dressed to code: Khaki or black pants and a Team Play Events t-shirt. Uniform must be worn throughout the entire duration of the event.

\_\_\_\_ Follow all rules set forth in your job description and by your event manager.

\_\_\_\_ Direct interaction with any client is prohibited. Please direct all questions or concerns to the event manager

\_\_\_\_ Use of cell phones and other electronic devices during working hours is not allowed.

\_\_\_\_ When taking your lunch, all meals are to be eaten out of the sight of guests.

\_\_\_\_ Employees are prohibited from getting food directly from the buffet line. If we are providing you with a meal, the food and beverage manager must serve your lunch to you.

\_\_\_\_ Team Play Events is NOT obligated to provide you with a meal. Please plan accordingly by bringing water and snacks.

\_\_\_\_ There will be no inappropriate interaction between employees or employees and guests on the job site. Any acts sexual in nature including, but not limited to lewd gestures or comments, hugging, kissing, or touching of any sort is not aloud during working hours and/or onsite.

\_\_\_\_ There will be no rude, angry, or hateful comments or gestures made to any other employee or guest. Any prejudice displayed by an employee is strictly forbidden. If a guest or employee is making inappropriate comments towards someone please report it immediately to the event manager.

\_\_\_\_ Team Play Events enforces a zero tolerance policy for any alcohol, drugs, or drug paraphernalia found or consumed on the premises. Furthermore, smoking is not allowed in or around any event. If you are a smoker, please ask a manager where it would be appropriate to do so while on your designated break time.

The breaking of ANY of these rules is grounds for immediate termination. By signing below you agree that you have read and understand the rules set forth and will abide by them without contest.

Name/Date \_\_\_\_\_ Signature \_\_\_\_\_

# Form W-4 (2008)

**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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 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 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.

**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 dollar amount you are having withheld compares to your projected total tax for 2008. 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:   
 { • 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. } . . . . . **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 \$1,500 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.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 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.**   
 { • 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 <b>W-4</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>Employee's Withholding Allowance Certificate</b>  ► <b>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.</b>	OMB No. 1545-0074 <b>2008</b>
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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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 <small>(Form is not valid unless you sign it.)</small> ►		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)



On the following page fill out section 1 of the I-9 form.

On event day, make sure to bring a photo ID (driver's license preferred) and your social security card or green card so we can complete section 2.

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 #

**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):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

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)	
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): _____

**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)
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