APPLICATION FOR EMPLOYMENT

The American Legion

Date ____

| Directions: Type or print in blue or black ink. Answer all questions which are applicable. Please do not state "See Resume". | | | | | | |
|---|--|------------------|--------|--|--|--|
| PERSONAL INFORMATION | | | | | | |
| Last Name | First Name | Middle | | | | |
| | | | 157 | | | |
| Address | City | State | Zip | | | |
| Phone | Day Phone (if Different) | Social Security | Number | | | |
| Fax Number | E-Mail Address | | | | | |
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| EMPLOYMENT INFORMATION | | | | | | |
| Position for which you are applying | | C / 1-1 | | | | |
| Are you employed at the present time? | If yes, please complete the in | nformation below | | | | |
| Employer's Name: | | | | | | |
| Employer's Address: | | | | | | |
| | | | | | | |
| 1. How long have you been with this emp | loyer? Present Salary | 7: | | | | |
| 2. If offered a position, when can you repo | | | | | | |
| 3. If hired can you show proof of your leg | al right to work in the U.S.? | Yes | No 📙 | | | |
| 4. Have you ever been dismissed, or asked | 4. Have you ever been dismissed, or asked to resign from any position? Yes No | | | | | |
| 5. Have you ever been convicted of a felony, or a misdemeanor which resulted in Yes No imprisonment? A yes answer to the above question does not necessarily disqualify an applicant from employment. If yes to number 4 or 5, please explain: | | | | | | |
| If yes to number 4 or 5, please explain: | | | | | | |
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| EDUCATION | | | | | | |
| Please list on the following lines all schools attended and any other pertinent information about your education. | | | | | | |
| | | | | | | |
| School(s) Significant School | ubjects Studied (II applicable) | | - | | | |
| | | | | | | |
| College (Including dates attended) | | | | | | |
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| EMPLOYMENT EXPERIENCE (List m | ost recent experie | nce first) | *** |
|--|--|------------------------|--|
| Name & Address | Position(s | | Dates (Start - End) |
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| REFERENCES | | | |
| Name & Address (Include City, State, Zip) | | Phone | Relationship |
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| The following section is to be completed | by applicant for a | » OFFICE POSITIO | N. |
| The following section is to be completed | by applicant for a | ii Office i Osific | |
| Can you type? | How many word | s per minute? | |
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| Computer Skills Macintosh | · | PC | and the state of t |
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| Please provide computer and software know | wledge below: | | |
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| I certify that all statements made herein and | on the enclosed re | sume are true and corr | ect to the best of my |
| knowledge. I authorize investigation of all st | | | liability all persons and |
| organizations reporting information require | d by this application | n. | |
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| | | | |
| | - or and a surface specific and a surface spe | | |
| Signature | | Date | |

CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

The American Legion 5021 Gary Avenue Fairfield Alabama 35064 205-781-5244

TO BE COMPLETED BY CANDIDATE

| | TO BE COMPLETED BY CANDIDATE | |
|--|---|---|
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| PLEASE PRINT ALL REQUESTE | D INFORMATION. | |
| Name: | First | Middle |
| | | |
| Other Names Used: | | |
| | | |
| Current Address: | 보고 있으면 얼마 없는 나는 소프로 먹다. | |
| Current Address: | | |
| | | |
| City/State/ZIP Code: | | |
| | | |
| Social Security #: | Date of Birth* | |
| | | |
| | | |
| The American Legion Post 347, Fairfield, Ala | abama is requesting your social security number (SSN) in order to ex | kpedite this check. |
| | | |
| Driver's License # | State of Issue: | |
| | | |
| conduct a security background checriminal history, education and understand that this background experience. I hereby release The information. I certify that the state knowledge and belief, and are made | int at the American Legion Post 347, I hereby authorized on me. I understand that this security check we employment, sanctions/exclusions, and profession check may include information from previous employments Legion Post 347, from all liability resulting the employments made by me on this form are true, complete, and including the could result in disciplinary action up to, and including terms. | rill cover information such as nal licensure/certifications. I ployers relating to my work ng from the furnishing of this and correct to the best of my ts made herein could void my |
| Signature: | Date: | |
| | | |
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| * DOB is being requested in order to obtain accurate retrieval of records | | | | | | |
|---|--|--|--|--|--|--|
| Position: | | | | | | |
| Request Date:Results Date: | | | | | | |
| Approved: □ Yes □ No | | | | | | |

Form W-4 (2012)

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 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

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

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-earners/multiple jobs 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 can 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. 505 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. 505 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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|---|--|--|--|--|--|--|---|
| | | Persona | I Allowances Works | sheet (Keep fo | or your records.) | | |
| A | Enter "1" for yo | ourself if no one else can d | claim you as a dependen | it | | | A |
| | [| You are single and have | ve only one job; or | | | | |
| В | Enter "1" if: | You are married, have | | • | | } . | В |
| | (| Your wages from a sec | | | | | |
| C | Enter "1" for yo | our spouse . But, you may | choose to enter "-0-" if y | you are married a | and have either a w | orking spouse | or more |
| | than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | | | | | · · с | |
| D | Enter number of | of dependents (other than | your spouse or yourself) | you will claim o | n your tax return. | | D |
| E | Enter "1" if you | will file as head of house | hold on your tax return (| see conditions u | inder Head of hou s | sehold above) | E |
| F | Enter "1" if you | have at least \$1,900 of ch | nild or dependent care | expenses for wh | nich you plan to cla | im a credit . | F |
| | (Note. Do not | nclude child support payn | nents. See Pub. 503, Chi | ld and Depende | nt Care Expenses, | for details.) | |
| G | | dit (including additional ch | | | | | |
| | | ncome will be less than \$6 | | | | | ou have three to |
| | | children or less "2" if you h | | | | | |
| | If your total inc | ome will be between \$61,000 | and \$84,000 (\$90,000 and | \$119,000 if marrie | ed), enter "1" for each | n eligible child . | G |
| Н | | ugh G and enter total here. (N | | | | | |
| | | | or claim adjustments to | | | | |
| | For accuracy, | and Adjustments Wo | orksheet on page 2. | | | | |
| | complete all | If you are single and | have more than one job exceed \$40,000 (\$10,000 | or are married | and you and your | spouse both w | ork and the combine |
| | worksheets that apply. | avoid having too little ta | | ii mamed), see d | ile I WO-Earrier 5/1Vi | uniple Jobs WC | institute on page 2 to |
| | triat appry. | | e situations applies, stop I | here and enter th | e number from line l | on line 5 of Fo | rm W-4 below. |
| - | | | | | O / 1011 110 01 11 01 11 11 11 1 | | |
| | | 0 | | | | | |
| | | | give Form W-4 to your e | mployer. Keep th | ne top part for your | records | |
| | W_A | | give Form W-4 to your e | mployer. Keep th | ne top part for your | records | OMB No. 1545-0074 |
| Form | | Employe | give Form W-4 to your ere's Withholding | mployer. Keep th | ne top part for your | records | |
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| APPLICANT'S MILITARY SERVICE | | | | | |
|--|----------------------|----------------|--------------|--|--|
| Have you ever serve | ed on Active Duty in | the Armed Ford | ces? | | |
| 1 | period of active dut | | | | |
| of 3 months or more | e) | | | | |
| Yes No | | | | | |
| | | | | | |
| | | | | | |
| Information About | t your periods of Ac | ctive Duty | | | |
| Date Entered | Date Separated | Branch of | Character of | | |
| Active Duty | From Active | Service or | Discharge | | |
| | Duty | Guard | | | |
| | | Component | | | |
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| | | | | | |
| Have you received an Alabama Food Handlers Card? | | | | | |
| Yes | _No | | | | |
| Expiration Date: | | | | | |