

EMPLOYEE # _____ WAGE _____

NEW EMPLOYEE _____ RETURNING EMPLOYEE _____



ELDORA SPEEDWAY, INC.

BIOGRAPHY & INFORMATION SHEET

PLEASE PRINT ALL REQUESTED INFORMATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

MAILING ADDRESS

CITY

STATE

ZIP

BEST TELEPHONE NUMBER TO REACH YOU

DATE OF BIRTH

SOCIAL SECURITY NUMBER

LOCAL SCHOOL DISTRICT (OHIO ONLY)

EMAIL ADDRESS

SHIRT SIZE

JOB POSITION

ARE YOU A MINOR?

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME

RELATIONSHIP

TELEPHONE NUMBER

SIGNATURE

DATE

For management only: Please circle one:

Track Worker

Concession/Ticketing

Job Duties:

IMPORTANT

IF YOU MOVE DURING THE YEAR--PLEASE FILL OUT A NEW INFORMATION SHEET

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 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 filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, 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		<input type="checkbox"/>		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 (This form is not valid unless you sign it.)		Date			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: } <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D	_____
E	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 \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 		
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F		
H	Add lines A through G and enter the total here		H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details		1	\$ _____
2	Enter: } <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately 		2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"		3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)		4	\$ _____
5	Add lines 3 and 4 and enter the total		5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)		6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses		7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction		8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above		9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1		10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 through 9 below to figure 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. 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 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 to the Department of Health and Human Services for use 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 aren't required to provide the information requested on a form that's 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.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions *increases*.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Department of
Taxation

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed _____

2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____

3. Exemptions for dependents _____

4. Add the exemptions that you have claimed above and enter total _____

5. Additional withholding per pay period under agreement with employer _____ \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____

Ohio Public School District Numbers

ADAMS COUNTY		CHAMPAIGN COUNTY (cont'd)		CUYAHOGA COUNTY (cont'd)	
Adams County/Ohio Valley LSD	0101	Triad LSD	1103	Richmond Heights LSD	1825
Manchester LSD	0102	Urbana CSD	1104	Rocky River CSD	1826
		West Liberty-Salem LSD	1105	Shaker Heights CSD	1827
ALLEN COUNTY				So'on CSD	1828
Allen East LSD	0201	CLARK COUNTY		South Euclid-Lyndhurst CSD	1829
Bath LSD	0202	Clark-Shawnee LSD	1207	Strongsville CSD	1830
Bluffton EVSD	0203	Greenon LSD	1201	Warrensville Heights CSD	1831
Delphos CSD	0204	Northeastern LSD	1203	Westlake CSD	1832
Elida LSD	0205	Northwestern LSD	1204		
Lima CSD	0206	Southeastern LSD	1205	DARKE COUNTY	
Perry LSD	0207	Springfield CSD	1206	Ansonia LSD	1901
Shawnee LSD	0208	Tecumseh LSD	1202	Arcanum-Butler LSD	1902
Spencerville LSD	0209			Franklin Monroe LSD	1903
		CLERMONT COUNTY		Greenville CSD	1904
ASHLAND COUNTY		Batavia LSD	1301	Mississinawa Valley LSD	1905
Ashland CSD	0301	Bethel-Tate LSD	1302	Tri-Village LSD	1906
Hillsdale LSD	0302	Clermont-Northeastern LSD	1303	Versailles EVSD	1907
Loudonville-Perrysville EVSD	0303	Felicity-Franklin LSD	1304		
Mapleton LSD	0304	Goshen LSD	1305	DEFIANCE COUNTY	
		Milford EVSD	1306	Ayersville LSD	2001
ASHTABULA COUNTY		New Richmond EVSD	1307	Central LSD	2002
Ashtabula Area CSD	0401	West Clermont LSD	1308	Defiance CSD	2003
Buckeye LSD	0402	Williamsburg LSD	1309	Hicksville EVSD	2004
Conneaut Area CSD	0403			Northeastern LSD	2005
Geneva Area CSD	0404	CLINTON COUNTY			
Grand Valley LSD	0405	Blanchester LSD	1401	DELAWARE COUNTY	
Jefferson Area LSD	0406	Clinton-Massie LSD	1402	Big Walnut LSD	2101
Pymatuning Valley LSD	0407	East Clinton LSD	1403	Buckeye Valley LSD	2102
		Wilmington CSD	1404	Delaware CSD	2103
				Olentangy LSD	2104
ATHENS COUNTY		COLUMBIANA COUNTY			
Alexander LSD	0501	Beaver LSD	1501	ERIE COUNTY	
Athens CSD	0502	Columbiana EVSD	1502	Berlin-Milan LSD	2201
Federal Hocking LSD	0503	Crestview LSD	1503	Huron CSD	2202
Nelsonville-York CSD	0504	East Liverpool CSD	1504	Kelleys Island LSD	2203
Trimble LSD	0505	East Palestine CSD	1505	Margaretta LSD	2204
		Leontia EVSD	1506	Perkins LSD	2205
AUGLAIZE COUNTY		Lisbon EVSD	1507	Sandusky CSD	2206
Minster LSD	0601	Salem CSD	1508	Vermilion LSD	2207
New Bremen LSD	0602	Southern LSD	1509		
New Knoxville LSD	0603	United LSD	1510	FAIRFIELD COUNTY	
St. Marys CSD	0604	Weillsville LSD	1511	Amanda-Clearcreek LSD	2301
Wapakoneta CSD	0605			Berne Union LSD	2302
Waynesfield-Goshen LSD	0606	COSHOCTON COUNTY		Bloom-Carroll LSD	2303
		Coshocton CSD	1601	Fairfield Union LSD	2304
BELMONT COUNTY		Ridgewood LSD	1602	Lancaster CSD	2305
Barnesville EVSD	0701	River View LSD	1603	Liberty Union-Thurston LSD	2306
Bellaire CSD	0702			Pickerington LSD	2307
Bridgeport EVSD	0703	CRAWFORD COUNTY		Walnut Township LSD	2308
Martins Ferry CSD	0704	Buckeye Central LSD	1701		
Shadyside LSD	0705	Bucyrus CSD	1702	FAYETTE COUNTY	
St. Clairsville-Richland CSD	0706	Colonel Crawford LSD	1703	Miami Trace LSD	2401
Union LSD	0707	Crestline EVSD	1704	Washington Court House CSD	2402
		Galton CSD	1705		
BROWN COUNTY		Wynford LSD	1706	FRANKLIN COUNTY	
Eastern LSD	0801			Bexley CSD	2501
Fayetteville-Perry LSD	0802	CUYAHOGA COUNTY		Canal Winchester LSD	2502
Georgetown EVSD	0803	Bay Village CSD	1801	Columbus CSD	2503
Ripley Union Lewis Huntington LSD	0804	Beachwood CSD	1802	Dublin CSD	2513
Western Brown LSD	0805	Bedford CSD	1803	Gahanna-Jefferson CSD	2506
		Berea CSD	1804	Grandview Heights CSD	2504
BUTLER COUNTY		Brecksville-Broadview Heights CSD	1806	Groveport Madison LSD	2507
Edgewood CSD	0901	Brooklyn CSD	1807	Hamilton CSD	2505
Fairfield CSD	0902	Chagrin Falls EVSD	1808	Hilliard CSD	2510
Hamilton CSD	0903	Cleveland Hts.-University Hts. CSD	1810	Plain LSD	2508
Lakota LSD	0904	Cleveland Municipal CSD	1809	Reynoldsburg CSD	2509
Madison LSD	0905	Cuyahoga Heights LSD	1811	South-Western CSD	2511
Middletown CSD	0906	East Cleveland CSD	1812	Upper Arlington CSD	2512
Monroe LSD	0910	Euclid CSD	1813	Westerville CSD	2514
New Miami LSD	0907	Fairview Park CSD	1814	Whitehall CSD	2515
Ross LSD	0908	Garfield Heights CSD	1815	Worthington CSD	2516
Talawanda CSD	0909	Independence LSD	1816		
		Lakewood CSD	1817	FULTON COUNTY	
CARROLL COUNTY		Maple Heights CSD	1818	Archbold-Area LSD	2601
Brown LSD	1001	Mayfield CSD	1819	Evergreen LSD	2602
Carrollton EVSD	1002	North Olmsted CSD	1820	Gorham Fayette LSD	2603
		North Royalton CSD	1821	Pettisville LSD	2604
CHAMPAIGN COUNTY		Olmsted Falls CSD	1822	Pike-Delta-York LSD	2605
Graham LSD	1101	Orange CSD	1823	Swanton LSD	2606
Mechanicsburg EVSD	1102	Parma CSD	1824	Wauseon EVSD	2607

GALLIA COUNTY		HOLMES COUNTY		LUCAS COUNTY (cont'd)	
Gallia County LSD	2701	East Holmes LSD	3801	Springfield LSD	4805
Gallipolis CSD	2702	West Holmes LSD	3802	Sylvania CSD	4806
GEAUGA COUNTY		HURON COUNTY		Toledo CSD	
Berkshire LSD	2801	Bellevue CSD	3901	Washington LSD	4808
Cardinal LSD	2802	Monroeville LSD	3902	MADISON COUNTY	
Chardon LSD	2803	New London LSD	3903	Jefferson LSD	4901
Kenston LSD	2804	Norwalk CSD	3904	Jonathan Alder LSD	4902
Ledgemont LSD	2805	South Central LSD	3905	London CSD	4903
Newbury LSD	2806	Western Reserve LSD	3906	Madison-Plains LSD	4904
West Geauga LSD	2807	Willard CSD	3907	MAHONING COUNTY	
GREENE COUNTY		JACKSON COUNTY		Austintown LSD	
Beavercreek LSD	2901	Jackson CSD	4001	Boardman LSD	5002
Cedar Cliff LSD	2902	Oak Hill Union LSD	4002	Campbell CSD	5003
Fairborn CSD	2903	Wellston CSD	4003	Canfield LSD	5004
Greeneview LSD	2904	JEFFERSON COUNTY		Jackson-Milton LSD	5005
Sugarcreek LSD	2905	Buckeye LSD	4101	Lowellville LSD	5006
Xenia Community CSD	2906	Edison LSD	4102	Poland LSD	5007
Yellow Springs EVSD	2907	Indian Creek LSD	4103	Sebring LSD	5008
GUERNSEY COUNTY		Stuebenville CSD	4104	South Range LSD	5009
Cambridge CSD	3001	Toronto CSD	4105	Springfield LSD	5010
East Guernsey LSD	3002	KNOX COUNTY		Struthers CSD	5011
Rolling Hills LSD	3003	Centerburg LSD	4201	West Branch LSD	5012
HAMILTON COUNTY		Danville LSD	4202	Western Reserve LSD	5013
Cincinnati CSD	3101	East Knox LSD	4203	Youngstown CSD	5014
Dear Park Community CSD	3102	Fredericktown LSD	4204	MARION COUNTY	
Finneytown LSD	3103	Mount Vernon CSD	4205	Elgin LSD	5101
Forest Hills LSD	3104	LAKE COUNTY		Marion CSD	5102
Indian Hill EVSD	3105	Fairport Harbor EVSD	4301	Pleasant LSD	5103
Lockland CSD	3107	Kirtland LSD	4302	Ridgedale LSD	5104
Loveland CSD	3108	Madison LSD	4303	River Valley LSD	5105
Madeira CSD	3109	Mentor EVSD	4304	MEDINA COUNTY	
Marionmont CSD	3110	Palmsville City LSD	4305	Black River LSD	5201
Mount Healthy CSD	3111	Palmsville Township LSD	4306	Brunswick CSD	5202
North College Hill CSD	3112	Perry LSD	4307	Buckeye LSD	5203
Northwest LSD	3113	Wickliffe CSD	4308	Cloverleaf LSD	5204
Norwood CSD	3114	Willoughby-Eastlake CSD	4309	Highland LSD	5205
Oak Hills LSD	3115	LAWRENCE COUNTY		Medina CSD	5206
Princeton CSD	3116	Chesapeake Union EVSD	4401	Wadsworth CSD	5207
Reading Community CSD	3117	Dawson-Bryant LSD	4402	MEIGS COUNTY	
Southwest LSD	3118	Fairland LSD	4403	Eastern LSD	5301
St. Bernard-Elmwood Place CSD	3119	Ironton CSD	4404	Meigs LSD	5302
Sycamore Community CSD	3120	Rock Hill LSD	4405	Southern LSD	5303
Three Rivers LSD	3121	South Point LSD	4406	MERCER COUNTY	
Winton Woods CSD	3105	Symmes Valley LSD	4407	Celina CSD	5401
* Wyoming CSD	3122	LICKING COUNTY		Coldwater EVSD	5402
HANCOCK COUNTY		Granville EVSD	4501	Fort Recovery LSD	5406
Arcadia LSD	3201	Heath CSD	4502	Marion LSD	5403
Arlington LSD	3202	Johnstown-Monroe LSD	4503	Parkway LSD	5405
Cory-Rawson LSD	3203	Lakewood LSD	4504	St. Henry Consolidated LSD	5407
Findlay CSD	3204	Licking Heights LSD	4505	MIAMI COUNTY	
Liberty-Benton LSD	3205	Licking Valley LSD	4506	Bethel LSD	5501
McComb LSD	3206	Newark CSD	4507	Bradford EVSD	5502
Van Buren LSD	3207	North Fork LSD	4508	Covington EVSD	5503
Vanlue LSD	3208	Norfridge LSD	4509	Miami East LSD	5504
HARDIN COUNTY		Southwest Licking LSD	4510	Milton-Union EVSD	5505
Ada EVSD	3301	LOGAN COUNTY		Newton LSD	5506
Hardin Northern LSD	3302	Bellevue CSD	4601	Piqua CSD	5507
Kenton CSD	3303	Benjamin Logan LSD	4602	Tipp City EVSD	5508
Ridgemont LSD	3304	Indian Lake LSD	4603	Troy CSD	5509
Riverdale LSD	3305	Riverside LSD	4604	MONROE COUNTY	
Upper Scioto Valley LSD	3306	LORAIN COUNTY		Switzerland of Ohio LSD	5601
HARRISON COUNTY		Amherst EVSD	4701	MONTGOMERY COUNTY	
Conotton Valley Union LSD	3401	Avon Lake CSD	4702	Brookville LSD	5701
Harrison Hills CSD	3402	Avon LSD	4703	Centerville CSD	5702
HENRY COUNTY		Clearview LSD	4704	Dayton CSD	5703
Holgate LSD	3501	Columbia LSD	4705	Huber Heights CSD	5715
Liberty Center LSD	3502	Elyria CSD	4706	Jefferson Township LSD	5704
Napoleon Area CSD	3503	Firelands LSD	4707	Kettering CSD	5705
Patrick Henry LSD	3504	Keystone LSD	4708	Mad River LSD	5706
HIGHLAND COUNTY		Lorain CSD	4709	Milamsburg CSD	5707
Bright LSD	3601	Midview LSD	4710	New Lebanon LSD	5708
Fairfield LSD	3602	North Ridgeville CSD	4711	Northmont CSD	5709
Greenfield EVSD	3603	Oberlin CSD	4712	Northridge LSD	5710
Hillsboro CSD	3604	Sheffield-Sheffield Lake CSD	4713	Oakwood CSD	5711
Lynchburg-Clay LSD	3605	Wallington EVSD	4715	Trotwood-Madison CSD	5712
HOCKING COUNTY		LUCAS COUNTY		Valley View LSD	5713
Logan-Hocking LSD	3701	Anthony Wayne LSD	4801	Vandalia-Butler CSD	5714
		Maumee CSD	4802	West Carrollton CSD	5716
		Oregon CSD	4803	MORGAN COUNTY	
		Ottawa Hills LSD	4804	Morgan LSD	5801

MORROW COUNTY		RICHLAND COUNTY (cont'd)		TRUMBULL COUNTY (cont'd)	
Cardington-Lincoln LSD	5901	Plymouth-Shioh LSD	7007	Brookfield LSD	7803
Highland LSD	5902	Sheiby CSD	7008	Champion LSD	7804
Mount Gilead EVSD	5903			Girard CSD	7807
Northmor LSD	5904			Howland LSD	7808
MUSKINGUM COUNTY		ROSS COUNTY		Hubbard EVSD	7809
East Muskingum LSD	6001	Adena LSD	7101	Joseph Badger LSD	7810
Franklin LSD	6002	Chillicothe CSD	7102	LaBrae LSD	7811
Maysville LSD	6003	Huntington LSD	7103	Lakeview LSD	7812
Tri-Valley LSD	6004	Paint Valley LSD	7104	Liberty LSD	7813
West Muskingum LSD	6005	Southeastern LSD	7105	Lordstown LSD	7814
Zanesville CSD	6006	Union-Scioto LSD	7106	Maplewood LSD	7815
		Zane Trace LSD	7107	Mathews LSD	7806
NOBLE COUNTY		SANDUSKY COUNTY		McDonald LSD	7816
Caldwell EVSD	6101	Clyde-Green Springs EVSD	7201	Newton Falls EVSD	7817
Noble LSD	6102	Fremont CSD	7202	Niles CSD	7818
		Gibsonburg EVSD	7203	Southington LSD	7819
OTTAWA COUNTY		Lakota LSD	7204	Warren CSD	7820
Benton-Carroll-Salem LSD	6201	Woodmore LSD	7205	Weatherfield LSD	7821
Danbury LSD	6202			TUSCARAWAS COUNTY	
Genoa Area LSD	6203	SCIOTO COUNTY		Claymont CSD	7901
Middle Bass LSD	6204	Bloom-Vernon LSD	7301	Dover CSD	7902
North Bass LSD	6205	Clay LSD	7302	Garaway LSD	7903
Port Clinton CSD	6206	Green LSD	7303	Indian Valley LSD	7904
Put-In-Bay LSD	6207	Minford LSD	7304	Newcomerstown EVSD	7905
		New Boston LSD	7305	New Philadelphia CSD	7906
PAULDING COUNTY		Northwest LSD	7306	Strasburg-Franklin LSD	7907
Antwerp LSD	6301	Portsmouth CSD	7307	Tuscarawas Valley LSD	7908
Paulding EVSD	6302	Valley LSD	7308		
Wayne Trace LSD	6303	Washington-Nile LSD	7309	UNION COUNTY	
		Wheelersburg LSD	7310	Fairbanks LSD	8001
PERRY COUNTY				Marysville EVSD	8002
Crooksville EVSD	6401	SENECA COUNTY		North Union LSD	8003
New Lexington CSD	6402	Bettsville LSD	7401		
Northern LSD	6403	Fostoria CSD	7402	VAN WERT	
Southern LSD	6404	Hopewell-Loudon LSD	7403	Crestview LSD	8101
		New Riegel LSD	7404	Lincolnview LSD	8102
PICKAWAY COUNTY		Old Fort LSD	7405	Van Wert CSD	8104
Circleville CSD	6501	Seneca East LSD	7406		
Logan Elm LSD	6502	Tiffin CSD	7407	VINTON COUNTY	
Teays Valley LSD	6503			Vinton County LSD	8201
Wesfall LSD	6504	SHELBY COUNTY			
PIKE COUNTY		Anna LSD	7501	WARREN COUNTY	
Eastern LSD	6601	Botkins LSD	7502	Carlisle LSD	8301
Scioto Valley LSD	6602	Fairlawn LSD	7503	Franklin CSD	8304
Waverly CSD	6603	Fort Loramie LSD	7504	Kings LSD	8303
Western LSD	6604	Hardin-Houston LSD	7505	Lebanon CSD	8305
		Jackson Center LSD	7506	Little Miami LSD	8306
PORTAGE COUNTY		Russia LSD	7507	Mason CSD	8307
Aurora CSD	6701	Sidney CSD	7508	Springboro Community CSD	8302
Crestwood LSD	6702			Wayne LSD	8308
Field LSD	6703	STARK COUNTY		WASHINGTON COUNTY	
James A. Garfield LSD	6704	Alliance CSD	7601	Belpre CSD	8401
Kent CSD	6705	Canton CSD	7602	Fort Frye LSD	8402
Ravenna CSD	6706	Canton LSD	7603	Frontier LSD	8403
Rootstown LSD	6707	Fairless LSD	7604	Marietta CSD	8404
Southeast LSD	6708	Jackson LSD	7605	Warren LSD	8405
Streetsboro CSD	6709	Lake LSD	7606	Wolf Creek LSD	8406
Waterloo LSD	6710	Louisville CSD	7607		
Windham EVSD	6711	Marrington LSD	7608	WAYNE COUNTY	
		Massillon CSD	7609	Chippewa LSD	8501
PREBLE COUNTY		Minerva LSD	7610	Daiton LSD	8502
College Corner LSD	6801	North Canton CSD	7611	Green LSD	8503
Eaton CSD	6803	Northwest LSD	7612	North Central LSD	8504
National Trail LSD	6802	Osnaburg LSD	7613	Northwestern LSD	8505
Preble Shawnee LSD	6804	Perry LSD	7614	Orville CSD	8506
Tri-County North LSD	6805	Plain LSD	7615	Rittman EVSD	8507
Twin Valley Community LSD	6805	Sandy Valley LSD	7616	Southeast LSD	8508
		Tuslaw LSD	7617	Triway LSD	8509
				Wooster CSD	8510
PUTNAM COUNTY		SUMMIT COUNTY		WILLIAMS COUNTY	
Columbus Grove LSD	6901	Akron CSD	7701	Bryan CSD	8601
Continental LSD	6902	Barberton CSD	7702	Edgerton LSD	8602
Jennings LSD	6903	Copley-Fairlawn CSD	7703	Edon-Northwest LSD	8603
Kalida LSD	6904	Coventry LSD	7704	Millicreek-West Unity LSD	8604
Leipsic LSD	6905	Cuyahoga Falls CSD	7705	Montpelier EVSD	8605
Miller City-New Cleveland LSD	6906	Green LSD	7707	North Central LSD	8606
Ottawa-Glandorf LSD	6907	Hudson CSD	7708	Stryker LSD	8607
Ottoville LSD	6908	Manchester LSD	7706		
Pandora-Gilboa LSD	6909	Mogadore LSD	7709	WOOD COUNTY	
		Nordonia Hills CSD	7710	Bowling Green CSD	8701
RICHLAND COUNTY		Norton CSD	7711	Eastwood LSD	8702
Clear Fork Valley LSD	7001	Revere LSD	7712	Elmwood LSD	8703
Crestview LSD	7002	Springfield LSD	7713	Lake LSD	8704
Lexington LSD	7003	Slow-Munroe Falls CSD	7714	North Baltimore LSD	8705
Lucas LSD	7004	Talmadge CSD	7715	Northwood LSD	8706
Madison LSD	7005	Twinsburg CSD	7716	Otsego LSD	8707
Mansfield CSD	7006	Woodridge LSD	7717	Penysburg EVSD	8708
Ontario LSD	7009			Rossford EVSD	8709
		TRUMBULL COUNTY		WYANDOT COUNTY	
		Bloomfield-Mespo LSD	7801	Carey EVSD	8801
		Bristol LSD	7802	Mohawk LSD	8802
				* Upper Sandusky EVSD	8803



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP | Employer Completes Next Page | **STOP**



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Document(s).")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See Instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<p align="center">LIST A Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">LIST B Documents that Establish Identity</p>	<p align="center">LIST C Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p> a. Foreign passport; and</p> <p> b. Form I-94 or Form I-94A that has the following:</p> <p> (1) The same name as the passport; and</p> <p> (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p align="center">OR</p> <p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p align="center">For persons under age 18 who are unable to present a document listed above:</p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p align="center">AND</p> <p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p> (1) NOT VALID FOR EMPLOYMENT</p> <p> (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p> (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>8. Employment authorization document issued by the Department of Homeland Security</p>

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



HIPAA CONFIDENTIALITY AGREEMENT

I understand that I may, during the course of my employment at Eldora Speedway, hear or come into contact with confidential financial and patient information of both a medical and personal nature. Therefore, I, the undersigned, in accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), do hereby affirm that I will:

1. Protect and safeguard this confidential information from any verbal and/or written disclosure and will not disclose any personal, medical, financial, or related information to third parties, including family members, or employees, or other health care providers.
2. Will not view or copy patient medical records, or similar documents, except as specifically allowed by law and/or Eldora Speedway procedures. I may not use any confidential information in publications, presentations or reports of any kind without express written consent from both the patient and Eldora Speedway.
3. Not release confidential patient information from any medical record source to any unauthorized person during, or after, my employment with Eldora Speedway.
4. Restrict my own access to confidential information, if any, to that information which is essential to the proper completion of my responsibilities while employed at Eldora Speedway.

I understand that all Eldora Speedway policies on confidentiality apply equally to information stored on paper records and to that stored electronically or on any other media.

Finally, I understand, and agree, that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any of the terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

Employee Signature: _____

Employee Printed Name: _____

Date: _____

Witness Signature: _____

Witness Printed Name: _____



EMPLOYEE AGREEMENT – PART TIME/SEASONAL 2019

Applicant's Name

Department

Eldora Speedway, Inc is pleased to offer you a seasonal position. Here are some details:

Position: _____

Start Date: _____

Anticipated Last Day***: October 31, 2019

***Not to exceed end-of-season 2019

Rate: _____

Status: _____ Hourly _____ Unit Pay
 X Part Time/Seasonal

As a seasonal and/or part-time employee, benefit options through Eldora Speedway, Inc. are limited.

By signing below to accept our offer of employment, you certify your understanding that your employment with Eldora Speedway, Inc. will be on an at-will basis, and that neither you nor the Company has entered into a contract regarding the terms or the duration of your employment. As an at-will employee, you will be free to terminate your employment with the Company at any time, with or without cause or advance notice. Likewise, the Company will have the right to reassign you, to change your compensation, or to terminate your employment at any time, with or without cause or advance notice. You are also aware that your employment is seasonal and will end no later than the date listed above and may end earlier. You understand that there is no guarantee of continuing employment nor an expectation of continued pay beyond the hours physically worked.

Applicant's Signature

Date

General Manager's Signature

Date

General Manager should make a copy of this completed form for the employee's records.