

## CONGRATULATIONS ON YOUR NEW ROLE AT THE *DISNEYLAND*® RESORT!!

We're excited to be welcoming you to the *Disneyland* Resort. But first, just a few more details before we get you started.

When the Recruiter made your job offer, you were also scheduled an appointment to complete your new-hire paperwork. For your convenience and to make your new-hire paperwork appointment go smoothly, we've attached a document that contains all of the new-hire paperwork you will need to complete prior to starting your adventure at the *Disneyland* Resort.

Below are some tips for your new-hire paperwork appointment:

- Print the attached document in its entirety and complete in **BLACK INK** all of the documents prior to your paperwork appointment.
- Be sure to bring the completed documents with you to your scheduled appointment.
- Don't forget to bring original identification documents from the "Lists of Acceptable Documents". Expired documents or copies of documents cannot be accepted.
- Plan to arrive 10 minutes prior to your scheduled appointment time.
- Make sure you are "Disney Look ready" so we can take your photo for your *Disneyland* Resort photo ID.

If you have any questions, you can contact the Sign-in Room by e-mail at [dlrsigninroom@email.disney.com](mailto:dlrsigninroom@email.disney.com) or call us at 714-781-7549.

**WELCOME TO THE *DISNEYLAND* RESORT!**

# CONGRATULATIONS ON YOUR NEW ROLE!

## WELCOME TO THE DISNEYLAND® RESORT!

In this packet, are materials designed to provide important information for you to read as you begin employment with the Disneyland Resort. Also included are forms which must be completed as part of the employment process. The following information will assist you in completing these forms. Should you have any questions regarding the completion of the forms, a Recruitment team member will be happy to assist you.

Please complete the following documents. All forms must be completed in **black ink**. Your signature and the current date is required on each form. If you make an error please cross it out with one line, initial next to it, and make the necessary change.

**Employment Eligibility Verification** – This form documents your eligibility to work in the United States. Please complete only section 1 in **black ink**. You will be required to provide identification to support your eligibility. A list of acceptable documents is on the back of the form. Your name must appear as it does on the document A or C. Be prepared to present either one original document from list A or one original document from both list B and C.

**W-4 Form** – This form determines the amount withheld from your paycheck for state and federal income taxes. Please complete the Employee's Withholding Allowance Certificate section at the bottom of the form. If you would like to have an additional dollar amount withheld, please state whether the additional amount is to be withheld for state, federal, or both. You may have exemptions in Box 5 or claim "exempt" in box 7 but you cannot claim both. Boxes 8-10 do not need to be completed.

**Union Forms** – If you were offered a position which requires you to join a Union, you will need to complete a union enrollment form and a Payroll Authorization form authorizing the Company to deduct Union dues directly from your weekly paycheck on behalf of the Union.

**The Walt Disney Company and Associated Companies Acknowledgment** – This form documents that you have received the *Standards of Business Conduct* booklet. This booklet was created to ensure The Walt Disney Company continues to maintain the highest of ethical and legal standards. It is your responsibility to read, understand and adhere to the expectations in the *Standards of Business Conduct* booklet.

**The Walt Disney Company and Associated Companies Confidentiality Agreement** – This form documents your agreement to keep proprietary information confidential. By signing this form you are also acknowledging that anything (any intellectual properties) you develop or design in connection with your employment with the Company are the property of the Company.

**Equal Employment Information** – The Walt Disney Company is an equal opportunity employer. We collect this information for required government reporting purposes. Please choose only one classification.

**Direct Deposit Form** – Cast Members are encouraged to, but not required to, participate in Direct Deposit. Your weekly paycheck may be directly deposited to the financial institution of your choice. Paychecks that are not directly deposited will be mailed to your home. You may complete or update this information at any time during your employment with the Disneyland Resort.

**Other Important Information** – There are additional forms that will need to be completed as a part of the new-hire process. If you provided an e-mail address on your application, please check for an e-mail containing a link to other forms that can be completed prior to your paperwork appointment. When completing on-line forms pay special attention to the format for entering dates (mm/dd/yyyy) and include your full legal name or signature (first, middle, last) when required. Click Save and Complete at the bottom of each form. If you did not provide an e-mail address on your application a computer will be provided for your use to complete the forms at your paperwork appointment. These forms include:

**Authorization for Consumer Credit Report** – This form authorizes The Walt Disney Company to obtain a consumer credit report or investigative consumer report as a part of the background check that is performed for all new-hire Cast Members. Please include a complete address (including city, state, zip code).

**Receipt of Employment Documents** – This form is acknowledgment that you have received all of the booklets and documents listed on the form.

**Employee Policy Manual Acknowledgement** – This form is acknowledgment that you have received a copy of the Employee Policy Manual. It is your responsibility to be familiar with the content.

**Dependency Update for Admission Media** – This form will determine your dependency information for complimentary admission media to the Parks and special Cast Member events.

**Authorization to Withhold Funds** – This form authorizes Disneyland Resort to withhold funds from your final paycheck for costumes issued to you but not returned.

**Reminder:** Your Disneyland® Resort ID Photo will be taken at your paperwork appointment, contingent that you meet the Disney Look guidelines (from the shoulders up). Please review Disney Look guidelines before your paperwork appointment.

**Congratulations, and welcome to the Disney team!**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-9, Employment Eligibility Verification

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-authorized 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 of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) \_\_\_\_\_
- ☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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 authorized 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 H.R. Representative
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Disneyland Resort 1313 Harbor Blvd Anaheim, CA 92803		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 authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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 \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_



## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	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
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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



# 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](http://IRS.gov) for information about Form W-4, at [www.irs.gov/w4](http://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.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table border="0"><tr><td><input type="checkbox"/> You are single and have only one job; or</td><td rowspan="3">} . . . . . <b>B</b> _____</td></tr><tr><td><input type="checkbox"/> You are married, have only one job, and your spouse does not work; or</td></tr><tr><td><input type="checkbox"/> Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	<input type="checkbox"/> You are single and have only one job; or	} . . . . . <b>B</b> _____	<input type="checkbox"/> You are married, have only one job, and your spouse does not work; or	<input type="checkbox"/> Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	
<input type="checkbox"/> You are single and have only one job; or	} . . . . . <b>B</b> _____					
<input type="checkbox"/> You are married, have only one job, and your spouse does not work; or						
<input type="checkbox"/> Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____				
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____				
<div>For accuracy, complete all worksheets that apply. <table border="0"><tr><td><input type="checkbox"/> If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td><input type="checkbox"/> If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td><input type="checkbox"/> If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table></div>			<input type="checkbox"/> If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	<input type="checkbox"/> If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	<input type="checkbox"/> If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
<input type="checkbox"/> If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.						
<input type="checkbox"/> If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.						
<input type="checkbox"/> If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2012</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>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)				<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2012, 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 . . . . . ► <b>7</b> _____				
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 ►
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	



**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1****Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**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 are not required to provide the information requested on a form that is 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.

# **The Walt Disney Company and Associated Companies**

## **Acknowledgment**

I acknowledge that the "Standards of Business Conduct" booklet sets forth the policies of The Walt Disney Company and Associated Companies that apply to my employment and legal standards that must be observed to protect the Company and myself. I have received a copy of the booklet.

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**Employee Signature**

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**Date**

---

**Employee Name (Print or Type)**

---

**Social Security Number**



# THE WALT DISNEY COMPANY AND ASSOCIATED COMPANIES

## CONFIDENTIALITY AGREEMENT

In consideration for my employment and for the compensation to be paid to me by The Walt Disney Company or a division, subsidiary, or affiliate thereof, or any successor of the foregoing (hereinafter termed the "Company"), and in addition to any other obligation, at all times during the term of my employment and thereafter, I do hereby agree:

1. To hold in strictest confidence, and not disclose to any person, firm, or corporation without express authorization of a corporate officer of the Company, any confidential information or trade secret relating to the products, sales, or business of the Company and not to use any such confidential information or trade secret for my own benefit during the term of my employment or thereafter.
2. To fully and promptly disclose to the Company and to hold in trust for the sole right and benefit of the Company, any and all intellectual property, discoveries, or trade secrets which I may solely or jointly conceive, design, develop, create or suggest or cause to be conceived, designed, developed or created during the period of time I am in the employ of the Company, which relate to or are connected with my employment or the business of the Company, whether or not conceived or created during my regular working hours. For purposes of this agreement, the term intellectual property shall include, without limitation, any ideas, concepts, literary material, designs, drawings, illustrations and photographs.
3. That right, title, and interest in and to the intellectual property, discoveries and trade secrets referred to in Paragraph 2 above, shall be the sole and absolute property of the Company, subject to the limitations set forth in Paragraph 4 below.
4. That I will assign to the Company all my right, title, and interest in and to the intellectual property, discoveries and trade secrets referred to in Paragraph 2 above; provided, however, that no provision in this agreement is intended to require assignment of any of my rights in any intellectual property or discovery if (i) no equipment, supplies, facilities, trade secret or confidential information of the Company was used; and (ii) the discovery was made or the intellectual property was developed entirely on my own time; and (iii) such discovery or intellectual property does not relate to any business of the Company or the Company's actual or demonstrably anticipated research or development or does not result from any work performed by me for the Company.
5. I will execute any documents necessary to evidence the Company's proprietary interest in any discovery, intellectual property or trade secret referred to in Paragraph 2 above. In the event the Company is unable, for any reason whatsoever, to secure my signature to any lawful and necessary document required to apply for protection of, or enforce any action with respect to, copyright, trademark or other proprietary rights, I hereby irrevocably designate and appoint the Company, and its duly authorized officers and agents, as my agent and attorney-in-fact, whose power is coupled with an interest, to act for and in my behalf and stead, to execute such documents and to do all other lawfully permitted acts to protect the Company's interest in any copyright, trademark or other proprietary right with the same legal force and effect as if executed by me.
6. That at the time of leaving the employ of the Company, I will deliver to the Company, and will not keep in my possession nor deliver to anyone else, any and all drawings, notes, notebooks, memoranda, treatments, scripts, documents or any other material connected with my employment by the Company or with the business of the Company.
7. In case of interruption of my employment with the Company, by lay-off or otherwise, this agreement, upon re-employment, will be in full force and effect unless specifically superseded by a new agreement.
8. This agreement shall not embrace or include any copyrights or trademarks or other proprietary rights owned or controlled either jointly or separately by me prior to the time of my employment by the Company. I am listing on a separate attached sheet each copyright, trademark or other proprietary right which I claim to be exempt from this agreement.
9. This agreement supersedes any prior agreement with the Company relating to the subject matter set forth herein.

I HAVE READ AND UNDERSTAND THE POLICY LISTED ABOVE. I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS POLICY AND AGREE TO ABIDE BY IT.

---

Employee Signature

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Date

---

Employee Name (Print or Type)



## FORM OF AUTHORIZATION TO WITHHOLD FUNDS

1. I acknowledge that the Disneyland Resort ("Disney") will furnish me with a costume(s)/uniform(s) (the "Costume") in connection with my employment, and that the Costume is the sole property of Disney. I also acknowledge and agree that I must return the Costume to Disney at the end of my employment and that, if I fail to do so, Disney, or any of its affiliates, may withhold from my final paycheck an amount equal to the cost of the Costume.

2. I agree to release and hold harmless Disney and its affiliated companies and all their respective officers and employees from any claim, demand and/or lawsuit, whether now known or unknown, foreseen or unforeseen, suspected or unsuspected, whether or not specifically or particularly described herein that I or any other person may have arising and/or resulting from the withholding of funds from my final paycheck as described herein.

I INTEND AND ACKNOWLEDGE THAT THE GENERAL RELEASE SET FORTH ABOVE SPECIFICALLY INCLUDES ANY AND ALL "CLAIMS", AND I EXPRESSLY WAIVE ALL RIGHTS GIVEN BY SECTION 1542 OF THE CALIFORNIA CIVIL CODE WHICH STATES:

"A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

3. I represent that the consent of no other person, firm or corporation is required to enable Disney to withhold these funds from my final paycheck.

4. I agree that if the amount of funds withheld by Disney from my final paycheck is insufficient to reimburse Disney for the amount due and owing from me to Disney for the Costume, I shall promptly pay Disney the remaining balance of the owed funds.

5. I have read the foregoing and fully understand its meaning and effect. I have signed this Authorization on the date set forth below.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## DISNEYLAND RESORT ACKNOWLEDGMENT OF RECEIPT OF EMPLOYMENT DOCUMENTS

I hereby acknowledge receipt of the documents listed/checked off below. I also agree to read and abide by policies and procedures contained in any of these documents issued to me.

1. A copy of the "Employee Policy Manual."
2. A copy of "The Disney Look" appearance policy pamphlet.
3. A copy of "Safety, Awareness is Everyone's Responsibility" safety booklet.
4. A copy of "The Walt Disney Company and Associated Companies Acknowledgment" for receipt of the "Standards of Business Conduct" booklet.
5. A copy of "The Walt Disney Company and Associated Companies Confidentiality agreement."
6. Copies of the following State of California pamphlets: "State Disability Insurance," "Paid Family Leave," "Facts about Workers' Compensation," and "Sexual Harassment is forbidden by Law."
7. A copy of "Equal Employment Information."
8. A copy of "Consumer Report Authorization."
9. A copy of the "Employment Sheet" (hire sheet) form (may be given at Orientation).
10. A copy of the "Form of Authorization to Withhold Funds."
11. A copy of "Information about Medical Care if You Have a Work-Related Injury or Illness" and "Pre-designation of Personal Physician" form.

Forms as Applicable:

A copy of "Payroll Deduction Authorization (Union Dues and/or Initiation Fees).

A copy of "Gratuity Reporting Notice".

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Cast Member Signature

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Cast Member Name (print or type)

---

Social Security Number

---

Date



# Dependency Update for Admission Media

On occasion, the Company may invite you and your eligible dependents to participate in certain special events. Dependent children ages 3 through 18 and those age 19 through 22 who are full-time students and who provide annual certification of full-time student status (registration form or verification letter on school letterhead) are considered dependents for the purpose of receipt of complimentary admission media.

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ or Personnel #: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married: If married, Spouse's Name: \_\_\_\_\_

Spouse's Social Security # \_\_\_\_\_ - \_\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_

Does your spouse work for The Walt Disney Company or any of its affiliated companies?

☐ N/A ☐ No ☐ Yes: If yes, where? \_\_\_\_\_

Dependent children through age 18. Note: Dependent children under age 3 will automatically be added to your dependency listing upon their third birthday.

Dependent Name	Social Security Number	Relationship	Date of Birth (Month/Day/Year)
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		

Dependents age 19 – 22 Full-Time Students (Copy of school certification, as described above, must be attached):

Dependent Name	Social Security Number	Relationship	Date of Birth (Month/Day/Year)
	- -		
	- -		
	- -		

I certify that the above information is correct. I understand that falsification of the above information may result in immediate termination of my employment.

CAST MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HRIC APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Return to HRIC for processing, Mail Code -TDA 132T

## NEW EMPLOYEE SELF-IDENTIFICATION FORM

It is the policy of the Company to provide equal opportunity for all employees and applicants for employment without regard to race, religion, color, sex, sexual orientation, gender identity, national origin, age, marital status, covered veteran status, mental or physical disability, pregnancy, or any other basis prohibited by state or federal law.

To help the Company comply with federal/state equal employment opportunity record keeping, reporting and other legal requirements, please fill out the following information:

**GENDER:** ☐ Male ☐ Female

**ETHNICITY** *(Select only one category that most closely represents your ethnic group):*

**Are you Hispanic or Latino?**

☐ **NO** *(Not Hispanic or Latino)*

☐ **YES**

**RACE** *(Select the category that most closely represents your ethnic group):*

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** *(Not Hispanic or Latino)*

☐ **ASIAN** *(Not Hispanic or Latino)*

☐ **BLACK OR AFRICAN AMERICAN** *(Not Hispanic or Latino)*

☐ **AMERICAN INDIAN OR ALASKAN NATIVE** *(Not Hispanic or Latino)*

☐ **WHITE** *(Not Hispanic or Latino)*

☐ **TWO OR MORE RACES** *(Not Hispanic or Latino)*

☐ **DO NOT WISH TO DISCLOSE**

---

**NAME** *(Please Print or Type)*

**DATE**

---

**SOCIAL SECURITY NUMBER**

**DATE OF BIRTH**



## Payroll Direct Deposit Authorization

For checking accounts, attach a VOIDED check.

For savings accounts, attach a letter from your bank/credit union with your account information.

### Cast Member/Employee Information

Personnel Number:

Last Name

Middle Initial

First Name

#### 1<sup>st</sup> Account

Action (choose one): ☐ Add ☐ Change ☐ Delete

Account Type (choose one): ☐ Checking ☐ Savings

Bank Name:

Bank's ABA Routing #:  (number must be nine digits)

Account number:  ☐ ALL

Dollar Amount:   OR Percentage   %

You may elect to have your entire pay check deposited to one account (check **ALL** box) Or - Dollar Amount (\$) you wish to deposit to an account Or - Percentage (%) of your pay to be deposited each week.

If you specify a flat amount or percentage amount, any amount left over will be deposited into the account you have designated as **REMAINDER** (check REMAINDER box).

#### 2<sup>nd</sup> Account

Action (choose one): ☐ Add ☐ Change ☐ Delete

Account Type (choose one): ☐ Checking ☐ Savings

Bank Name:

Bank's ABA Routing #:  (number must be nine digits)

Account number:  ☐ REMAINDER

Dollar Amount:   OR Percentage   %

#### For DLR Payroll Services use only:

Received on

☐ Accuracy verified

Date

Name

☐ Entered on upload

Date

Name

#### 3<sup>rd</sup> Account

Action (choose one): ☐ Add ☐ Change ☐ Delete

Account Type (choose one): ☐ Checking ☐ Savings

Bank Name:

Bank's ABA Routing #:  (number must be nine digits)

Account number:  ☐ REMAINDER

Dollar Amount:   OR Percentage   %

I hereby authorize Disney Worldwide Services, Inc. and its related or affiliated companies (Disney) to deposit my net pay as directed by me on this form. I understand:

- It may take up to three weeks from the time I submit this form for my direct deposit to become effective, and that any changes I make to my account information may take two weeks to take effect.
- If I submit an incorrect account number my direct deposit will be rejected and my paycheck may be delayed up to four business days.
- If a new form requesting termination of my direct deposit is not received by Disney at least one week prior to closing my bank account(s) my paycheck may be delayed up to four business days.
- Late reporting of hours or processing errors may prohibit meeting direct deposit deadlines and that in such cases a check will be issued.
- In the event of a processing error, I hereby authorize Disney to initiate correcting adjustments as necessary and I waive all rights against the receiving institution for these adjustments.
- That I have the option to receive a printed advice and I must make that request via the HUB.
- It is my responsibility to verify with my financial institution that a direct deposit has been made, regardless of whether or not I receive a printed or online direct deposit pay stub.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit the completed form to DLR Payroll Services (located TDA 166A) or interoffice mail to TDA 120X.  
DLR Payroll Services can be reached at (714)781-4244.

[California]

AUTHORIZATION TO OBTAIN CONSUMER REPORT, CONSUMER CREDIT REPORT  
AND/OR INVESTIGATIVE CONSUMER REPORT

I have read the Notice-Consumer Report, Consumer Credit Report and Investigative Consumer Report and the summary of rights under applicable federal and state laws provided to me by The Walt Disney Company. I understand that information, and I hereby voluntarily authorize The Walt Disney Company, to obtain consumer credit reports, consumer reports, and/or investigative consumer reports about me from a consumer reporting agency, including a consumer credit reporting agency, and to consider such report(s) when making decisions regarding my employment at The Walt Disney Company. I also authorize the report or any information in any report about me to be communicated to affiliated companies of The Walt Disney Company for any employment purposes.

PLEASE PRINT CLEARLY

Name: (First) (Middle) (Last)

Other Names Used (Maiden name, etc.)

Present Address

Last Previous Address

Driver's License Number: State:

Social Security Number: DOB:

Signature Date

☐ I want a copy of any report obtained about me (there will be no charge)