



- ARGUS EVENT STAFFING, LLC (DENVER)
- ARGUS EVENT STAFFING, LLC (TEXAS)
- ARGUS EVENT STAFFING, LLC (GEORGIA)
- ARGUS CORPORATE SECURITY, LLC

**APPLICATION FOR EMPLOYMENT**

| PERSONAL INFORMATION  |   |                 |
|---|---|-----------------|
| Last Name:  | First Name:   | Middle Initial: |
| Social Security Number:   | Date of Birth:  | Place of Birth: |
| Home Address (Number, Street, Apt #):   |   |                 |
| City:   | State:  | Zip Code:       |
| E-Mail Address:   | Cell Phone:   | Home Phone:     |
| Are you a US Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If you are not a US Citizen, are you eligible for employment in the US?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Emergency Contact Name & Phone Number:  |   |                 |

| EMPLOYMENT DESIRED  |  |
|---|--|
| Position Seeking:   |  |
| <input type="checkbox"/> Usher/Ticket Taker <input type="checkbox"/> Security <input type="checkbox"/> Parking <input type="checkbox"/> Janitorial <input type="checkbox"/> Other _____ |  |
| Date you can start:   | Days and hours you are available:  |
| Have you ever applied to this company before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If you have applied before, please state the date below:                                 |
| Have you ever worked for this company before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If you have worked before, please state the dates and the name of your supervisor below: |
| What brought you in today?  |  |
| <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Employment Office <input type="checkbox"/> Walk-in  |  |
| <input type="checkbox"/> Internet (please provide the name of the site): _____  |  |
| <input type="checkbox"/> Newspaper ad (please provide the paper name): _____  |  |
| <input type="checkbox"/> Employee Referral (please provide employee name): _____  |  |
| <input type="checkbox"/> Other: _____   |  |

**PERSONAL REFERENCES**

*Name at least two persons that have known you at least one year that we may contact.  
Please do not include relatives, for employees, or personnel currently employed by this company.*

| Name: | Occupation: | Years Known: | Telephone: |
|-------|-------------|--------------|------------|
|       |             |              |            |
|       |             |              |            |
|       |             |              |            |

**EMPLOYMENT HISTORY**

*List your past two employers **beginning with the most recent.***

|                                  |   |
|----------------------------------|---|
| Company Name:                    | Telephone:<br><br>May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address, including City & State: | Employment Start and End Dates (month & year):  |
| Name of Supervisor:              | Ending Weekly Salary:   |
| Job Title & Description of Work: | Reason for Leaving:   |

|                                  |   |
|----------------------------------|---|
| Company Name:                    | Telephone:<br><br>May we contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address, including City & State: | Employment Start and End Dates (month & year):  |
| Name of Supervisor:              | Ending Weekly Salary:   |
| Job Title & Description of Work: | Reason for Leaving:   |

**GENERAL INFORMATION**

|         |         |             |            |
|---------|---------|-------------|------------|
| Height: | Weight: | Hair Color: | Eye Color: |
|---------|---------|-------------|------------|

Please provide your home addresses for the last three years:

|          |       |        |      |       |     |
|----------|-------|--------|------|-------|-----|
| Address: | City: | State: | Zip: | From: | To: |
|          |       |        |      |       |     |
|          |       |        |      |       |     |
|          |       |        |      |       |     |

*Please provide copies of all certifications and/or licenses if you answer yes to any of the following:*

TEAM/TIPS certified:  Yes     No | CPR certified:  Yes     No | EMT certified:  Yes     No

City & County of Denver Unarmed Merchant Guard:  Yes     No

Texas Department of Public Safety Noncommissioned Security Officer:  Yes     No

State of Georgia Private Security License:  Yes     No

|  |  |
|--|--|
| Have you ever been convicted of a misdemeanor or felony?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you required by law to register as a sex offender?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

If you answered yes to either question, please explain below:

---

|  |  |
|--|--|
| Have you ever been bonded?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been refused a bond?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

If you have been refused a bond, please explain below:

---

|  |  |   |
|--|--|---|
| Active Duty US Military?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | US Military Reserve?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran of the US Military?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|

If you answered yes to any of the questions above, please provide the following information:

|                    |                    |                    |                   |
|--------------------|--------------------|--------------------|-------------------|
| Branch:            | Serial Number:     | Date Entered:      | Rank on Entering: |
| Date of Discharge: | Rank at Discharge: | Type of Discharge: |                   |

Major Duties:

Service Schools and other special training:

**APPLICATION ACCURACY CERTIFICATION**

I certify that all of the information provided on this application is true and correct. Further I certify that I understand that completion of this application does not guarantee employment, and I give full permission to the Argus Companies to conduct a thorough investigation of my entire work and personal history and to verify all data contained on this application. I hereby authorize the Argus Companies to conduct investigations as described herein and release from liability any person(s) involved in the production or reception of such information. I understand that falsification of data so given and/or other derogatory information discovered as a result of investigations subject me to the denial of my application and/or immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATEWIDE CRIMINAL BACKGROUND CHECK AUTHORIZATION**

In connection with this application, I, the undersigned, authorize all corporations, law enforcement agencies, city, state, county, and federal courts, military services, and persons to release information they may have about me to the company (and all authorized company representatives) with which this form has been filed, including, without limitation, Argus Event Staffing, LLC, Argus Corporate Security, LLC, the Colorado Bureau of Investigation, the Texas Department of Public Safety, and Georgia Bureau of Investigation.

I certify that I understand that the results of this background check may contain negative information about my background, mode of living, general character, and personal reputation and I hereby release all aforementioned parties from any and all liability and responsibility for collecting, transmitting, and receiving such information.

This authorization, in original and/or copied form, shall be valid for this initial and any other future reports or updates that may be requested or required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONTROLLED SUBSTANCES POLICY ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and understood the Argus Companies Policies and Procedures Relating to Controlled Substances, and hereby agree to abide by this policies contained therein. I understand that the Argus Companies may require me to submit to the provision of urine specimens and/or blood samples, for the purpose of analysis for the presence of drugs, alcohol, or other controlled substances. I further acknowledge that my cooperation is voluntary, but that my refusal to submit to the collection of a urine specimen and/or blood sample may result in disciplinary action, including possible termination of employment, at the sole discretion of the Argus Companies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ARGUS COMPANIES EMPLOYEE HANDBOOK ACKNOWLEDGEMENT**

I acknowledge that I have received a copy of the Argus Companies Employee Policies and Procedures Handbook and that I have read understand, and agree to abide by and adhere to all rules, policies, and procedures of the Argus Companies. Further, I acknowledge that I understand that I am required to obtain and Argus Employee Site Specific Handbook for each venue in which I work. I certify that I understand that I am required to read and fully understand the contents of all Argus handbooks and employee booklets and training documents – if I do not fully understand and/or have any questions regarding any of the aforementioned documents, I am to immediately contact the Argus Director of Human Resources. Further, I certify that I understand that the Argus Companies have the right to change the Argus Companies Employee Policies and Procedures Handbook and any other handbooks, employee booklets, and training documents at its sole discretion, with or without notice to employees and it is my responsibility to stay up-to-date with any changes.

It is my full and complete understanding that employment with the Argus Companies is at-will and the Argus Companies and I are free to terminate the employment relationship for any reason at any time, with or without cause, unless my employment is a written contract or a collective bargaining agreement with the President or CEO of the Argus Companies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

All of the following items must be completed prior to submitting this application for processing. The Manager accepting this application must check all of the items below and sign at the bottom to certify completion.

Application received without the items below checked, verified, and signed for by a Manager will be returned to the responsible Manager.

**Application for Employment:**

- Full name printed legibly
- Social security number entered
- Complete address with city, state, zip
- Phone number and e-mail address entered (e-mail address not required, but preferred if available)
- Application Accuracy Certification signed
- Statewide Criminal Background Check Authorization signed
- Controlled Substances Policy Acknowledgement signed and employee given copy of policy
- Argus Companies Handbook Acknowledgement signed and employee given copy of handbook

**Photocopies and Background Check:**

- List B – copy of state-issued ID/driver’s license, US military ID, or school ID with picture
- List C – copy of Social Security card, US passport, or birth certificate
- Payment for background check received

**Additional Required Documents:**

- W-4 completed and signed
- I-9 completed and signed
- 8850 forms completed and signed
- Applicant Information Sheet completed
- Designated Medical Provider Acknowledgement signed

\_\_\_\_\_  
Signature of Manager accepting this application and certifying that all items above are completed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Manager name

# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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> | <u>      </u> |
| <b>B</b> | Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .   | <b>B</b> | <u>      </u> |
| <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> | <u>      </u> |
| <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> | <u>      </u> |
| <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> | <u>      </u> |
| <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 . . . . .<br>( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)  | <b>F</b> | <u>      </u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br><ul style="list-style-type: none"> <li>• 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 or more eligible children.</li> <li>• 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 plus "1" <b>additional</b> if you have six or more eligible children . . . . .</li> </ul>  | <b>G</b> | <u>      </u> |
| <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> | <u>      </u> |
|          | For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• 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.</li> <li>• If you have <b>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.</li> <li>• 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.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> |          |               |

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

|  |   |   |
|--|---|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <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></p> | OMB No. 1545-0074<br><div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2011</div>  |
| 1 Type or print your first name and middle initial. Last name  |   | 2 Your social security number   |
| Home address (number and street or rural route)  |   | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><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  |   | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   | 5 <u>      </u>   |   |
| 6 Additional amount, if any, you want withheld from each paycheck  | 6 \$ <u>      </u>  |   |
| 7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• 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></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ |   | 7 <u>      </u>   |
| 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.   |   |   |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶  |   | <b>Date</b> ▶   |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |   | 9 Office code (optional)  |
|  |   | 10 Employer identification number (EIN)   |

### 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 2011 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: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .           | <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 2011 adjustments to income and any additional standard deduction (see Pub. 919)   | <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 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .  | <b>5</b>  | \$ _____ |
| <b>6</b>  | Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 - \$65,000                               | \$560                 | \$0 - \$35,000                               | \$560                 |
| 5,001 - 12,000 -                            | 1                     | 8,001 - 15,000 -                            | 1                     | 65,001 - 125,000                             | 930                   | 35,001 - 90,000                              | 930                   |
| 12,001 - 22,000 -                           | 2                     | 15,001 - 25,000 -                           | 2                     | 125,001 - 185,000                            | 1,040                 | 90,001 - 165,000                             | 1,040                 |
| 22,001 - 25,000 -                           | 3                     | 25,001 - 30,000 -                           | 3                     | 185,001 - 335,000                            | 1,220                 | 165,001 - 370,000                            | 1,220                 |
| 25,001 - 30,000 -                           | 4                     | 30,001 - 40,000 -                           | 4                     | 335,001 and over                             | 1,300                 | 370,001 and over                             | 1,300                 |
| 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.

**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 <i>(Street Name and Number)</i> |       | Apt. #         | Date of Birth <i>(month/day/year)</i> |
| 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 <i>(month/day/year)</i> |
|----------------------|------------------------------|

**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 <i>(Street Name and Number, City, State, Zip Code)</i> |            |
| Date <i>(month/day/year)</i>                                   |            |

**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 <i>(if any)</i> : _____ |    | _____  |     | _____  |
| Document #: _____                       |    | _____  |     | _____  |
| Expiration Date <i>(if any)</i> : _____ |    | _____  |     | _____  |

**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                        |
| Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i> |            | Date <i>(month/day/year)</i> |

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

|                                    |  |
|------------------------------------|--|
| A. New Name <i>(if applicable)</i> | B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i> |
|------------------------------------|--|

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 <i>(if any)</i> : _____ |
|-----------------------|-------------------|---|

**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 <i>(month/day/year)</i> |
|--|------------------------------|



## 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)  |   |
| 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 | 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. U.S. Military card or draft record   |   |   |
|   | 6. Military dependent's ID card   |   |   |
|   | 7. U.S. Coast Guard Merchant Mariner Card   | 5. Native American tribal document  |   |
|   | 8. Native American tribal document  | 6. U.S. Citizen ID Card (Form I-197)  |   |
|   | 9. Driver's license issued by a Canadian government authority   |   |   |
| 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   | <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)  |   |
|   | 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)**

## Instructions

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
  - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
  - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 1  Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but **not** age 25 or older, **and**:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
  - Discharged or released from active duty in the U.S. Armed Forces, **or**
  - Unemployed for a period or periods totaling at least 6 months.
- 5  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For Employer's Use Only

Employer's name Argus Event Staffing, LLC Telephone no. (303) 799-1140 EIN 27 0026896

Street address 6408 South Quebec St.

City or town, state, and ZIP code Centennial, CO 80111

Person to contact, if different from above TCM Group Telephone no. (563) 583-2115

Street address 3500 Dodge St. Suite 302

City or town, state, and ZIP code Dubuque, IA 52003-5266

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant: Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature Jamie Jensen Title Manager Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment.

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . .3 hrs., 16 min.
Learning about the law or the form . . . . .46 min.
Preparing and sending this form to the SWA . . . . .42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

**Individual Characteristics Form (ICF)  
Work Opportunity Tax Credit**

**U.S. Department of Labor**  
Employment and Training Administration

|   |  |   |                                    |
|---|--|---|------------------------------------|
| 1. Control No. (For Agency use only)  |  | <b>APPLICANT INFORMATION</b><br>(See instructions on reverse)   | OMB No. 1205-0371                  |
|   |  |   | Expiration Date: November 30, 2011 |
|   |  | 2. Date Received (For Agency Use only)                          |                                    |
| <b>EMPLOYER INFORMATION</b>   |  |   |                                    |
| 3. Employer Name  |  | 4. Employer Address and Telephone                               |                                    |
| Argus Event Staffing , LLC  |  | 6408 South Quebec St.<br>Centennial, CO 80111<br>(303) 799-1140 |                                    |
| 5. Employer Federal ID Number (EIN)   |  |   |                                    |
| 27-0026896  |  |   |                                    |
| <b>APPLICANT INFORMATION</b>  |  |   |                                    |
| 6. Applicant Name (Last, First, MI)   |  | 7. Social Security Number.                                      |                                    |
|   |  |   |                                    |
| 8. Have you worked for this employer before? Yes ___ No <u>X</u>  |  |   |                                    |
| If YES, enter last date of employment: _____  |  |   |                                    |
| <b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>  |  |   |                                    |
| 9. Employment Start Date  |  | 10. Starting Wage   |                                    |
|   |  |   |                                    |
| 11. Position  |  |   |                                    |
|   |  |   |                                    |
| 12. Are you at least age 16, but under age 40?  |  | Yes ___ No ___  |                                    |
| If YES, enter your <i>date of birth</i> _____   |  |   |                                    |
| 13. Are you a Veteran of the U.S. Armed Forces?   |  | Yes ___ No ___  |                                    |
| If NO, go to Box 14.  |  |   |                                    |
| If YES, are you a member of a family that received Food Stamps for at least 3 months during the 15 months before you were hired?      |  | Yes ___ No ___  |                                    |
| If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.                    |  |   |                                    |
| OR, are you a veteran entitled to compensation for a service-connected disability?  |  | Yes ___ No ___  |                                    |
| If YES, were you discharged or released from active duty within a year before you were hired?   |  | Yes ___ No ___  |                                    |
| OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?                             |  | Yes ___ No ___  |                                    |
| 14. Are you a member of a family that received Food Stamps for the 6 months before you were hired?                                    |  | Yes ___ No ___  |                                    |
| OR, received Food Stamps for at least a 3-month period within the last 5 months But you are no longer receiving them?                 |  | Yes ___ No ___  |                                    |
| If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. |  |   |                                    |

|  |   |
|--|---|
| 15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a state?<br><b>OR</b> , by an Employment Network under the Ticket to Work Program?<br><b>OR</b> , by the Department of Veterans Affairs?  | Yes ___ No ___<br>Yes ___ No ___<br>Yes ___ No ___  |
| 16. Are you a member of a family that received Temporary Assistance to Needy Families (TANF) for at least the last 18 months before you were hired?<br><b>OR</b> , are you a member of a family that received TANF benefits for <b>any</b> 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired?<br><b>OR</b> , did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made?<br><b>If NO</b> , are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired?<br><b>If YES, to any question</b> , enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____. | Yes ___ No ___<br>Yes ___ No ___<br>Yes ___ No ___<br>Yes ___ No ___  |
| 17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired?<br><b>If YES</b> , enter <i>date of conviction</i> _____ and <i>date of release</i> _____.<br><b>Was this a Federal</b> _____ <b>or a State</b> _____ <b>conviction?</b> (Check one)   | Yes ___ No ___  |
| 18. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community?<br><b>OR</b> , in a Rural Renewal County (RRC)?<br><b>If YES</b> , enter <i>name of the RRC</i> : _____   | Yes ___ No <input checked="" type="checkbox"/><br>Yes ___ No <input checked="" type="checkbox"/>  |
| 19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?   | Yes ___ No ___  |
| 20. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days?<br><b>OR</b> were you discharged or released from active duty in the Armed Forces for a service-connected disability?<br><b>If YES</b> , where you discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date?<br><b>If YES</b> , did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date?   | Yes ___ No ___<br>Yes ___ No ___<br>Yes ___ No ___<br>Yes ___ No ___  |
| 21. Are you at least age 16 but under age 25?<br><b>If YES</b> , did you <b>not</b> regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date?<br><b>If YES</b> , were you not regularly employed during that 6-month period?<br><b>If YES</b> , were you not employable because you lacked basic skills?  | Yes ___ No ___<br>Yes ___ No ___<br>Yes ___ No ___<br>Yes ___ No ___  |
| 22. Sources used to document eligibility: ( <b>Employers/Consultants</b> : List all documentation provided or forthcoming. <b>SWAs</b> : List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)  |   |
| <b>I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.</b>  |   |
| 23(a). Signature: (See instructions in Box 23b for who signs this signature block)   | 23. (b) Indicate with a ✓ who signed the form:<br><input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA,<br><input type="checkbox"/> Participating Agency, <input checked="" type="checkbox"/> Applicant, or<br><input type="checkbox"/> Parent/Guardian (if applicant is a minor) |
| 24. Date:  |   |





- ARGUS EVENT STAFFING, LLC (DENVER)
- ARGUS EVENT STAFFING, LLC (TEXAS)
- ARGUS EVENT STAFFING, LLC (GEORGIA)
- ARGUS CORPORATE SECURITY, LLC

**APPLICANT INFORMATION SHEET**

**The information on this sheet goes directly to venue Managers and Supervisors, so please fill in all information accurately to ensure that you are scheduled for events.**

| PERSONAL INFORMATION   |  |             |
|--|--|-------------|
| First Name:  | Last Name:   |             |
| E-Mail Address:  | Cell Phone:  | Home Phone: |
| <input type="checkbox"/> Check this box if we may not send you e-mail communications   | Carrier:<br><input type="checkbox"/> AT&T <input type="checkbox"/> Sprint <input type="checkbox"/> Verizon <input type="checkbox"/> T-Mobile<br><input type="checkbox"/> Cricket <input type="checkbox"/> AllTel <input type="checkbox"/> Pocket <input type="checkbox"/> Qwest<br><input type="checkbox"/> Other: _____<br><br><input type="checkbox"/> Check this box if we may not send you text messages |             |
| Do you have a reliable source of transportation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Are you willing to work outside the Denver metro area?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any experience in crowd control?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, please describe below:<br>_____<br>_____   |             |
| Please describe any medical conditions that would prevent you from standing for long periods of time:<br>_____<br>_____  |  |             |
| Shirt Size:  | Jacket Size:   |             |
| Are you bilingual? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____   |  |             |

Please check venues where you would like to work – this is not a guarantee that you will get to work at each venue that you check, but it will ensure that your information is routed to the appropriate Managers and Supervisors.

- Red Rocks    Denver University    Paramount Theatre    CU Boulder    Denver Coliseum
- Pepsi Center    Broomfield EC    Fiddler’s Green    INVESCO    Colorado Convention Center
- Performing Arts Complex    Dick’s Sporting Goods Park    The Fillmore    Corporate Security

Please check specific function that you would like to perform – this is not a guarantee that you will perform these functions, but it will ensure that your information is routed to the appropriate Managers & Supervisors.

- Usher    Ticket Taker    Security    Parking    Janitorial    Overnight

*Note: The Argus Companies use an automated outbound calling and text messaging system – provision of your phone numbers on this sheet grants us permission to add you to our calling list.*



**WORKER'S COMP PROCEDURES &  
DESIGNATED MEDICAL PROVIDER  
ACKNOWLEDGEMENT FORM**

**This form is to be completed by all applicants. Completion of this form indicates your acknowledgement of the Argus worker's compensation procedures and designated medical provider for any and all work-related injuries.**

Any Argus employee that suffers a work-related injury must have such injury reported to Medcor by their Supervisor unless such injury is life threatening, in which case the Argus Supervisor or Manager will report the injury after treatment has been rendered; Medcor is not a substitute for 911 and/or emergency medical response systems in the case of life threatening injuries. If a Supervisor or Manager is unavailable, Argus employees are expected to call Medcor themselves at (800) 775-5866 and report their injury to their Supervisor as soon as possible.

Any Argus employee that suffers a work-related injury and is referred to a clinic by Medcor must be treated at either or the two locations listed below:

AfterOurs  
1515 Wazee Street, Suite D  
Denver, CO 80202  
(303) 861-7877

AfterOurs  
200 West County Line Road, Suite 100  
Highland Ranch, CO 80129  
(303) 861-7878

For specific directions, please see the wallet-sized cards, postings located at the Argus office or at the venue where you are working, or contact an Argus Manager directly.

**Procedure for work-related injuries:**

1. Report all work-related injuries to your Supervisor/Manager immediately. If a Supervisor or Manager is unavailable, contact Medcor for non-life threatening injuries or 911 for life threatening injuries.
2. For injuries not requiring immediate medical attention: schedule an appointment at either AfterOurs location within twenty-four (24) hours of the injury.

For clinic referrals by Medcor: go to the Denver AfterOurs location immediately if the injury occurs any day between 8AM and 1AM or the Highlands Ranch location if the injury occurs any day between 8AM and 12AM; after hours, Medcor will refer you to the Emergency Room at Saint Anthony's Central Hospital and a follow-up must be scheduled with either AfterOurs location within twenty-four (24) hours of the injury.

For life-threatening injuries: go immediately to the nearest hospital emergency room and schedule a follow-up with AfterOurs within twenty-four (24) hours of the injury, or the following Monday if the injury occurs on a weekend.

If an employee receives medical treatment without authorization, the employee will be held responsible for any costs associated with such treatment.

I certify that I have read, understand, and agree to comply with all of the policies set forth on this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (print)

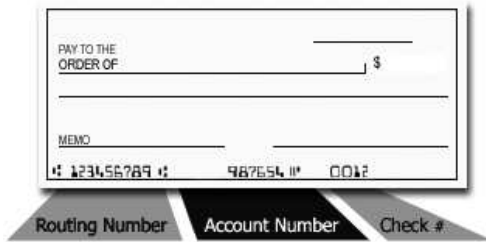


**Argus Event Staffing, LLC Direct Deposit Authorization Form**

Last Name:

First Name:

Social Security Number:    -   -



A voided check for a checking account or deposit slip for a savings account **MUST** be submitted with this form.

Routing Number:

Account Number:

Mark account type:  Checking Account  Savings Account

Bank Name: \_\_\_\_\_ Bank Phone: (\_\_\_\_) \_\_\_\_\_

Bank Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

I hereby authorize Argus Event Staffing, LLC, any third-party payroll processing companies and/or banks used by Argus Event Staffing, LLC, and their respective agents (collectively "AES") to initiate electronic deposits and/or withdrawals to the bank account shown above. My signature certifies my understanding that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until I notify AES to terminate this authorization and give AES reasonable time to terminate this authorization or my bank gives AES not less than five (5) business days notice of the termination of this authorization in writing. I understand that any cancellation in writing will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by AES and my bank, as applicable, of my liability for unauthorized electronic fund transfers, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment of pre-authorized electronic fund transfers, procedures to initiate such stop payment orders, the right to receive documentation of electronic fund transfers, and liability assumed by AES and my bank respectively pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al.

Limitation of Action: I acknowledged that I have sixty (60) days from the date of a withdrawal or deposit to my account to dispute the withdrawal or deposit by the undersigned contacting AES in writing of any claimed discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by AES, including, but not limited to, errors in amounts or erroneous transactions. All written notices must include the following information: my social security number, the account number of my bank account, the routing number of my bank account, the dollar amount of the transaction in question, and a description of the error. In most cases AES will inform you of the results of its investigation in ten (10) business days and will correct any error promptly, however, I understand that AES may take up to forty-five (45) days to investigate complaints.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Argus Event Staffing, LLC Paycard Enrollment Form**



- No one is turned down – no credit check.
- Make purchases anywhere you see the Visa logo.
- 1 free US Postal Service money order per payroll.
- Visa card shipped to you 10 days after enrollment.
- Your card can be replaced, cash cannot.
- Paycheck stubs online at <http://ess.argus-companies.com>.
- Printed statements from CoinStar machines.

Last Name:

First Name:

Date of Birth:   /   /

Social Security Number:    -   -

Mother's Maiden Name:

Driver License Number:           State of Issue:

Home Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

I hereby authorize Argus Event Staffing, LLC, any third-party payroll processing companies and/or banks used by Argus Event Staffing, LLC, and their respective agents (collectively "AES") to deposit my pay to the Visa® PAYCHEK PLUS! Card. If funds or monies to which I am not entitled are deposited to the PAYCHEK PLUS! Card, I hereby authorize AES to initiate a correcting debit to my PAYCHEK PLUS! Card to withdraw funds to correct the error or overpayment. I hereby authorize AES to act as my agent to submit my application for the PAYCHEK PLUS! Card to First Federal Savings Bank Of The Midwest, the issuer of the PAYCHEK PLUS! Card, and to send and receive communications on my behalf to and from FSV Payment Systems regarding my PAYCHEK PLUS! Card. By using the PAYCHEK PLUS! Card, I hereby agree to the terms and conditions governing my use of the PAYCHEK PLUS! Card that I will receive at the time I receive the PAYCHEK PLUS! Card. I acknowledge and agree that this authorization may be rejected or discontinued by my employer or FSV Payment Systems at any time. I understand that this authorization replaces any previous authorization relating to AES payment to me, and unless terminated by AES, this authorization will remain in full force and effect until AES has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the PAYCHEK PLUS! Card as provided in the terms and conditions I receive with the PAYCHEK PLUS! Card. The USA Patriot Act requires FSV Payment Systems to obtain, verify and record information that identifies each person or business that opens a new account. By completing or otherwise providing this application and and/or the information on it, the Cardholder agrees to provide and consents to FSV Payment Systems obtaining if necessary from third parties, Cardholder's name, residential address, date of birth and social security number to verify Cardholder's identity

Limitation of Action: I acknowledged that I have sixty (60) days from the date of a withdrawal or deposit to my account to dispute the withdrawal or deposit by the undersigned contacting AES in writing of any claimed discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by AES, including, but not limited to, errors in amounts or erroneous transactions. All written notices must include the following information: my social security number, the account number of my bank account, the routing number of my bank account, the dollar amount of the transaction in question, and a description of the error. In most cases AES will inform you of the results of its investigation in ten (10) business days and will correct any error promptly, however, I understand that AES may take up to forty-five (45) days to investigate complaints.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY – CONTROL NUMBER:



**ARGUS EVENT STAFFING, LLC  
ARGUS CORPORATE SECURITY, LLC**

**POLICIES AND PROCEDURES RELATING TO CONTROLLED SUBSTANCES**

**DRUG-FREE WORKPLACE PROGRAM**

This program is designed to comply with the regulations of the Drug-free Workplace Act of 1988 (Public Law 100-690) and applicable Federal Regulations.

**GENERAL POLICY**

Argus Companies, have a vital interest in maintaining safe, healthful, and efficient working conditions for its employees. Individuals under the influence of drugs, alcohol, or other controlled substances may cause serious safety and health risks, not only to themselves, but also to others who work with them. The Argus Companies recognize that the success of their operations is dependent upon the physical and psychological health of its employees. Accordingly, it is the right, obligation, and intent of the Argus Companies to take reasonable measures to ensure that alcohol, drugs, and controlled substances do not jeopardize the success of its operations or otherwise affect Argus Event Staffing, LLC, Argus Corporate Security, LLC, employees of either entity, and/or customers of either entity (collectively referred to as "Argus", herein).

With these basic objectives in mind, Argus has established the following policy and procedures with regard to controlled substances.

**DEFINITIONS**

***Controlled Substance***

For the purpose of this policy "controlled substance" is any item listed in Schedule I through V of the Federal Controlled Substance Act. Such substances include, but are not limited to, marijuana, opiates, amphetamines, barbiturates, stimulants, depressants, cocaine, crack, and all other substances that alter perception and/or impair physical or mental performance. Additionally, this includes alcohol consumed in amounts above the legal limits of individual states.

As used in this policy statement, controlled substances shall also include any substance, the use, possession, or sale of which is illegal under federal, state, and/or local law, and any substance which cannot be purchased over the counter and that is not prescribed and being used under the supervision of a physician. Further, physician-prescribed drugs that are being used outside the scope of the physician-prescribed guidelines and/or for other than their intended prescribed purpose shall be considered controlled substances.

***Legal Drugs***

For the purpose of this policy, "legal drugs" are physician-prescribed drugs and over-the-counter drugs which have been legally obtained and are being used for the purpose for which they have been prescribed or manufactured.

***Under the Influence Of***

For the purpose of this policy, "under the influence of" means that the employee is affected by a drug, alcohol, or controlled substance, or any combination thereof, in any detectable manner. The symptoms of influence are not confined to those consistent with misbehavior, nor to obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance. This term includes a positive result in a drug or alcohol test.

## **ALCOHOL USAGE POLICY**

The use of possession of, and/or being under the influence of alcohol by any employee while performing Argus business, or while in an Argus or Argus client facility, is strictly prohibited.

## **ILLEGAL CONTROLLED SUBSTANCE (OTHER THAN ALCOHOL) USAGE POLICY**

The use, sale, purchase, transfer, manufacture, or possession of a controlled substance by any employee, while in an Argus or Argus client facility or while performing Argus business, is prohibited. The presence of an amount of any controlled substance that results in a positive test of any employee, while in an Argus or Argus client facility or while performing Argus business is prohibited.

## **PHYSICIAN-PRESCRIBED CONTROLLED SUBSTANCE USAGE POLICY**

The use, or being under the influence of, any physician-prescribed drug by any employee while in an Argus facility or Argus client facility, or while performing Argus business, is prohibited, as such use or influence may affect the safety of others. Employees who are under the influence of a physician-prescribed drug may continue to work provided Argus management has determined, after seeking appropriate medical counsel, that the employee does not pose a threat to his/her own safety or to the safety of others.

Employees who feel, or have been informed that, the use of a physician-prescribed drug may impair their performance or present a safety risk, must report the use of such drug to their Supervisor/Manager.

## **GENERAL TESTING POLICY**

Argus can, at its sole discretion, maintain pre-employment screening practices designed to prevent the hiring of individuals who use illegal drugs or individuals whose use of legal drugs or alcohol indicates a potential for impaired or unsafe job performance. Testing will take place after the prospective employee's criminal background has been checked and may or may not occur at the time they undergo a pre-employment physical examination. Applicants whose test results are at a positive level for either drugs or alcohol will be rejected for employment and, or terminated.

Argus at its exclusive discretion, may require its employees to provide a urine specimen or blood sample, at a collection site, and may require the testing of such samples and specimens. A positive-level test may result in disciplinary action at exclusive discretion, including possible termination of employment. An employee's consent to submit to such a test is required as a condition of employment, and an employee's refusal to consent may result in disciplinary action at Argus' exclusive discretion, up to, and including, termination of employment, even for a first refusal.

## **POST-ACCIDENT POLICY**

1. All post-accident injuries requiring outside medical attention require the injured employee(s) or other employees involved with the accident or injury, to take an immediate drug test.
2. Drug tests administered under this policy will be at the sole cost of the Argus Companies and will be conducted by a physician or medical provider solely designated by the Argus Companies.
3. Any employee refusing or failing to cooperate with this policy will be subject to immediate discharge.
4. Any employee testing positive for alcohol or controlled substances as a result of this policy will be immediately terminated and the Argus Companies will cooperate fully with all law enforcement personnel.

## **VISITORS, CONTRACTORS, AND SUBCONTRACTORS**

Argus strictly prohibits any visitor, contractor or subcontractor from being under the influence of, using, selling, purchasing, transferring, manufacturing, or possession of alcohol, drugs, or controlled substances while in an Argus or Argus client facility.

## **RIGHT TO SEARCH**

Argus may conduct unannounced searches for illegal drugs or alcohol in Argus and/or Argus-controlled areas of client facilities. It is understood that such facilities are those of Argus, and there is no expectation of privacy in employee lockers, desks, and/or other property that belongs to Argus. Furthermore, personal belongings brought on to Argus and/or Argus-controlled areas of client facilities may be searched at the sole discretion of Argus.

## **EMPLOYEE DUTY TO REPORT DRUG-RELATED CONVICTIONS**

Each employee shall notify his/her supervisor of any criminal drug statute conviction for a violation occurring in the workplace, no later than five days after such conviction. "Conviction" includes a conviction after trial, a plea of guilty, or a plea of no contest. Such conviction will constitute a violation of this policy.

## **EMPLOYEE RESPONSIBILITIES AND ASSISTANCE**

Argus will offer referral to rehabilitation programs which emphasize education, prevention, counseling, and treatment to employees when problems arise which may affect the employee's performance, safety and/or the safety of others.

Each employee is responsible for complying with the requirements of this policy and should seek assistance before drug or alcohol problems lead to disciplinary action.

## **DISCIPLINARY ACTION**

1. The manufacture, distribution, or dispensation of a controlled substance on Company premises or that of Company clients, including vehicles, parking lots, while on Company business, during working or non-working hours, is prohibited and will subject the employee to immediate discharge.
2. Any employee who uses, possesses, or is under the influence of alcohol or any other controlled substance, whether legal or illegal, while on Company or Company client premises, including parking lots and vehicles, or while on Company business, during working or non-working hours is subject to discharge.
3. It is the responsibility of each employee to promptly notify his/her Supervisor/Manager of the use of any prescribed medication that may affect judgment, performance, behavior, or safety. When an employee does not comply with this requirement, a physician's prescription will not be an acceptable excuse for the use or possession of a controlled substance and the employee will be subject to immediate discharge.
4. Any employee convicted of violating any criminal drug statute which violation occurred on Company or Company client premises, including parking lots and vehicles, or while on Company business, during working hours or under circumstances that adversely affect job performance, or our Company or client's reputation, will be subject to immediate discharge.

## **SUMMARY**

Alcohol and drug abuse has become all too common in our society today and to help control this national problem, Argus and its subsidiaries have developed this policy. The primary purpose of the policy is to promote the safety and well being of all employees, and Argus considers it to be inconsistent to promote a strong safety policy while allowing the use of drugs, alcohol, and controlled substances to undermine the safe and effective performance of every employee on the job.