

The Legacy Group, Inc, dba

# Golden Wheel Amusements

18619 Old Glenn Highway, Chugiak Alaska 99567

P: (907) 688-2296 F: (907) 688-2298

**Official Use Only:**  
**Department:** \_\_\_\_\_  
**First Day Of Work:** \_\_\_\_\_

## Employment Application

### Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company before? YES  NO  If yes, when? \_\_\_\_\_

Are you at least 18 years old? YES  NO

Are you able to perform the essential functions of the job with or without reasonable accomodations? YES  NO

Do you hold current professional licenses or certifications? YES  NO  If yes, please descibe: \_\_\_\_\_

Have you ever been convicted of any crimes against women or children? YES  NO

Have you ever been convicted of a felony? YES  NO

If yes, what for? \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

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## Employee Information

### Applicant Information

All fields are optional. If an employee declines to self identify any the below information observer identification may be used for employment records.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Have you ever gone by another name? YES NO  
  If yes, what names have been used? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Gender

- Male
- Female
- Gender \_\_\_\_\_

### Marital Status

- Single
- Married

### Veteran Status

- No
- Veteran
- Disabled Veteran

### Ethnic Code

- Native American or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- African American or Black
- Hispanic
- White
- Unspecified

Do you have any allergies? \_\_\_\_\_

**It is the policy of Golden Wheel Amusements to provide equal opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.**

### Drug and Alcohol Policy *(Available in its entirety upon request in the mobile and main office)*

Being under the influence of illegal drug, or alcohol as an employee while performing company business, in the company vehicles, or while on Golden Wheel Amusements contracted property is strictly prohibited. Golden Wheel Amusements will be conducting pre-employment, random, and reasonable cause drug/alcohol testing. Compliance with the drug and alcohol testing plan is mandatory and a condition of employment.

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

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

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)