



NEW HIRE CHECKLIST SEASONAL/EVENT EMPLOYEES

Employee Name

ISC Business Unit/Location

Date of Hire
(Must match I-9 and New Hire upload)

The following items must be received by the corporate HR department- Pay Services two weeks before the event. Pay Services has 3 business days from time all required documents are received to enter the employee's information into the HR/Payroll systems. Attach this form to the employee packet you send us.

- _____ Employee Data Sheet for Seasonal Employees
- _____ W-4 (Federal Income Tax Withholding Certificate)
Note: If employee claims exempt a new form must be completed each year
- _____ State Income Tax Withholding Certificate (if applicable)
- _____ Seasonal Employee Acknowledgement (submit only page 7 of the Seasonal Employee Policy Statement to Pay Services)
- _____ Employment application (original, fully completed & signed)
- _____ Form I-9 (Employment Eligibility Verification) – Original, fully completed and signed
- _____ Copy of any documents used to complete the Form I-9 to validate that employee is authorized to work in the U.S.
- _____ Direct Deposit Form (Optional)
- _____ Add Employee Data to New Hire Upload Spreadsheet and review for accuracy. Submit to Pay Services as well as the original documentation.

There may be additional forms required by the BU check with track HR/Payroll liaison. Examples of these types of forms are:

1. Emergency Contact information
2. Job specific information (i.e. confidentiality form – find under New Hire Forms for Full/Part Time)
3. Notice of Seasonal Work (MIS uses for unemployment issues)



EMPLOYEE DATA SHEET SEASONAL/EVENT EMPLOYEES

This information will be used to create your employment record.

Please print legibly.

SOCIAL SECURITY NO: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____

MARITAL STATUS (check one): _____ Married _____ Single

GENDER (check one): _____ Female _____ Male

ETHNIC ORIGIN (check one): _____ American Indian/Alaska Native _____ Asian
_____ Black/African American _____ Hispanic/Latino
_____ Native Hawaiian/Pacific Islander _____ White

LAST NAME: _____ (MUST match Social Security Card)

FIRST NAME: _____ (MUST match Social Security Card)

MIDDLE NAME: _____ (MUST match Social Security Card)

ADDRESS: _____

PRIMARY PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOMETOWN (CITY, STATE): _____

EMERGENCY CONTACT NAME: _____

IS THE EMERGENCY CONTACT'S ADDRESS THE SAME AS YOURS (Circle one)? YES / NO

EMERGENCY CONTACT PRIMARY PHONE NUMBER: _____

FOR MANAGER USE ONLY:

HIRE DATE: _____ (MUST match the Form I-9)

BUSINESS UNIT: _____ DEPARTMENT NO: _____

JOB CODE: _____ ABI DEPARTMENT: _____

HOURLY PAY RATE: _____

DEPARTMENT MANAGER SIGNATURE _____

Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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

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

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

General Instructions

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

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

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

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

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

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

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're 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.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ▶	
9 First date of employment			10 Employer identification number (EIN)		

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

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

Deductions, Adjustments, and Additional Income Worksheet

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

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

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

Two-Earners/Multiple Jobs Worksheet

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

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

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

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

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

Instructions for Employer

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

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

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

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

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

Two-Earners/Multiple Jobs Worksheet

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

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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

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

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

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

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

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Seasonal Employee Policy Statement & Acknowledgement

As a seasonal employee of International Speedway Corporation (ISC) you play an important role in our mission to provide all of our guests with a thrilling experience on event day. Your presence, efforts and contributions have a lasting effect on our guests.

As a seasonal employee of ISC, you are required to review and abide by the following employment policy requirements. Should you have any questions about the information outlined in this document, or other employment practices used by the company, please contact a member of the Human Resources team. Thanks for being a valuable member of our team!

Nature of Employment

Employment with the Company is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, the Company may terminate the employment relationship at will at any time with or without notice or cause.

Equal Employment Opportunity

In order to provide equal employment opportunities to all individuals, employment decisions at the Company will be based on merit, qualifications, and abilities. The Company does not discriminate in employment opportunities or practices on the basis of race, color, age, sex, sexual orientation, gender identity, national origin, religion, religious creed, marital status, veteran status, military status, medical condition, disability, pregnancy, childbirth and related medical conditions, or any other characteristic protected by law. This policy governs all aspects of employment.

Any employees with questions about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their supervisor or Human Resources. Anyone found to be engaging in any type of unlawful discrimination will be subject to corrective action, up to and including termination of employment.

Anti Harassment

The Company is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's race, color, age, sex, sexual orientation, gender identity, national origin, religion, religious creed, marital status, veteran status, military status, medical condition, disability, pregnancy, childbirth and related medical conditions, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Any employee who wants to report an incident of sexual or other unlawful harassment should promptly report the matter to his or her supervisor or the head of their department or Business Unit. If these members of management are unavailable or the employee believes it would be inappropriate to contact any of these people, the employee should immediately contact the Human Resources Department. Employees can raise concerns and make reports without fear of reprisal. There will be a fair and discreet investigation, and an employee can also, at his or her discretion, contact the Company's Ethics Hotline at 1-877-888-0002 to report concerns anonymously.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment should promptly advise the Human Resources Department who will handle the matter in a timely and confidential manner. Anyone engaging in sexual or other unlawful harassment will be subject to corrective action, up to and including termination of employment.

Drug Testing

The Company is committed to providing a safe, efficient and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body substance samples (such as urine and/or blood and/or hair) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to testing may result in corrective action, up to and including termination of employment.

Substance Abuse Policy

It is the Company's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. While on Company premises and while conducting business-related activities off Company premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violations of this policy may lead to corrective action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences. Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or Human Resources without fear of reprisal.

Employee Behavior and Work Rules

To ensure orderly operations and provide the best possible work environment, the Company expects employees to follow rules of conduct that will protect the interests and safety of all employees and the organization. It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions that may result in corrective action, up to and including termination of employment:

- Theft or inappropriate removal or possession of property
- Falsification of timekeeping records or expense reports
- Working under the influence of alcohol or illegal drugs
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment
- Fighting or threatening violence in the workplace
- Boisterous or disruptive activity in the workplace
- Negligence or improper conduct leading to damage of employer-owned or customer-owned property
- Insubordination (refusing to follow instructions) or other disrespectful conduct
- Violation of safety or health rules
- Smoking in prohibited areas
- Sexual or other unlawful or unwelcome harassment
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace
- Excessive absenteeism or any absence without notice
- Unauthorized absence from work station during the workday

- Unauthorized use of telephones, mail system, or other employer-owned equipment
- Unauthorized disclosure of business “secrets” or confidential information
- Violation of personnel policies
- Unsatisfactory performance or conduct

Violence in the Workplace Prevention

It is the intent of this policy to ensure that everyone associated with the Company, including employees, event guests, other customers and visitors, never feels threatened by any employee’s actions or conduct. The Company has a policy of zero tolerance for violence. Acts and/or threats of violence including intimidation, coercion and/or harassment which involve or affect Company employees, customers and visitors will not be tolerated. Violations of this policy may lead to termination, arrest and/or prosecution.

Workplace is defined as all racetrack properties and business offices of ISC and each of its business units. It should be recognized that during events held at the Company’s facilities that specific provisions of this policy may not apply and event-related activities would be governed by local, state and federal laws, track policy and other provisions.

The Company specifically prohibits all persons who enter Company property from carrying a handgun, firearm or other prohibited weapon onto the property regardless of whether the person is licensed to carry the weapon or not. Prohibited weapons include firearms, knives and other sharp objects not related to the performance of one’s duties (other than small pocket knives), explosives and other items with the potential to inflict harm. If you have a question about whether an item is covered by this policy, please contact Human Resources. Except as otherwise allowed by law, this ban includes keeping or transporting a weapon in a vehicle in any Company owned or leased parking areas. Employees are also prohibited from carrying prohibited weapons while performing Company services off the Company’s premises. Appropriate disciplinary action, up to and including termination, will be taken against any employee who violates this policy.

It is every employee’s responsibility to prevent violence in the workplace. You can help by reporting what you witness in the workplace that could indicate that a threatening environment may exist. Any potentially dangerous situation must be reported immediately to a supervisor or the Human Resources Department. Reports can also be made anonymously via the Company’s Ethics Hotline (877-888-0002). Reports will be investigated and all information will be handled in a professional and discreet manner, to the extent possible.

Company Equipment / Expectation of Privacy

Any Company-issued equipment (or access thereto), including but not limited to computers, cellular telephones, mobile devices, PDAs, Company email system, and the office, desk and work areas, is intended for, and shall only be used for Company work-related purposes. As such, the Company reserves the right to monitor and/or search all employee uses of all such equipment (including but not limited to personal email on a Company-issued computer, Company information (including but not limited to e-mail) on a personal Mobile Device, office, desk drawer whether locked or unlocked, web traffic, Company email, and any other means of communication whether electronic, oral or written) and to retrieve such communication (even if deleted) if necessary. Further, Company may access any files (either electronic or hard copy) including archived materials of any current or former employees. Any of the foregoing monitoring or searching may be done in Company’s sole discretion without the employee’s knowledge. By using Company-issued equipment, employees consent to such monitoring and search. Further, despite Company’s efforts to maintain security concerning Company-issued equipment, Company cannot guarantee the prevention of unauthorized access to an employee’s files (whether electronic or hard copy).

Personal Appearance

Dress, grooming, and personal cleanliness standards contribute to the morale of all employees and affect the business image the Company presents to race guests and other customers. While on duty, employees are expected to present a clean and neat appearance and to dress according to the requirements of their positions.

Workers' Compensation Insurance

The Company provides a comprehensive workers' compensation insurance program at no cost to all employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment.

Employees who sustain work-related injuries or illnesses should inform their supervisor immediately, no matter how minor the injury may be. The Company is required to report accidents and job-related illnesses to the insurance company promptly. No matter how minor an on-the-job injury may appear, it is important that it be reported immediately, but in no case later than 24 hours following its occurrence. This will enable an eligible employee to qualify for coverage as quickly as possible.

If an injury requires medical attention, a release from a physician must be provided to the Supervisor before the employee will be permitted to return to work.

Alternative Dispute Resolution

The Company's employees are entitled to legal rights, and the Company recognizes that, at some time before, during, or after the employment relationship, an employee may have a claim, dispute, or controversy against the Company regarding those rights. In order to limit the time and expense associated with litigation, and with the understanding that employment with the Company, or continued employment by the Company, is conditioned upon signing this acknowledgement, the employee and the Company agree to be bound by the provisions of the Dispute Resolution Policy (DRP). The employee understands, and acknowledges by his/her signature that he/she and the Company are hereby waiving the right to a jury trial in any action, proceeding or counterclaim or claim, or bring or participate in any claims as a representative or member of class or collective action with respect to certain "Covered Rights" as defined herein.

Any legal claim, dispute or controversy between the Company and an employee, past, present, or future, whether or not arising from employment or the termination of employment that the Company may have against the employee or the employee may have against the Company, over Covered Rights, must be resolved by confidential binding arbitration as the sole remedy. An employee may file a charge of discrimination with the U.S. Equal Employment Opportunity Commission (EEOC), or any other State or Federal agency. If an employee files an EEOC claim or a claim with any other State or Federal agency that arises out of his/her employment with the Company, the employee may be limited to non-monetary relief. Once the charge has been handled by the agency, an employee is required to resolve the dispute pursuant to the terms of the DRP, and cannot file a lawsuit in State or Federal court, unless that agency decides to sue on behalf of the employee.

The term "Covered Rights" includes legally protected rights arising out of any claims, disputes or controversies between the Company and an employee, past, present, or future, whether or not arising from employment (or its termination) *that the Company may have against an employee or that an employee may have against the Company*, and includes disputes alleging a violation of statutory or common law rights, including but not limited to: Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e *et seq.*; the Age Discrimination in Employment Act, 29 U.S.C. § 621 *et seq.*; the Americans with Disabilities Act, as amended, 42 U.S.C. § 12101 *et seq.*; the Employee Retirement Income Security Act, 29 U.S.C. § 1001 *et seq.* (except such rights as may be vested under any retirement plan sponsored by the Company); the Civil Rights Act of 1866, as amended, 42 U.S.C. § 1981 *et seq.*; the Civil Rights Act of 1871, as amended, 42 U.S.C. §§ 1983 and 1985, Executive Order 11246; the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 700 *et seq.*; the Equal Pay Act, as amended, 29 U.S.C. § 206(d); the Pregnancy Discrimination Act, as amended, 42 U.S.C. § 2000e(k); the Family and Medical Leave Act, 29 U.S.C. § 2601, *et seq.*; the Consolidated Omnibus Budget Reconciliation Act, as amended, 29 U.S.C.

§ 1161, *et seq.*; the Occupational Safety and Health Act, as amended, 29 U.S.C. § 651, *et seq.*; the Fair Labor Standards Act of 1938, as amended, 29 U.S.C. Section 201 *et seq.*; or any claims for wrongful discharge, discrimination, retaliation, harassment, breach of contract, intentional or negligent infliction of emotional distress, defamation, interference with contract, or any other cause of action based on federal, state, or local law or the common law, whether in tort or in contract. The term “Covered Rights” shall not include disputes regarding unemployment and workers’ compensation benefits, or claims filed in small claims court or collection actions or any other complaints or claims that are not listed above.

Any claim, dispute or controversy involving a Covered Right that the employee or the Company wishes to pursue must be brought within the time period provided by the statute for initiating such claims in a court of law, or with the appropriate regulatory agency, such as the EEOC. The employee shall initiate the dispute resolution process under this DRP by completing a claim statement form describing the nature of the dispute and submitting it to the Senior Vice President, Corporate Services & Chief HR Officer at the following address: Senior Vice President, Corporate Services & Chief HR Officer; International Speedway Corporation; 1801 W. International Speedway Boulevard; Daytona Beach, Florida 32114. For questions, the Senior Vice President, Corporate Services & Chief HR Officer may be contacted by telephone at 386-681-6808. A copy of the claim statement form can be obtained through Human Resources or on the Company’s internet site. In the event the Company has a dispute with an employee, the Company shall initiate the dispute resolution process by submitting a written claim statement form describing the nature of the dispute to the employee at the employee’s last known address.

Resolving disputes subject to this DRP involves three steps: (1) informal resolution conference; (2) non-binding mediation; and (3) binding arbitration. All disputes subject to this DRP must first be submitted to an informal resolution conference. Once a written claim statement is received by Human Resources or by the employee, every attempt will be made for an informal resolution conference to be scheduled and conducted within forty-five (45) calendar days of such receipt. If a dispute cannot be resolved through the informal resolution conference, then the dispute will be referred to non-binding mediation, unless both parties agree to bypass non-binding mediation. If a party is not satisfied with the result of the informal resolution conference, that party shall notify the other party within thirty (30) calendar days of the informal resolution conference requesting non-binding mediation. If a dispute is not resolved through non-binding mediation, or both parties agree to bypass non-binding mediation, the dispute may be submitted to binding arbitration. If a party is not satisfied with the result of the non-binding mediation, that party shall notify the other party within thirty (30) calendar days of the end of the non-binding mediation session(s) of its intent to request arbitration. Arbitration will be initiated and conducted pursuant to American Arbitration Association (AAA) rules. All decisions of the arbitrator are final and binding upon both the Company and the employee. The time periods in this Section may be extended by mutual agreement.

Informal Resolution Conference - When the DRP process is initiated, the first step toward resolving the dispute shall be an informal resolution conference. The employee, a member of the Company management, and a member of the Company’s Human Resources staff shall participate in the informal resolution conference. The informal resolution conference may be conducted in person or by telephone and each party will be given an opportunity to describe the nature of the dispute and any proposed resolution(s). If the dispute is not satisfactorily resolved at the informal resolution conference, the employee or the Company can initiate the second step of the DRP process: non-binding mediation.

Non-binding Mediation - When a dispute is not resolved at the informal resolution conference, the employee and the Company shall submit the dispute to non-binding mediation. The non-binding mediation shall be conducted by a neutral, third-party mediator to be selected by mutual agreement of the parties. Parties may mutually agree to bypass mediation, and go directly to binding arbitration. In event the parties cannot mutually agree on a mediator, the mediation shall be conducted by the AAA under its Employment Mediation

Procedures in effect at the time request for mediation is made. A copy of the AAA rules and information about the mediation process are available at AAA's website, www.adr.org, or by calling AAA toll free at 800-778-7879 or by contacting Human Resources.

Binding Arbitration - In the event a dispute subject to this DRP cannot be settled at the informal resolution conference or through non-binding mediation, then the dispute shall be submitted to binding arbitration. There shall be no right or authority for any claim, dispute or controversy involving a Covered Right to be arbitrated on a class action, collection action, or any other representative action basis. The aggrieved party is responsible for initiating the arbitration process by submitting a Complaint requesting arbitration to the AAA, with a copy served on the opposing party. The Complaint requesting arbitration is considered submitted as of the day the AAA receives the Complaint. A copy of the AAA rules and information about the arbitration process are available at AAA's website, www.adr.org, or by calling AAA toll free at 800-778-7879 or by contacting Human Resources.

Final resolution of any dispute through arbitration may include any remedy or relief which the arbitrator deems just and equitable, including any and all remedies provided by applicable state or federal statutes. At the conclusion of the arbitration, the arbitrator shall issue a written decision that sets forth the essential findings and conclusions upon which the arbitrator's award or decision is based.

Unless otherwise required by law, the mediator's fees and expenses, the costs of the hearing facilities, plus any costs owed to the AAA or the arbitrator shall be shared equally by both the employee and the Company (unless waived by the AAA upon a showing of hardship). However, the employee shall not be required to pay more than the equivalent of one (1) week's salary in his/her current position, or the last position held with the Company. Any amount over this limit shall be paid by the Company. The employee's amount due shall be paid by the employee to the Company prior to the date the total fee is due to AAA. Neither party shall be required to pay the other party's legal expenses should they desire representation during mediation or arbitration. However, the arbitrator, as part of a final decision, is empowered to award any relief, including the payment of attorneys' fees, only to the extent such relief would be permitted under applicable state or federal law.

The Federal Arbitration Act (FAA) shall govern the construction, interpretation and enforceability of this DRP. Should it be determined that the FAA does not apply, then the state law of the state in which the employee works shall apply. This DRP shall survive the employment relationship between the employee and the Company. This DRP can be modified or revoked only by writing signed by both parties that references this DRP and specifically states an intent to modify or revoke this DRP. If any provision of this DRP is adjudged to be void or otherwise unenforceable, in whole or in part, such adjudication shall not affect the validity of the remainder of the DRP. This DRP shall be interpreted and construed without regard to any presumption or other rule requiring construction against the party who caused the DRP to be drafted. Any inconsistency between AAA rules and this DRP must be resolved in favor of the DRP. This is the complete understanding between the parties on the subject of disputes over Covered Rights, except for any arbitration provision that may be contained in any pension or other welfare benefit plan. This DRP supersedes any other agreement or understanding on the subject. By executing the Acknowledgment set forth below, the employee acknowledges that he/she is not relying on any representation, oral or written, as to the effect, enforceability or meaning of the DRP, except as may be specifically set forth herein.

The employee and the Company agree to keep all information related to or learned during the informal resolution conference, the non-binding mediation, and the binding arbitration processes strictly confidential and will not disclose any such information to any person not directly involved in the informal resolution conference, the non-binding mediation or the binding arbitration.

Seasonal Employee Policy Statement

Revised November 16, 2015

Acknowledgement

The document describes important information about International Speedway Corporation (ISC) and I understand that I should consult the Human Resources Department regarding any questions not answered in this document. I have entered into my employment relationship with ISC voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or ISC can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information described herein is subject to change, I acknowledge that revisions to these policies may occur, except to ISC's policy of employment-at-will and except to ISC's Dispute Resolution Policy. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies.

I acknowledge that I have read and understand the Dispute Resolution Policy, and that I agree to be bound by its terms. I also agree that any claims, disputes or controversies between myself and the Company shall be submitted to and determined exclusively by binding arbitration in accordance with the Dispute Resolution Policy. I understand that by agreeing to the binding arbitration provisions of the Dispute Resolution Policy, both I and the Company give up rights to trial by jury.

Furthermore, I acknowledge that this document is not a contract of employment. I understand that it is my responsibility to read and comply with the policies contained in this document and any revisions made to it.

EMPLOYEE'S NAME (printed): _____ Last four of Social: _____

EMPLOYEE'S SIGNATURE: _____ Date: _____

BUSINESS UNIT NAME: _____



APPLICATION FOR EMPLOYMENT
(Please Print)

Note: This application was designed to use with several types of positions.

Position Applied for _____ Date _____

Name Last First Middle

Address Number/Street City/State Zip

Phone (____) _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Proof of citizenship or immigration status verifying your legal right to work in the U.S. and your identity will be required upon employment.

Are you over the age of 18? Yes No

Have you previously been employed by ISC or any of its subsidiaries? Yes No

Are there any hours, shifts or days you cannot work? Yes No

If Yes, explain: _____

Do you have any friends or relatives who work here? Yes No (If Yes, complete below)

Name Relationship

Name Relationship

Special qualifications for the work applied for: _____

NOTICE TO APPLICANTS

The Company is an equal employment opportunity employer and considers applications for all positions without regards to race, color, age, sex, religion, national origin, disability or marital status. This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty (30) days must reapply.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract for employment.

I further understand that all employees are subject to blood tests or urinalysis screening for drug and alcohol use under appropriate circumstances and my failure or refusal to take such a test when requested to do so shall be a basis for my dismissal at any time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Signature _____

Date _____

K-4

(Rev. 8-15)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much Kansas income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with the Kansas Department of Revenue that: **1)** last year you had the right to a refund

of all STATE income tax withheld because you had no tax liability; and **2)** this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should not exceed the total exemptions you claim under "Exemptions and Dependents" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet**, complete the **K-4** form below, sign it and provide it to your

employer. If your employer does not receive a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

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 cost of keeping up a home for yourself and for your dependent(s).**

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

- A** Allowance Rate: If you are a single filer mark "Single" **A** Single
 If you are married and your spouse has income mark "Single" Joint
 If you are married and your spouse does not work mark "Joint"
- B** Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) **B** _____
- C** Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld) **C** _____
- D** Enter "2" if you will file head of household on your tax return (see conditions under *Head of household* above) **D** _____
- E** Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. **E** _____
- F** **Add lines B through E** and enter the total here **F** _____

▼ **Cut here and give the lower portion to your employer. Keep the top portion for your records.**

K-4

(Rev. 9-12)

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by the Kansas Department of Revenue. Your employer may be required to send a copy of this form to the Kansas Department of Revenue.

1 Print your first name and middle initial	Last Name	2 Social Security Number
Mailing Address		3 Allowance Rate Mark the allowance rate selected in line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint
City or Town, State, and ZIP Code		
4 Total number of allowances you are claiming (from line F above)	4	
5 Enter any additional amount you want withheld from each paycheck (this is optional)	5	\$
6 I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line. Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.	6	
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.		
SIGN HERE ►		DATE
7 Employer's name and address		8 EIN (Employer Identification Number)



Authorization Agreement For Automatic Deposits

With this form, employees authorize International Speedway Corporation to directly deposit all or part of their pay to their bank account(s). Two options are available to employees:

1. All your money can be deposited directly into one account. Enter **"ALL"** in the space for "Amount" and complete the account information.
2. Your pay can be split between two, three or four accounts. **ENTER A SPECIFIC DOLLAR AMOUNT** in one two or three accounts and the word **"REMAINDER"** in the other account and complete the account information for all accounts.

* NO MATTER WHICH OPTION YOU CHOOSE, YOU WILL RECEIVE A PAY STUB INDICATING YOUR ENTIRE PAY.

***A VOIDED CHECK FOR EACH CHECKING ACCOUNT AND A DEPOSIT SLIP FOR EACH SAVINGS ACCOUNT MUST BE ATTACHED TO THIS FORM OR IT CANNOT BE PROCESSED.**

Amount: \$ _____ Type of Account: _____ (Checking or Savings)

Name of Bank: _____

Transit/ABA #: _____ Account #: _____

Amount: \$ _____ Type of Account: _____ (Checking or Savings)

Name of Bank: _____

Transit/ABA #: _____ Account #: _____

Amount: \$ _____ Type of Account: _____ (Checking or Savings)

Name of Bank: _____

Transit/ABA #: _____ Account #: _____

Amount: \$ _____ Type of Account: _____ (Checking or Savings)

Name of Bank: _____

Transit/ABA #: _____ Account #: _____

I understand that upon additions of new account information or changes to existing account information, it is my responsibility to contact my banking institution on payday to verify that the funds were properly routed and immediately notify the Pay Services Department of discrepancies. I authorize International Speedway Corporation to initiate the above credits to the mentioned accounts and to make adjustments when deemed necessary. This authorization is to remain in effect until I give written notification of any change. I understand that all changes affecting account number information will go into effect within two pay periods, during which time I will receive an actual check.

Print Name: _____

Last 4 digits of SSN: _____

Company: _____

Department: _____

Signature: _____

Date Signed: _____