

Judd's Downtown Employment Application



Ver: 3.051322

Page 1 of 3

PERSONAL INFORMATION:

(Please print or type all information)

Date of Birth:

Last Name:	First Name:	Middle Name:
Street Address:	City, State	Zip Code
Home Telephone:	Cell Telephone:	
Work Telephone:	E-mail Address:	
Social Security Number:		
Upon employment, can you show verification of your legal right to work in the United States?		Are you at least 18 years old?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony including, but not limited to, any which have been expunged or sealed by a court?		<input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION APPLYING FOR:

Position Desired:	Salary Desired: (Hourly Rate)
How were you referred? <input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Referral (provide name -->) <input type="checkbox"/> Web Site <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other (provide information -->)	
Have you ever applied for employment with us before? If "Yes", give date and department/location. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you acquainted with or related to any employee of our company? If "Yes", identify by name and relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available to Start:	Shift Preferred:
Available to Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	Days/Hours Available:

EDUCATION:

SCHOOL NAME	CITY, STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED DIPLOMA / DEGREE
HIGH SCHOOL			
COLLEGE			
BUSINESS, TECHNICAL, TRADE SCHOOL			
ACTIVITIES HONORS, OFFICES HELD THAT ARE JOB RELATED: (OMIT THOSE WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE, OR DISABILITY):			
DESCRIBE OTHER JOB RELATED TRAINING COMPLETED: (OMIT THOSE WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE, OR DISABILITY):			

U.S. MILITARY SERVICE:

Page 2 of 3

BRANCH / DUTY / LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SPECIAL HONORS / SPECIAL TRAINING SERVICE SCHOOLS ATTENDED

WORK EXPERIENCE (begin with most recent position):

EMPLOYER:		ADDRESS:	CITY / STATE
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED:		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED:			
REASON FOR LEAVING: (Be Specific)			

EMPLOYER:		ADDRESS:	CITY / STATE
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED:		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED:			
REASON FOR LEAVING: (Be Specific)			

EMPLOYER:		ADDRESS:	CITY / STATE
PHONE NUMBER:		SUPERVISOR:	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED:		START RATE OF PAY:	FINAL RATE OF PAY:
FROM:	TO:	\$	\$
WORK PERFORMED:			
REASON FOR LEAVING: (Be Specific)			

STATE WHETHER YOU HAVE EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT 5/4/2022

SPECIALIZED SKILLS (Skills / Equipment Operated):

WHAT PROFESSIONAL JOB RELATED LICENSES DO YOU HOLD
(OMIT THOSE WHICH INDICATE RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE, OR DISABILITY):

ADDITIONAL INFORMATION:

Page 3 of 3

WOULD YOU CONSIDER RELOCATION?☐ No ☐ Yes. If Yes, please list limitations:**WOULD YOU TRAVEL IF NECESSARY?**☐ No ☐ Yes. If Yes, please list limitations:**PERSONAL REFERENCES** - Give names of three persons to whom you are not related and by whom you have not been employed

NAME / ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

CONDITIONS FOR EMPLOYMENT:

Please read the following statements as they constitute conditions for employment.

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.
3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that maybe requested to arrive are an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release this company from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of this applicant review procedures.
4. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
5. In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the Chief Executive Officer of the company may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the Chief Executive Officer.
6. Although the company makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday. I understand and accept these conditions of my employment.
7. I agree to protect confidential information, trade secrets, and proprietary information of the company, and of the company's vendors, licensors, marketing partners or clients entrusted to the company, and I will not disclose to the company any confidential information of others.
8. Upon employment I agree to produce and maintain all Food Handling / Serving and TABC Permitting required by law in the state of Texas as well as the county of Gregg and city of Longview on my own time and as well as at my own cost.

SIGNATURE

DATE

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **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.**

Step 1:
Enter
Personal
Information

(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 www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

Step 3:
Claim
Dependents

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 and enter the total here **3** \$ _____

Step 4
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** 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 **4(a)** \$ _____

(b) **Deductions.** 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 **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$ _____

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**

Employers
Only

Employer's name and address First date of employment Employer identification number (EIN)



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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.

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 (See instructions)	
<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. (See instructions)	
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.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write in This Space	

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





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.		
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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	LIST B Documents that Establish Identity	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 	<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 For persons under age 18 who are unable to present a document listed above: <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

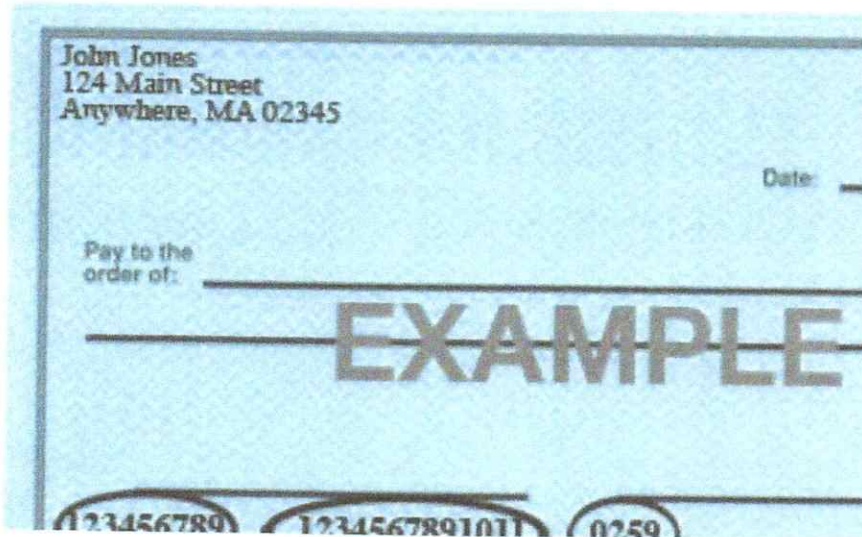
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ \$ _____ ☐ _____ % or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.

[Company Name] is hereby authorized to directly deposit my pay to the account listed above.
This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____