

Register a New Account or Login Screen

If you are a first-time user, you will select Create Account or Register using your First Name, Last Name, Email Address, and create a password.

After your account is created, you can always come back to your account and the information you have completed will be saved as you go up to the latest step you have completed and saved.

Register

First Name

Last Name

E-Mail Address

Password

Confirm Password

Selecting Your Company or Venue

Once you have created your account, you will be able to select the Company or Venue you will be working with for us. You should have this information from either speaking to a recruiter or attending one of our venue orientations. If you plan to work multiple venues, simply select the primary venue you are being hired for. If you are still unsure where you will be working, you may select the Other option to continue the process, but it could cause delays in receiving your application.

Start your application

Select the venue where you will work

I don't know my venue and still wish to apply.

Begin an Application and we will place you later

Complete the Job Application

The first step from here is to complete your job application. Please note that for your protection, our system will not show your Social Security in any of the next screens, so you will need to ensure you have entered it correctly in this first step.

Be sure and fill out alternate phone numbers and an emergency contact should we need to reach someone else on your behalf. You do not need to enter dashes or brackets around numbers.

Personal Information				
Apply Date	First Name	Middle Initial	Last Name	
07/12/2020	Steve	S	Largent	
Maiden Name	Social Security	Date of Birth	Drivers License	
	555667777	01/01/1980	425744444	
Street Address	Unit#	City	State	Zip
2570 Bulldog Way		Athens	GA	96102
Mobile Number	Alternate Number	Emergency Contact Number	Emergency Contact Name	
7062256200		7065509966	Momma Bulldog	
Please disclose any criminal convictions & explanation				
Please select the state that you will perform work in.				
Georgia				
Continue				

Employment and COVID-19 Safety Acknowledgement

You must agree to our employment and COVID-19 safety acknowledgements before proceeding, so click those check boxes to continue to the I-9 form.

Employment Acknowledgement

EQUAL OPPORTUNITY EMPLOYMENT. It is our corporate responsibility to promote equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, national origin, physical and/or mental handicap, age, or sex. We shall pursue this course of action in all employment and pre-employment practices. All applications of employment will be retained for at least one year. **BACKGROUND, SUBSTANCE SCREENING AND WORK SITE POLICIES.** Innovative client companies may require that an applicant take and pass a drug screen, and therefore as such, contract assignment may be subject to termination based on results of drug screen. To ensure a safe workplace for all employees, any employee involved in an on the job injury will be required to take and pass a drug screen immediately. Failure to comply with any part of this policy will result in termination of employment. Copies of our drug policy are available at any Innovative office. Accepting employment with our organization and signing this application means that I have been made aware of and will follow all Worksite Safety Rules and aware of the working conditions at assigned company work sites. I also agree to adhere to any Employee Policies as required by the work site company including but not restricted to any handling of cash or other property belonging to our organization or our worksite company, sexual harassment, abusive behavior, cell phone and Internet procedures, and acknowledge that any violation of work site policies may result in criminal charges or legal remedies necessary to recover damages or loss to property. I agree that if I am involved in any violation of employee policy at a work site, regardless of my involvement that I must report any known incident to a supervisor immediately so that a formal report can be documented to ensure appropriate action is taken.

I have read and agree to the employment acknowledgement

Continue

Employment Acknowledgement

At Innovative-Stadium People the safety of our employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this acknowledgement prior applying for work with our organization to understand the requirements for entering our worksites. Prior to entering a worksite, you will be asked the following information: If you are currently experiencing, or have experienced in the past 14 days, any of the following symptoms, you agree to make the Event Manager at Check-In aware immediately and **DO NOT COMPLETE THE REMAINDER OF THIS FORM:**

- Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- New loss of taste or smell
- Chills
- Head or muscle aches
- Nausea, diarrhea, vomiting
- Have had a Positive Test or one pending for COVID-19 - OR - You have been in contact with someone who either Tested Positive or is awaiting results from a test
- I HAVE NOT traveled internationally within the past two weeks or been in close contact with someone who has?

Further, you acknowledge that work opportunities are voluntary, and you agree to assume all risks of working where there are chances of contracting any illness from the environment. The information on this form will be maintained as confidential. Any questions should be directed to your manager or your human resources representative or event manager at the worksite.

I acknowledge Stadium People policy regarding COVID 19 and other potential illness relating to working public events or other temporary assignments.

Continue

I-9 Form (U.S. Naturalization Form)

For the I-9 Form, you will see most of your information carried over from the application except your social security number, so you will need to enter it again. If you complete this form yourself without assistance, simply check the box stating you did not use a preparer or translator and then click continue.

You will now be given the opportunity to upload your government issues identification, so if you have scanned and saved those documents you will choose file by browsing your computer for the location.

If you choose not to upload your documents at this stage, you may do so later, but we cannot allow you to begin working until we have these documents on file. You may select that option and continue if you intend to do so later.

Form I-9 (Read-Only)

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.)

First Name	Last Name	Middle Initial	Maiden Name/Alias	
Andrew	Football	S		
Street Address	Unit#	City	State	Zip
2200 Stadium Lane	200	Dallas	TX	75240
Date of Birth	Social Security	Email Address	Mobile Number	
01/01/1970		andrew_jackson@go2innovative.c	9729655530	

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):

1. A citizen of the United States

2. A non-citizen of the United States

3. A lawful permanent resident (Alien Registration Number/USCIS Number):

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.

Preparer and/or Translator Certification (check one):

did not use a preparer or translator.

preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed preparers and/or translators assist an employee in completing Section 1.)

Preparer First Name	Preparer Last Name	Date Signed		
<input type="text"/>	<input type="text"/>	mm / dd / yyyy		
Street Address	Unit#	City	State	Zip
<input type="text"/>				

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.

Please verify all information before continuing as you will be unable to return to edit this form at a later time.

If you are not ready to submit the I-9 form at this time please use the cancel button below and you will be able to return later to fill this.

Selecting and Uploading Identification

Once you select the files, you will choose the identification type you selected from the drop down below each submission. Again, a passport or passport card will be sufficient alone, but if you do not have a passport, you may upload a driver's license or state ID card AND either a social security card or birth certificate. If you have not scanned and saved your ID's, take the time now to scan or take the photos of them to upload (See Page 1 for instructions).

Save your images as .JPG or .PNG in a file size less than 10MB

REQUIRED DOCUMENTS:

Passport Only



OR

Drivers License/State ID



AND

Social Security or Birth Certificate



OR

Upload Identification

You may choose to upload up to two images of your personal identification at this time. Please note that if documents are not uploaded at this time, valid identification will be required prior to your first employment assignment.

Image One

Choose File Browse

Choose an identification type for image one.

United States Passport v

Image Two

Choose File Browse

Choose an identification type for image two.

Drivers License or State ID Card v

I do not wish to upload identification at this time and understand that I will be required to supply this at a later date.

Continue

Federal W-4 Tax Withholding Form

Once you are finished, select continue for the W-4 Tax Withholding form. If you need help completing this form, select the launch instructions link at the top right of the page. You will see your information auto-filled on the form, so you simply need to select the buttons that apply to you and complete the form accordingly. If Steps 2 through 4 apply to you, then complete those sections, otherwise skip to the Continue button to the next form. There are tooltips for steps 3 and 4 to help you along if needed.

Form W-4 [Launch instructions document](#)

Step 1: Enter Personal Information

First Name Last Name

Street Address Unit# City State Zip

Single or Married filing separately
 Married filing jointly (or Qualifying widow(er))
 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 online estimator, 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 2020 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 (Instructions)
If your 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	<input type="text" value="2000"/>
Multiply the number of other dependents by \$500	<input type="text" value="500"/>
Add the amounts above and enter the total here	<input type="text" value="2500"/>

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. [\(Instructions\)](#)

(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. [\(Instructions\)](#)

(c) Extra withholding. Enter any additional tax you want withheld each pay period. [\(Instructions\)](#)

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

[Continue](#)

State W-4 Tax Withholding Form

If you perform work in a State that requires a W-4 Form, you will be taken to the State matching your home address or client company venue state, such as Georgia, Alabama, or Oklahoma. You will complete the necessary form fields and Continue to the next form.

State W-4 (Georgia)				
State of Georgia Employee's withholding allowance certificate				
First Name	Last Name	Social Security Number		
Steve	Largent	555667777		
Street Address	Unit#	City	State	Zip
2570 Bulldog Way		Athens	GA	96102
3. Marital Status				
<input checked="" type="radio"/> A. Single	<input type="radio"/> B. Married Filing Joint, both spouses working		<input type="radio"/> C. Married Filing Joint, one spouse working	
<input type="radio"/> D. Married Filing Separate	<input type="radio"/> E. Head of Household			
4. Dependent Allowances				
5. Additional Allowances (worksheet below must be completed)				
6. Additional Withholding				
Worksheet for Calculating Additional Allowances (Must be completed in order to enter an amount on step 5)				
1. Complete this line only if using standard deduction:				
Yourself:	<input type="checkbox"/> age 65 or over	<input type="checkbox"/> blind		
Spouse:	<input type="checkbox"/> age 65 or over	<input type="checkbox"/> blind		
Number of boxes checked	x1300			
0	0			
2. Additional Allowances for Deductions:				
A. Federal Estimated Itemized Deductions (If Itemizing Deductions)				
B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600 Each Spouse \$3,000				
C. Subtract Line B from Line A (If zero or less, enter zero)				
D. Allowable Deductions to Federal Adjusted Gross Income				
E. Add the Amounts on Lines 1, 2c, and 2d				
F. Estimate of Taxable Income not Subject to Withholding				
G. Subtract Line F from Line E (if zero or less, stop here)				
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above				
(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)				
7. Letter Used (marital Status, A, B, C, D, or E)				
Total Allowances (Total of Lines 3-5)				
8. Exempt: (Do not complete Lines 3-7 if claiming exempt) Read the Line 8 instructions in the instruction document before completing this section.				
<input type="checkbox"/> I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year.				
<input type="checkbox"/> I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act.				
My state of residence is				
My spouse's (servicemember) state of residence is				
The states of residence must be the same to be exempt.				
I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.				
Continue				

Direct Deposit, Money Network Service or Paper Paycheck

The final form is the Direct Deposit form, which allows you to Enter your Banking Information. While we do not mandate an electronic payroll option, we strongly suggest you choose either Direct Deposit or Money Network Service which is a payroll debit card for your convenience, time savings, cost savings, and avoid lost or mailed checks. If you wish to have your check put into multiple accounts, please fill out the secondary account information, otherwise you will then select Email Stub or Print Stub should you wish to have your stub mailed.

Enter your Full Name, Social Security Number for Verification, then Stadium People for Client Company Name, and today's date. For the last section, select the option you have chosen for payment, either Direct Deposit, Money Network Card, or Paper Check and continue.

Once you have completed the Direct Deposit Form, you will be able to view all your forms and go back to review or make any changes as needed.

Employee Direct Deposit ACH				
I hereby authorize Innovative Advisors, LLC., and/or FirstStar HR, Inc., hereinafter called the Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any debit/credit entries in error to my checking, savings, or Money Network Service account indicated below/attached and the depository named below/attached, hereinafter called Depository, to credit and/or debit the same to such account.				
Bank Information				
Bank Name	Routing #	Account #	Account Type	Amount %
Bank of Dallas	000111000052	14515164	Checking	100
For Money Network Service, please complete Employee Pay Selection Record				
**For multiple accounts, please utilize the following fields:				
Bank Name	Routing #	Account #	Account Type	Amount %
Check Stub Options:				
<input type="checkbox"/> Print Stub Only	<input type="checkbox"/> Email Stub Only			
Email Address				
andrew_jackson@go2innovative.com				
This authority is to remain in full force and in effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. You are responsible for contacting our office to terminate your direct deposit or inactivate your Money Network Service account with Bank of America after your employment has ended.				
Employee Information				
Employee Name	Social Security Number	Client Company Name	Date	
Andrew Football		Stadium People	mm / dd / yyyy	
To ensure an expedient process for Direct Deposit (DD), please call your bank and verify the information given on this form.				
WE MUST HAVE A VOIDED CHECK ACCOMPANY THIS FORM.				
A COPY OF A CHECK IS NOT ACCEPTABLE				
A PRE-NOTE WILL TAKE PLACE FOR 7-10 BUSINESS DAYS ON EVERY DIRECT DEPOSIT SETUP. ACTIVATION MAY TAKE UP TO TWO WEEKS.				
Employee Pay Selection Record				
Innovative Solutions Adv. ("Employer") offers three options to receive your pay, Direct Deposit, the Money Network® Service, or an Employer-Issued paper check. Please review these options and make your selection below.				

Option 1: DIRECT DEPOSIT Employer will pay all of my net pay as selected below ("Direct Deposit") into the account (the "Account") at the financial institution with the routing and account numbers and account type (collectively, "Account Information") I have provided separately to Employer according to Employer's procedure.

Option 2: MONEY NETWORK SERVICE Employer will pay all of my net pay as selected below using the Money Network Service and I may use either of the following options: Money Network™ Check. The Money Network Check ("Check") is a paycheck that I can easily complete on or after each payday morning wherever I am, eliminating the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed. The Check can be deposited into my personal bank account or cashed for free at Money Network check-cashing partners. Money Network Payroll Debit Card. The Money Network Payroll Debit Card ("Card") provides a dependable, safe, optional, and convenient way to receive and access my pay on and after each payday morning with the following features: (i) eliminates the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed; (ii) immediate, worldwide access wherever the Card is accepted for ATM cash withdrawals, bankbranch withdrawals, and store purchases (including "cash back"); (iii) money transfers to a personal or joint checking account; and (iv) free balance inquiries by phone or online. There is no monthly service charge for the Card as long as I am employed by Employer. Many Card transactions are free (and I need never incur a fee to access 100% of my wages, to the penny, using the Money Network Service), but there are fees for other transactions. The Terms and Conditions, fee schedule, and other disclosures related to the Money Network Service are included in the Money Network Service's Welcome Packet. Once I have consented to those terms and contracted for the Money Network Service by activating my Money Network Service account by following the instructions in the Welcome Packet, I may begin to use the Money Network Service.

Option 3: EMPLOYER-ISSUED PAPER CHECK Employer will pay all of my net pay as selected below with an "Employer-Issued" paper check. I understand that picking up my check in person may require me to present identification.

I HEREBY ELECT TO HAVE MY PAY DISTRIBUTED AS INDICATED: (REQUIRED: MAKE ONE CHOICE BY CHECKING THE 1, 2, OR 3 BOX AND WRITING YOUR INITIALS ABOVE YOUR SELECTION BELOW)

Direct Deposit

Money Network Service

Employer-Issued Paper Check

I authorize Employer to pay me by Direct Deposit, the Money Network Service, or Employer-Issued Paper Check, according to the selection I checked. If I fail to make a selection for Direct Deposit or the Money Network Service, or to provide the Account Information (defined above), I will be paid by paper Employer Check. Unless I am already paid by Direct Deposit, I acknowledge that, in order to choose Direct Deposit, I must submit a fully completed Employee Pay Selection Record ("PSR") and Account Information. The PSR and Account Information must be submitted to Employer within three (3) business days (thirty (30) days in Michigan) of receiving notice to do so. If I fail to satisfy these requirements to be paid by Direct Deposit or Employer-Issued Check, I agree that I will be paid using the Service. However, I understand that I can change my pay selection at any time in the future by submitting a new PSR and Account Information (if applicable) according to Employer's procedure (subject to the time it takes Employer to implement the change). My election will remain in effect unless Employer and/or Program Manager cancels this arrangement. In case of payment of funds to which I am not entitled, I authorize Employer to withdraw such funds from the Account or the Money Network Service. To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to verify and record identity information before opening an account such as the account provided when you enroll in the Money Network Service. To permit this identification so that my pay to be placed in such an account, I authorize Employer to share my name, address, date of birth, Social Security Number, identification documents, and related personal information with Money Network and the issuing bank.

Continue

Account Profile Page

Your information is autosaved into the system for later access, so upon completion or anytime you need to logout and return to the system you will access your Account Profile and Edit or Upload Documents.

Welcome back, Steve

Personal Contact Data

[Edit](#)

I-9 Data

[Edit](#)

Identification Images

[Upload](#)

Federal W-4 Withholding

[Edit](#)

State W-4 Withholding

[Edit](#)

Direct Deposit Information

[Edit](#)

If you need any help throughout this process, you may contact your recruiter, event manager from orientation, or support@stadiumpeople.com.

Thank you for choosing Stadium People to work the best event jobs in the nation!