

COMPANY NAME:

Employee Packet

INSTRUCTIONS

APPLICANTS:

	<u>Page</u>
1. Application for Employment.....	1 - 3
2. Applicant Statement and Agreement.....	4
3. Background Check Authorization.....	5

NEW EMPLOYEES:

1. Employee Profile / Emergency Info / Beneficiary Info.....	7
2. Arbitration Agreement.....	8
3. W-4 and I-9 Forms.....	9 - 13
4. Direct Deposit.....	14
5. Vehicle Insurance Coverage.....	15
6. Company Policies & Safety Acknowledgement.....	16 - 18

CONVERTING EXISTING EMPLOYEES:

1. Complete pages.....	7 - 18
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EMPLOYER:

1. Complete payroll information.....	7
2. Complete and sign Section 2 of I-9 Form.....	12

**We are proud to be a drug free workplace.
To the extent permitted by law, a drug test may be required
before hiring and during your employment.**

Office Use Only

- | | | |
|---|-------------------------|----------------------|
| <input type="checkbox"/> Data Entry | <u>Initial</u>
_____ | <u>Date</u>
_____ |
| <input type="checkbox"/> New Hire Checklist | _____ | _____ |

NAME (LAST, FIRST):

SOCIAL SECURITY NUMBER:

APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, color, creed, religion, sex, national origin, citizenship status, ancestry, age, marital status, veteran status, physical or mental disability, pregnancy, medical condition, sexual orientation, or any other legally protected status. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

(PLEASE PRINT)

Position(s) applied for: _____ Date of application: _____

 Last Name First Name Middle Name

 Address City State Zip Code

 E-mail Address Nickname

 Telephone Number(s)

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	To Month/Year			
	Pay Rate		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Starting	Final			
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	To Month/Year			
	Pay Rate		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Starting	Final			
Name and Address of Employer	Dates Employed		Supervisor and Telephone Number	Job Title and Duties	Reason for Leaving
	From Month/Year	To Month/Year			
	Pay Rate		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Starting	Final			

Have you ever been involuntarily terminated or asked to resign from any job?..... Yes No

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION

Please describe your educational background in the table provided below.

School Name	Years Completed (Circle)	Diploma/Degree (Yes or No)	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

BUSINESS/PROFESSIONAL REFERENCES

Please list three professional references of individuals who are **not** related to you.

Name & Title	Business Relationship	Telephone Number or Email

CO-WORKER REFERENCES

Please list three people you have worked with who know you well; do not include personal friends or relatives.

Name	Occupation	Relationship (Example: Worked together at ABC Company for 3 years)	Years Acquainted	Telephone Number

GENERAL INFORMATION

1. Have you ever used another name? Yes No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No

If yes to either of the above, please explain: _____

3. Have you ever worked for this company before?..... Yes No

If yes, please give dates and position: _____

4. Do you have friends and/or relatives working for this company? Yes No

If yes, name(s) and relationship(s): _____

5. On what date are you available to begin work? _____

6. Days/Hours available to work: _____

7. Are you available to work?..... Full-time..... Part-time..... Shift Work..... Temporary

8. Minimum salary required?.....Per Hour \$ _____ Per Month \$ _____

9. If hired, would you have a reliable means of transportation to and from work? Yes No

10. Can you travel if the position requires it? Yes No

11. Can you relocate if the position requires it? Yes No

12. Are you at least 18 years old?..... Yes No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

13. If hired, can you present evidence of your identity and legal right to live and work in this country? Yes No

14. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?..... Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

15. Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?..... Yes No

If yes, please give the date(s) and details:

16. Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No

If yes, please give the date(s) and details:

Note: Answering "Yes" to questions 15 or 16 does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, any convictions for which the record has been sealed or expunged, any conviction for which the conviction has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I voluntarily submit to the drug and/or alcohol screening and understand that the presence of drugs or alcohol in my system may disqualify me from further consideration of employment with this company, or may result in termination of my employment with the company.

_____ I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of the physical examination and related tests to the Company. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

_____ I understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is committed to continuing the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by oral statements or in any other way, but can only be altered by written amendment signed by the Owner/President of this Company. I also understand that the Company and its client are co-employers and that, if hired, I will be co-employed by both companies and the companies shall share employment responsibilities.

_____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I also recognize that an effective safety program extends beyond normal working hours. Safety should be promoted within the family and in off-the-job activities. I understand and agree to adhere to safety practices while performing my job. A copy of the Injury and Illness Prevention Plan will be provided to me upon my request.

_____ I understand that any offer of employment is contingent upon agreement to and signing of the Company's Arbitration Agreement, a copy of which is provided on page 8 of this packet for my review.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

Signature: _____

Date: _____

Printed Name: _____

City/State: _____

BACKGROUND CHECK AUTHORIZATION

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Full Legal Name: _____ Social Security #: _____

Other Names You Have Used: _____ Male Female

Drivers License #: _____ Issuing State: _____ Date of Birth (MM/DD/YY): _____

Address History	City	State	Zip	County	From/To

DISCLOSURE

The Company will procure a consumer report and/or investigative consumer report on you in connection with your application. A consumer-reporting agency will obtain the report for the Company. The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. The nature and scope of any investigative consumer reports that may be requested is explained above. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to the Compliance Department of the consumer reporting agency.

The Company is furnishing you with a summary of your rights under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. California Residents or Employees: You may view the file maintained on you by the consumer reporting agency. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency office in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

AUTHORIZATION

I have carefully read and understand the Background Check Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to the Compliance Department of the consumer reporting agency.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be utilized for the purposes of obtaining consumer reports or investigative consumer reports.

By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and motor vehicle records agencies.

For residents of or for jobs located in California, Minnesota and Oklahoma only: You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below. You may obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting the Compliance Department. I request a copy of the report.

Signature of Applicant _____ Date _____

For contact information for the consumer reporting agency used for any background checks applicable to your application, please contact the Company.

This section is to be completed by management

Company Name: _____ Position Applied For: _____

Will driving be required? Yes No Will cash be handled? Yes No

Please select item(s) requested:

- Standard Background Check (Includes SSN, County Criminal and Federal Criminal Search)
- Additional Reports Requested: [] Civil Search [] Credit [] Education [] Licenses and Credentials [] References
(Please call your HR Specialist to coordinate any additional reports.)

Authorized Signature _____ Date _____

SUMMARY OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
 In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.
- **States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

EMPLOYEE PROFILE

Last Name	First Name	Middle Initial	Social Security Number
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone #1	Phone #2	Date of Birth	
<input type="checkbox"/> Male <input type="checkbox"/> Female			

IN CASE OF EMERGENCY

Last Name	First Name	Middle Initial
Physical Address	City	State Zip Code
Phone #1	Phone #2	Relationship

BENEFICIARY DESIGNATION

(Please note: Completing this designation is optional. Authorization may be withdrawn or the designee may be changed at any time by providing written notice of the change to the Company.)

In the event of my death, I, _____, hereby designate
 _____ to receive any and all paychecks that may be due me.

First Middle Last Relationship

➡ Employee proceed to the following pages.

PAYROLL INFORMATION (This section to be completed by employer)

EMPLOYEE DATA	EMPLOYMENT INFORMATION		
Hire Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/ Seasonal	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Converting Existing Employee	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Exempt)* <input type="checkbox"/> Salary (Non-Exempt) <input type="checkbox"/> Commission* [] Outside Sales [] Inside Sales
Position Title:			<input type="checkbox"/> Supervisor <input type="checkbox"/> Non-supervisor (Needed for training purposes)
Rate of Pay: <input type="checkbox"/> Annually \$ _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Other \$ _____	<i>*Note: The worksite employer is responsible for properly designating employees as exempt or non-exempt.</i>		
WC Code:	Job functions:		
Submitted by (name):	Signature and Date:		

ALTERNATIVE DISPUTE RESOLUTION AGREEMENT

In any company, disputes will arise from time to time. Occasionally, these disputes require resolution through a formal proceeding. Traditionally, this proceeding has occurred through our court system. However, our court system has too often proven to be an exceedingly costly and time consuming process, thus failing to provide the parties involved with an acceptable resolution of the dispute. With this in mind, the Company and all of its employees will resolve all disputes arising out of the employment relationship, as defined below, through Alternative Dispute Resolution. This Agreement is aimed at resolving employment disputes as quickly and fairly as possible, to the benefit of everyone involved.

In the event that employment disputes arise between the Company and its employees, the parties involved will make all efforts to resolve these disputes through informal means. If these informal attempts at resolution fail, the parties involved will submit the dispute to final and binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the applicable state, e.g., the California Arbitration Act (Cal. Code Civ. Proc. sec 1280 et seq., including section 1283.05 and the entire Act's other mandatory and permissive rights to discovery) in the state of California. By accepting or continuing employment with the Company, employees agree that arbitration is the exclusive remedy for all such disputes; no other action, including the filing of a class action suit, may be brought in court or any other forum (except actions to compel arbitration). THE COMPANY AND THE EMPLOYEE UNDERSTAND AND AGREE THAT THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO A CIVIL COURT ACTION FOR A DISPUTE THAT EITHER MAY HAVE AGAINST THE OTHER ARISING OUT OF OR RELATING TO THE EMPLOYEE'S EMPLOYMENT WITH THE COMPANY – OR A RELATED CORPORATE ENTITY – OR THE TERMINATION OF THAT EMPLOYMENT; ONLY AN ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE DISPUTE RESOLUTION.

Employment disputes arising out of or related to employee's employment with the Company include, but are not limited to, the following: alleged violations of federal, state and/or local constitutions, statutes or regulations (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation); claims based on any purported breach of contractual obligation, including breach of the covenant of good faith and fair dealing; and claims based on any purported breach of duty arising in tort, including violations of public policy. Nothing in this Agreement restricts the employee from exercising statutory rights to seek assistance through the Department of Fair Employment and Housing or U.S. Equal Employment Opportunity Commission; however, if a right-to-sue notice is issued, binding arbitration shall be the exclusive remedy. Disputes related to workers' compensation and unemployment insurance issues are also not arbitral.

The arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree. Arbitration proceedings shall be held in California at a mutually convenient location.

All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including, but not limited to, notions of "just cause") other than such controlling law.

Following a hearing, the arbitrator shall issue a written opinion and award, which shall be signed and dated. The arbitrator's written opinion and award shall decide all issues submitted and shall set forth the legal principles supporting each part of the opinion. The arbitrator shall be permitted to award only those remedies in law or equity, which the arbitrator determines to be supported by the credible, relevant evidence. In no event will the prevailing party be entitled to any remedy in law or equity, which exceeds the amount that could be awarded in a court of law.

The employee and the Company agree that if the parties engage in arbitration pursuant to this agreement, the Company shall pay the arbitrator's fee.

If any court of competent jurisdiction declares that any part of this arbitration provision is illegal, invalid or unenforceable, such a declaration will not affect the legality, validity or enforceability of the remaining parts of this policy and the illegal, invalid or unenforceable part will be enforced only to the extent permissible under the law.

Oral representations made before or after an employee is hired do not alter this agreement.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

Signature: _____

Date: _____

Printed Name: _____

City/State: _____

Form W-4 (2008)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

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

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

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

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

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

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F	_____
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 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 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2008, 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 ▶		7 _____
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 (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,000 \text{ if head of household} \\ \$ 5,450 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) **5** \$ _____

6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) **6** \$ _____

7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____

8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not 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 4–9 below to calculate 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 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. 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 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

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

When Should the Form I-9 Be Used?

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

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

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

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

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

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

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

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

What Is the Filing Fee?

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

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

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

Privacy Act Notice

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

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

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

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

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	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:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Last Name _____

First Name _____

SSN _____

Bank Name	Transit/ ABA Number	State	Type of Account	Amount or Percent	Account Number
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Please Check One:

	New or Additional Direct Deposit		
	Change the Bank or Account Number on an Existing Direct Deposit	Account Number to be Replaced:	
	Change the Amount of an Existing Direct Deposit	Amount Was:	Amount Changed To:
	Other (please explain):		

I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified. (This request will not be processed without the accompanying documentation.)

I hereby authorize the Company to directly deposit any salary or wages due to me, less any mandatory or authorized withholdings or deductions in the bank account(s) listed above in the percentages specified. (If two or more accounts are designated, deposits are to be made in whole percentages of pay to total 100%.)

The Company will credit my account(s) the amount of my payroll check on payday. The Company will provide me with a check stub on payday listing my deductions and pay. I understand that direct deposit is contingent each pay period on timely receipt of payroll hours and timely receipt of payroll funding from the client I am assigned to. Deposits are normally available the morning of pay date however each bank posts funds to accounts at different times daily, and the Company has no control over my bank's posting.

Also, I hereby grant the Company the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I authorize my financial institution to accept direct deposits to my account upon receipt and without advice to me. It is my responsibility to verify deposits on a per pay date basis before writing checks against these funds. I understand that the Company is not responsible for bank errors or bank fees. Banking services are provided in accordance with the limitations and restrictions of the Automated Clearing House Association.

This authorization is to remain in force until the Company has received written authorization from me of its termination or change. I understand that if my account has closed, my financial institution cannot accept a deposit on my behalf. If this occurs, my employer will not be able to process any further direct deposits without further written authorization from me. **IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY MY EMPLOYER IN WRITING AT LEAST TWO WEEKS PRIOR TO THE TERMINATION.**

Signature: _____ Date: _____ Company Name: _____

**Please allow 2-4 weeks for your direct deposit to begin.
Please verify with your bank that your first direct deposit has been processed correctly.**

VEHICLE INSURANCE COVERAGE

Since it is against the law to drive a motor vehicle without at least public liability insurance coverage and a valid driver's license, the Company could potentially experience a high degree of liability in the event of a vehicle accident on company time. Because of the potential liability factor, our insurance carrier has advised us to caution all employees regarding these issues.

In order to be assured that our employees are protected in the event of an auto accident, you are required to have the minimum State required motor vehicle insurance coverage on your vehicles that are to be used for Company business. Company business may include customer visits, travel to Company sponsored business events, etc.

No employee is authorized to drive any vehicle on Company business without current proper State required vehicle insurance and possession of a current valid driver's license.

Please attach a current copy of your valid driver's license as well as a copy of proof of insurance.

If you have any questions regarding this policy, please contact your Human Resources Department.

ACKNOWLEDGEMENT

I understand that it is my responsibility to immediately notify the Company of any changes to my insurance coverage or driver's license validity.

I have attached a copy of my valid Driver's License.

Driver's License #: _____

Expiration Date: _____

I have attached a copy of proof of vehicle insurance.

Policy #: _____

Expiration Date: _____

Name of Insurance Company: _____

Signature: _____

Date: _____

Printed Name: _____

GENERAL COMPANY POLICIES

We are an equal opportunity employer and make employment decisions on the basis of merit, qualifications and competence. The Company is committed to providing a work environment free of unlawful harassment. Our non-harassment policy prohibits harassment by, and the harassment of employees, supervisors, clients, customers, independent contractors, vendors, or suppliers. Company policy prohibits unlawful discrimination or harassment based on race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, transgender dressing, citizenship status, pregnancy, veteran status, or any other category protected by federal, state or local law or ordinance or regulations. Our policy also prohibits retaliation on the basis of making a complaint of illegal harassment or discrimination or for participating in an investigation regarding such a complaint. Complaints of discrimination or harassment may be made using the procedure detailed in the Employee Handbook. A copy of the equal employment opportunity and non-harassment policy is in the Employee Handbook or may be obtained by asking your worksite supervisor.

RULES OF SAFE PRACTICES AND SAFETY ORIENTATION

Everything possible should be done to protect employees from accidents, injuries, and occupational disease while on the job. Job-site safety is a cooperative effort requiring constant awareness of safety practices from every employee. Therefore, all job-site activity must follow certain safety practices and policies. To carry out this policy the following safety rules must be followed.

GENERAL

1. Report all accidents and unsafe conditions to your job-site supervisor **immediately**; this includes broken furniture, broken glass, or defective equipment. In no event, except for an emergency, will an employee leave a shift without reporting an on-the-job injury if there was one. If you **do not** know the safe way to do the job, **ask** your work-site supervisor before starting the job.
2. Obey all company rules, governmental regulations, posted signs, markings and instructions. Be particularly familiar with those rules that apply to your specific job assignment. **If you do not know, ask.**
3. Anyone known to have illegal drugs or alcohol in their system will not be allowed to work, and may be subject to discipline, up to and including termination. If you suspect that another employee has drugs or alcohol in their system, please report this to your work-site supervisor immediately.
4. No one will be permitted to work while his or her ability or alertness is so impaired by fatigue, illness, or other causes that might unnecessarily expose him or her, or another employee, to injury.
5. Horseplay, scuffling and other acts are prohibited.
6. Fire extinguishers will be in working order and there will be clear access to them.
7. Do not attempt to operate machinery or equipment without proper training, certification and special permission, unless that is one of your regular duties and you have been properly trained.
8. Non-compliance with these and any other safety rules or policies are grounds for disciplinary action, up to and including termination.
9. Any accident that results in personal injury or damage to property, no matter how minor, must be reported **IMMEDIATELY!**

CLERICAL

10. If the office equipment is **not** working properly, turn it off and report malfunction to your job-site supervisor.
11. Overloaded, worn wiring and defective equipment must be reported to your job-site supervisor immediately for repair.
12. Office chairs and furniture are for their intended use only. **Do not** stand on chairs, tables or desks for any reason.
13. **Do not attempt** to move any office equipment that is not easily or safely portable. Ask your work-site supervisor to arrange for moving by the assigned movers. If the carrying of printed materials is required, the weight should be limited to 25 pounds.
14. When carrying printed materials or other office items, these should be carried in a manner that enables you to maintain a clear visual path in the direction you are moving.

15. Always use proper lifting techniques. Never lift or push an object that is too heavy, ask for assistance. Keep the load close to your body, bend your knees and keep your back straight.
16. Keep desk drawers, file cabinets and doors in closed position when **not** in use to **avoid hitting or striking**.
17. When using duplicating machines, copy machines, addressing machines, paper cutters, etc., use the machine in a safe work manner to **avoid injuries**.
18. When ascending or descending steps or stairs, use the handrail to give support and balance. Be particularly careful when wearing high heels. Walk. **Do not run** in halls, rooms, and passageways or on steps/stairs. Always keep to the right and approach corridor intersections carefully. Open doors slowly, using handle or push plate. Do not use stairways that are not properly lit.
19. Work areas should be maintained in a neat and orderly manner. Office supplies, materials and trash will be properly stored. **Do not** place or stack materials or objects that could obstruct pathways, aisles or walkways.
20. Watch for conditions or situations that are likely to cause falls such as objects or liquids on floor or stairways.
21. If you are required to enter a production area, be constantly alert for moving machinery and equipment. Be sure to know when and where to wear the proper personal protective equipment (clothing, footwear, hard hats and eye protection). If there are any questions about the proper equipment, check with your job-site supervisor.

INDUSTRIAL

22. Work areas will be maintained in a neat and orderly manner. Trash and other waste material are to be thrown in the proper waste containers. Any protruding nails must be bent over. Tools, equipment, materials, or debris shall not be left in walkways, on stairs or landing where it could create a tripping hazard.
23. Suitable clothing and footwear must be worn at all times. Proper personal protective equipment (hard hats, hands and feet protection, and eye protection) will be worn where needed. If there are any questions about the proper equipment, check with your supervisor.
24. Always use proper lifting techniques. Never lift or push an object that is too heavy, get help. Keep the load close to your body, bend your knees and keep your back straight.
25. Employees must be alert to see that all guards and other protective devices are in proper places and adjusted and shall report deficiencies promptly to their supervisor or foreman. Employees will not use any equipment not properly guarded.
26. Electrical cords will be kept in good repair. Maintain sufficient space around electrical equipment to permit safe operation and maintenance. Report exposed wiring and cords that are frayed so they can be replaced promptly.
27. All hand and power tools and equipment, whether furnished by you or your supervisor, must be properly maintained and used in a safe manner.
28. Do not use faulty or worn hand tools.
29. Do not operate any equipment that you believe is unsafe to operate. Notify the on-site supervisor for instructions. Report uncorrected unsafe conditions **IMMEDIATELY!**
30. Ladders must be extended three feet above the landing to provide a handhold when dismounting. Stepladders must have the spreaders locked when in use. Defective ladders must be discarded or repaired.
31. Shoes with thin or badly worn soles shall not be worn. No open-toed shoes shall be allowed.

Presence of Illegal Drugs or Alcohol

The presence of illegal drugs or alcohol in your system while you are at work is prohibited. If you report to work with drugs or alcohol in your system, you will be subject to discipline up to and including termination.

Disciplinary Policy

Failure to follow any safety practice or policy shall subject the employee to discipline, up to and including termination.

Employee: After reading, please detach this page and keep for your records.

**GENERAL COMPANY POLICIES & RULES OF SAFE PRACTICES
ACKNOWLEDGEMENT OF RECEIPT & REVIEW**

I have now completed a review of the General Company Policies and The Rules of Safe Practices and Safety Orientation. By signing below I acknowledge that:

- I understand the General Company Policies, including the Equal Employment Opportunity and Non-Harassment policy.
- I understand The Rules of Safe Practices and Safety Orientation.
- I agree to follow these policies throughout my employment with the Company.
- I understand that the Company encourages employees to ask for clarification as needed, now and at any time in the future.
- I will detach and keep these policies for my records.
- I understand that failure to follow the policies will be grounds for discipline, up to and including immediate termination.

Signature: _____

Printed Name: _____

Date: _____

NEW HIRE CHECKLIST

Employee Name: _____ Date of Hire: _____

Client Name: _____

Description:	Date HR Dept. Processed
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Employee Packet

- Signed Applicant Statement & Agreement _____ / /
- Background Check Authorization _____ / /
- Employee Profile _____ / /
- Emergency & Beneficiary Information _____ / /
- Pay Information – Employer Signature _____ / /
- Arbitration Agreement _____ / /
- Form W-4: Employee Withholding _____ / /
- Form I-9: Employment Eligibility Verification _____ / /
- Direct Deposit _____ / /
- Vehicle Insurance Coverage _____ / /
- Acknowledgement: General Company Policies and Safety _____ / /
- Work Permit (if employee is under the age of 18) _____ / /

Company Policies

- Employee Handbook Receipt _____ / /
- Acknowledgement: Client's IIPP and Code of Safe Practices _____ / /
- Other: _____ / /

Employee Set-up

- Set up in Payroll System _____ / /
- Other: _____ / /

Benefits

- Set up in Benefit Management System _____ / /
- Health Insurance Packet Sent _____ / /
- Supplemental Insurance Packet Sent _____ / /
- Retirement Plan Information Sent (if applicable) _____ / /
- Initial Notice of COBRA Rights Sent _____ / /
- Received Benefit Enrollment/Waiver Forms _____ / /
- Benefits/Deductions Set up in Payroll System _____ / /