Professional Placement Services

www.ppswork.com

34200 Solon Road, Solon, Ohio 44139 Ph: (440) 914-0090 Fax: (440) 914-0109
6406 Stumph Road, Parma Hts., Ohio 44130 Ph: (440) 842-7133 Fax: (440) 842-7143
1000 North Main Street, Akron, Ohio 44310 Ph: (330) 374-9133 Fax: (330) 374-9144
8789 Tyler Blvd., Mentor, OH 44060 Ph: (440) 701-1080 Fax: (440) 974-6627

APPLICATION FOR EMPLOYMENT

Please complete the application in its entirety *even if a resume is being submitted.* A complete application allows this agency to locate the most suitable position, maximizing the use of your skills.

First Name:	Last Name:	MI	Soc. Sec. No.

Residence Phone	Cell / Alt. Phone	Emergency Contact Name:	Relationship:	Phone:

Address	Apt #	How Long?

City	State	Zip	E-mail Address

Residence History: What cities/states have you resided in within the last 10 years?		Previous Name History: What names (married, maiden, alias, etc.) have you used in the past 10 years?	
City, State	Approx. dates	Name	Approx. dates

Referred By
☐Ad ☐Friend ☐Internet ☐Other Please Specify:

PPS would like to know your long-term and short-term goals to better serve you and your employment needs.
What is your short-term goal?

What is your long-term goal?

BACKGROUND INFORMATION

If offered employment, can you submit verification of legal right to work in the US? ☐Yes ☐No

Have you ever been convicted of a crime, found guilty, or entered a plea of no contest to any felony or misdemeanor?
☐Yes ☐No. If yes, provide details (dates, charges, etc.) below.

Your answer to this question will be checked against local, state and federal records. An affirmative answer will not necessarily disqualify you from consideration; however, failure to answer this question accurately could cause denial of employment:

If yes, please complete the following:

Where? City County State

When? (Approx. Year)

What was the nature of the offense?

you have been convicted of more than one offense, please provide the above information on each offense using the reverse side of this page.

Do you have a valid driver's license? ☐ No ☐ Yes License Number: State issued:

If no, please explain:

In any State that you have held, or currently hold a driver's license, has your license ever been:
Suspended ☐No ☐Yes Year: Revoked ☐No ☐Yes Year:

EDUCATION

School	Name	City, State	Graduated Yes	Graduated No	Academic Degree	Major	Year
High School			☐	☐			
GED			☐	☐			
Junior/Community College(s)			☐	☐			
College(s) and/or University(s)			☐	☐			
Graduate and/or Professional			☐	☐			
Other Ed. Voc. Tech School(s)			☐	☐			

Other degrees, professional or occupational licensures, certifications, military training or special areas of study, skills, or abilities:

Do you write or speak any foreign language(s)? ☐ Yes ☐ No. If yes, please indicate language(s) and proficiency:

POSITION INFORMATION AND QUALIFICATIONS

Desired ☐ salary or ☐ hourly range: $ to $

Date you can start in a new position:

Position(s) desired:

1.

2.

3.

When are you available to interview?

TRANSPORTATION: Do you have a ☐ Car - or - do you use ☐ RTA Public Transportation?

Will you relocate? ☐ Yes ☐ No

Will you travel? ☐ Yes ☐ No

Weekly Schedule Availability/Hours:

Mon/Hrs: to Fri/Hrs: to

Tues/Hrs: to Sat/Hrs: to

Wed/Hrs: to Sun/Hrs: to

Thu/Hrs: to

Available Work Schedule (Check all that apply):

☐ 1st Shift ☐ 2nd Shift ☐ 3rd Shift ☐ Weekends

☐ Part-time ☐ Full-time ☐ Over Time

Willing to travel to:

1. ☐ Eastside
2. ☐ Westside
3. ☐ Other:

Industry Experience	# of Years
1.	1.
2.	2.
3.	3.

BUSINESS REFERENCES

Name	City/State	Phone Number	Business	Yr.

EMPLOYMENT HISTORY

Please list all of your past employers, using additional sheets as needed. State your most recent employer first and account for any periods of unemployment, providing length of unemployment and reason(s) why.

Company Name			Telephone
Address	City	ST	Zip
Supervisor's Name/Title	Supervisor's Work Telephone	Supervisor's Home Telephone	
Dates (month/year) From / To /	**Salary** Start $ End $		
Job Title dsd	Business Industry		
Major responsibilities/accomplishments:			
Aspect of position you liked most.	Aspect of position you liked least.		
Reason for leaving			May we contact? ☐Yes ☐No

Company Name			Telephone
Address	City	ST	Zip
Supervisor's Name/Title	Supervisor's Work Telephone	Supervisor's Home Telephone	
Dates (month/year) From / To /	**Salary** Start $ End $		
Job Title	Business Industry		
Major responsibilities/accomplishments:			
Aspect of position you liked most.	Aspect of position you liked least.		
Reason for leaving			May we contact? ☐Yes ☐No

Company Name			Telephone
Address	City	ST	Zip
Supervisor's Name/Title	Supervisor's Work Telephone	Supervisor's Home Telephone	
Dates (month/year) From / To /	**Salary** Start $ End $		
Job Title	Business Industry		
Major responsibilities/accomplishments:			
Aspect of position you liked most.	Aspect of position you liked least.		
Reason for leaving			May we contact? ☐Yes ☐No

EEO Statement

Professional Placement Services (hereinafter referred to as PPS) is an equal opportunities employer. PPS seeks and employees qualified persons in all job classifications and positions without discrimination on the basis of race, sex, color, religion, national origin, age, handicap, disability, material, or veteran status. Law specifically prohibits such discriminatory practices. This policy governs all areas of employment at PPS, including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline, and termination. If you believe your equal employment rights have been violated, you may contact the Equal Employment Opportunity Commission, the Federal Communications Commission or the appropriate state or local EEO agency.

AGREED UPON CONDITIONS OF EMPLOYMENT

- ❖ I understand that the State of Ohio is an "at will" state, meaning that either my employer or I may terminate the employment relationship at any time, with or without notice, for any lawful reason.
- ❖ I acknowledge that any false, incomplete, or misleading information I provide on this application form, in a résumé, or in a pre-employment interview will be grounds to deny my application or, if discovered later, for immediate dismissal from employment.

CONTRACT-TO HIRE PERSONNEL ACKNOWLEDGEMENT

- ❖ I hereby acknowledge that I am applying for employment through PPS. In the course of my work I may learn certain confidential information about the company to which I am assigned including information about customers, marketing plans, technical matters and/or employment practices. During, and after my assignment, I agree not to disclose any of this information to any person outside the company for profit or otherwise. If I violate this agreement, the company will have the right to pursue any action against me for damages and injunctive relief, and I will be responsible for paying all of the court costs and/or attorney's fees incurred.
- ❖ In addition, I acknowledge that PPS is my employer and is solely responsible for paying me for my services and providing any other benefits associated with my employment. I further understand that I cannot accept an offer of employment from any company to which I have interviewed for or am assigned without prior approval from PPS.

EMPLOYEE ACKNOWLEDGEMENT

- ❖ I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application, and if discovered after employment has been offered will result in my dismissal.
- ❖ I hereby authorize PPS or their assigned designee, to investigate all statements contained herein, to interview the references and previous employers listed in this application, and to obtain a report from a consumer-reporting agency to be used for employment purposes in accordance to the Fair Credit Reporting Act.
- ❖ I authorize all of the references and previous employers listed to give PPS all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to PPS including, but not limited to, any liability for defamation of character or invasion of privacy.
- ❖ If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including, but not limited to, a drug test. If employed, I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time. I understand that no supervisor or other representative of PPS other than the President of PPS has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.
- ❖ I understand that while employed with PPS that I must report any new incidents, arrests and/or convictions within ten (10) days of the incident/event. This reporting should be done to the Human Resources Office or any member of PPS Management and will be held in strict confidence. I understand that I am also required to submit a copy of the deposition of the case/incident within ten (10) days of determination. Failure to comply with this policy will result in disciplinary actions up to and including termination.
- ❖ I further understand, and voluntarily agree as condition of employment or my continued employment, that I may be requested by PPS to submit to a urinalysis or other drug screen test. My failure/refusal to take such test(s) or unsatisfactory results of said test(s) will disqualify me from consideration for employment, or if I am currently employed at the time of the request, the result will be immediate dismissal.
- ❖ I hereby authorize PPS to disclose any pre-employment screening taken in order to help secure suitable employment. **I certify that I have read, understand and agree with the above.**

Interviewed By	Date
Comments	

Application Signature Date

Agency Representative Date

Authorization to Release Information for Employment

I, _____, have applied for employment
(print full name)

with Professional Placement Services on this day of _____, 20_____.
(Month/Day) *(year)*

I authorize the release of any and all information to **PPS and/or PPS's hiring companies** (agent acting on behalf of the above company/person) relating to the following:

Drug Screening
Previous Employment
Educational Records
Professional Licenses
Court Records
Driving Records
Workers' Compensation
Military Records
Employment Credit
Civil/Criminal Records
Social Security Registration
Medical
References

I release and hold harmless any and all persons; institutions; corporations, companies; LLC's; governmental agencies; **PPS**, its officers, executives and employees, individually and their corporate capacities; and the company stated above from any and all liability that may arise from researching my background.

PLEASE WRITE LEGIBLY AND COMPLETE ALL PARTS OF THE FORM

First Name: _____ **MI:** _____ **Last Name:** _____
(*Please print)*

Signature: _____
(Please sign)

Witnessed By: _____
(Company representative)

Date of Birth: _____/_____/_____ **Social Security Number:** _____-_____-_____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Driver License Number: _____ **Issuing State:** _____

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PPS COMBINED COMPANIES

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EMPLOYEE POLICY GUIDELINES

PLACEMENT

Thank you for applying. There are three major types of placements that you may be eligible for; Contract, Contract-to-Hire, and Direct Placement.

We are dedicated to your career development, because of this we have a few base policies and guidelines that you must adhere to 100% of the time. Failure to do so, may result in disciplinary action, up to and including termination.

PAYROLL

Payroll is issued on Fridays. You'll receive a pay card and PPS also offers direct deposit. Even if you choose direct deposit as your primary way of receiving your paycheck, **activate your pay card and keep it in a safe place to be used for emergencies.**

EXPECTATIONS

Always be *Punctual & Dependable!* Arrive to work with a positive attitude and work well with others. These are minimum expectations, raise the bar and set higher goals for yourself.

DRESS CODE

Appropriate attire will be advised by your placement manager. Some of our careers require work boots (Steel toed).
For your safety & to avoid injury, no jewelry is allowed in any manufacturing position where you are working with or near any equipment of machinery. (ie earrings, rings, necklaces, etc.)

DRUG TESTING

I am responsible for the cost of the drug test if I quit within a week of employment.

COMPUTER, INTERNET

The use of computers, internet and electronic mail system on assignments is to conduct business only. Use of the equipment for personal purpose is strictly prohibited. Violations of this policy may result in discharge from employment.

SAFETY

All job site rules are expected to be followed as explained by the company where you will be contracted.
When necessary, safety equipment will be provided on the job site. It is to be worn at all times if required. Additional equipment (safety belts, goggles, etc…) may be purchased in the office at which you were originally hired.

EMERGENCY SITUATIONS

Call as soon as possible! ~ If the office is closed, always, always, always leave a message with a contact number, so that we can reach you when the office reopens.

DRUG & ALCOHOL POLICY

PPS is a **ZERO TOLERANCE** Company. No alcohol or drugs before or during work hours will be permitted at your new job. Any infraction will result in immediate termination. Random drug tests will be administered.

CHANGE OF PHONE NUMBER

You must contact PPS with any changes in your contact phone numbers in the event that we need to reach you.

If you understand and agree to all the guidelines, policies, & procedures outlines, please indicate your agreement by signing below.

JOB RELATED INJURY

1. Report injury to the supervisor on the job.
2. Ask for our medical report form from your supervisor.
3. Seek medical attention (if needed).
4. Contact your hiring office immediately.

Post Accident Chemical Screening is Required.

If a screening is refused, a positive result will be assumed and documented and could result in dismissal.

TERMINATION CONDITIONS

* Possession and/or use of alcohol or drugs on the job.
* Failing a random drug test.
* Excessive absenteeism or tardiness.
* No Call / No Show.
* Violent or abusive behavior.
* Violation of any other policy.
* Violation of Safety Policy
* Failure to report to work as agreed or failure to perform the duties of the job you were hired for.
* Damaging Company Equipment.
* Walking off the job.

EQUIPMENT RETURN

Upon termination, all possessions that are the property of the company need to be returned or said value will be deducted from your final paycheck. Uniforms, safety equipment, etc…

DRIVERS

I understand that I cannot have more than 2 moving violations within the last 2 years. You cannot have the following violations in the same year. These requirements are discussed prior to being hired.

Print Name

Sign Name

Date

PPS Representative Initials

Rev. 06/29/20

WHAT DO EMPLOYERS EXPECT OF ME AS AN EMPLOYEE?

They expect me to:

- Be on time.
- Come to work every day.
- Make smart decisions. Think things through!
- Follow directions, and ask for clarification.
- Concentrate on my work and care about the quality of my work.
- Read, write, and calculate well.
- Recognize problems and find the best solution.
- Finish a job on time, without sacrificing quality.
- Be honest and dependable.
- Take the lead and work hard.
- Communicate well and get along with other people, especially customers!
- Dress for the job, and look professional. Practice good grooming habits!
- Be cooperative.
- Have a positive attitude. Attitude effects quality!

Employee Initial: _____ **Recruiter Initial:** _____
Date: _____ **Date:** _____

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Parma • Akron • Mentor • Columbus • Boston
HR@ppswork.com • www.ppswork.com

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **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

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 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

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

Step 5: Sign Here

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

▶ _____ ▶ _____

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

Employers Only

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

General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $24,800 if you're married filing jointly or qualifying widow(er)
- $18,650 if you're head of household
- $12,400 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$220	$850	$900	$1,020	$1,020	$1,020	$1,020	$1,020	$1,210	$1,870	$1,870
$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$460	$940	$1,020	$1,020	$1,470	$1,870	$1,870	$1,870	$1,870	$2,040	$2,040	$2,040
$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$830	$930	$1,020	$1,020	$1,020	$1,480	$1,870	$1,870	$1,930	$2,040	$2,040
$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Ohio | Bureau of Workers' Compensation

Employer/Employee Agreement to Select Ohio as the State of Exclusive Remedy for Workers' Compensation Claims

Please read the instructions below before completing this form.
An employee who enters into an employment contract outside of Ohio may work in another state some or all of the time. This leads to the possibility that Ohio's workers' compensation laws may conflict with those of the other state. In these cases, Ohio law allows employers and employees to choose workers' compensation coverage from Ohio or from the other state.

- **Use this form to choose Ohio coverage.** By signing this form, both the employee and employer agree to be bound exclusively by the workers' compensation laws of Ohio.
- **Use form C-112 to choose coverage from a state other than Ohio.** By signing that form, both the employee and employer agree to be bound exclusively by the workers' compensation laws of the other state. You may get form C-112 from **www.bwc.ohio.gov.**

Important notes: (1) Neither form C-110 nor C-112 can create jurisdiction where none exists. The forms merely clarify which state's laws will apply in the event of a conflict between states having jurisdiction over an employer and employee. (2) Although BWC honors a valid C-110 in Ohio, the laws of another state might not recognize the terms of the agreement. Consult the workers' compensation agency in the other state(s) or private counsel to verify the validity of this agreement outside Ohio.

Instructions for completing the form

- Use a separate form for each employee. Only one employee should sign the form. It is not for use by multiple employees.
- The employer should keep a signed copy for company records and provide a copy to the employee.
- To be legally valid, the employer must submit the agreement to BWC within 10 days of signing this agreement.
- Submit completed agreements to BWC's policy processing via fax at 614-621-1435 or by mail to: BWC Policy Processing Dept., 30 W. Spring St., 22nd floor, Columbus, OH 43215.
- The employer must maintain an active Ohio workers' compensation policy for the agreement to be valid.
- The employer must report the payroll of any employee covered by a valid C-110 to BWC.

The parties to this agreement represent to BWC that there is a possibility of a conflict between the workers' compensation laws of Ohio and those of another state, because the employee entered into the contract of employment and will perform all or some of the work in a state or states other than Ohio.

The employee entered into the contract of employment in _____ **and not in Ohio.**

The state(s) in which the employee will work is (are) _____.

Under Ohio Revised Code Section 4123.54, the employer and employee agree to be bound exclusively by the workers' compensation laws of Ohio. Regardless of where a work-related injury or death occurs or where an employee contracts an occupational disease, the workers' compensation laws of Ohio and not the laws of another state will govern the rights of the employee and his or her dependents. This agreement shall remain in effect until the parties terminate or modify it by filing a new agreement.

Employee approval

Employee's first name/middle initial/last name (please print):		
Employee's address		
City	State	ZIP code
Employee's signature		Date
Phone number ( ) -	Fax number ( ) -	E-mail

Employer approval

Name of employer: Professional Placement Services	Employer's **BWC** policy number: 1395040	
Employer's address: 34200 Solon Road		
City: Solon	State: Ohio	ZIP code: 44139
Ohio business location address: same		
City: same	State: same	ZIP code: same
Employer's signature*	Title: CFO	Date
Phone number: (440) 914-0090	Fax number: (440) 914-0109	E-mail: Accounting@ppswork.com

***An owner, partner or officer must sign this agreement.**

BWC-1233 (Rev. 4/27/2009)
C-110

☐ I understand that checking this box constitutes a legal binding signature

AHSLA®
PAYROLL SERVICES

Direct Deposit & Employee Self-Service Enrollment Form

DIRECT DEPOSIT:

I (we) hereby authorize_____ hereinafter called COMPANY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our):

☐ **Checking** ☐ **Savings** **(select one)** for the amount of: ☐ **Net Pay** ☐ **Amount**_____
The depository(s) named below, hereinafter called DEPOSITORY, may credit and / or debit the same to such account.

BANK (DEPOSITORY) NAME_____ BRANCH_____

CITY_____ STATE_____ ZIP_____

ROUTING / ABA NO._____ ACCOUNT NO._____

☐ **Checking** ☐ **Savings** **(select one)** for the amount of: ☐ **Net Pay** ☐ **Amount**_____

BANK (DEPOSITORY) NAME_____ BRANCH_____

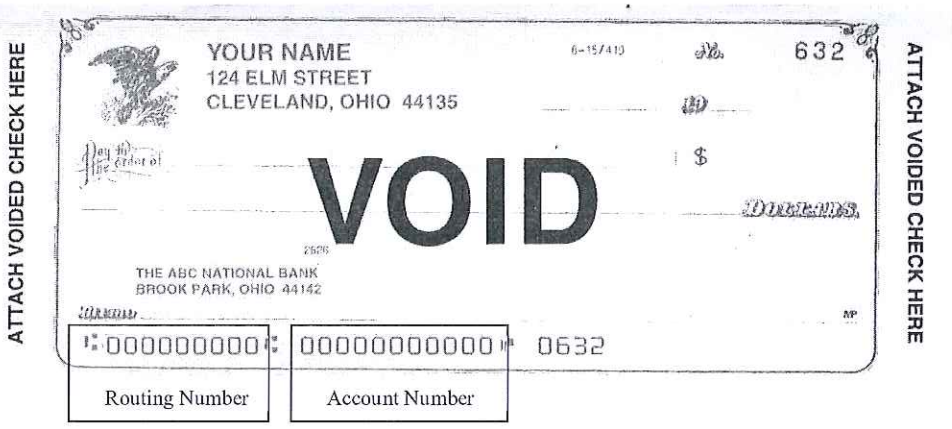
CITY_____ STATE_____ ZIP_____

ROUTING / ABA NO._____ ACCOUNT NO._____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) for its termination at such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME_____ **EMPLOYEE NUMBER**_____

DATE_____ SIGNED X_____ SIGNED X_____



EMPLOYEE SELF SERVICE:

I understand that I will be responsible to view/print my own payroll data and W2 as needed through my Employee Self-Service Account.

Email Address: _____ ☐ **Home** ☐ **Work**

NAME_____ **EMPLOYEE NUMBER**_____

BEFORE SEALING THE RETURN ENVELOPE, PLEASE MAKE SURE THAT ALL HIGHLIGHTED ASPECTS OF THE ENCLOSED PAPERWORK HAVE BEEN FILLED OUT COMPLETELY