



Professional Placement Services Application for Employment

HQ Solon, Akron, Parma, Mentor, Ohio, Austin, Texas and Phoenix, Arizona

First Name:		Last Name:		MI	
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 <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> 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?					
Do you have any upcoming commitments within your first year of employment that you are aware of needing time off?					

BACKGROUND INFORMATION

If offered employment, can you submit verification of legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime, found guilty, or entered a plea of no contest to any felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Yes Year:	Revoked <input type="checkbox"/> No <input type="checkbox"/> Yes Year:

EDUCATION

School	Name	City, State	Graduated		Academic Degree	Major	Year
			Yes	No			
High School			<input type="checkbox"/>	<input type="checkbox"/>			
GED			<input type="checkbox"/>	<input type="checkbox"/>			
Junior/Community College(s)			<input type="checkbox"/>	<input type="checkbox"/>			
College(s) and/or University(s)			<input type="checkbox"/>	<input type="checkbox"/>			
Graduate and/or Professional			<input type="checkbox"/>	<input type="checkbox"/>			
Other Ed. Voc. Tech School(s)			<input type="checkbox"/>	<input type="checkbox"/>			

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 <input type="checkbox"/> salary or <input type="checkbox"/> hourly range: \$ to \$		Date you can start in a new position:	
Position(s) desired:		When are you available to interview?	
1.			
2.			
3.			

TRANSPORTATION: Do you have a <input type="checkbox"/> Car - or - do you use <input type="checkbox"/> RTA Public Transportation?				
Will you relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Available Work Schedule (Check all that apply): <input type="checkbox"/> 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Over Time		
Will you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Weekly Schedule Availability/Hours:		Willing to travel to:		
Mon/Hrs: to	Fri/Hrs: to	1. <input type="checkbox"/> Eastside 2. <input type="checkbox"/> Westside 3. <input type="checkbox"/> Other:	Industry Experience	# of Years
Tues/Hrs: to	Sat/Hrs: to		1.	1.
Wed/Hrs: to	Sun/Hrs: to		2.	2.
Thu/Hrs: to			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	
<u>Dates (month/year)</u> From / To /		<u>Salary</u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name			Telephone	
Address		City	ST	Zip
Supervisor's Name/Title	Supervisor's Work Telephone		Supervisor's Home Telephone	
<u>Dates (month/year)</u> From / To /		<u>Salary</u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name			Telephone	
Address		City	ST	Zip
Supervisor's Name/Title	Supervisor's Work Telephone		Supervisor's Home Telephone	
<u>Dates (month/year)</u> From / To /		<u>Salary</u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EEO Statement

Hartman Personnel 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: ____ - ____ - ____

Address: _____ City: _____

State: _____ Zip: _____

Driver License Number: _____ Issuing State: _____



Professional Placement Services

34200 Solon Road, Solon, OH 44139 440-914-0090 email: hr@ppswork.com

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.
- * Possession of any weapon at workplace
- * 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.

Print Name

Sign Name

Date

PPS Representative Initials

Employee's Withholding Certificate

OMB No. 1545-0074

- 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.

2022**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ► ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$

Multiply the number of other dependents by \$500 . . . ► \$

Add the amounts above and enter the total here

3 \$

**Step 4
(optional):
Other
Adjustments**

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

4(a) \$

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

4(b) \$

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

4(c) \$

**Step 5:
Sign
Here**

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

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

► **Date**

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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 15, 2023.

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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2022 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 2022 itemized deductions (from Schedule A (Form 1040)). 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: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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)). 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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,330	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

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

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		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			

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

Refer to the instructions for more information about acceptable receipts.



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

USCIS
Form I-9
OMB No. 1545-0047
Expires 10/31/2022

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

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

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

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

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

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

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

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

Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
--	--

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page



PAYCHEX

Direct Deposit Enrollment/Change Form*

Company Name and/or Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

Employee/Worker: Retain a copy of this form for your records. Return the original to your employer/company.

Employer/Company: Please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay			
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay			
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/>
Type of Account	Checking	Savings	Account holder's Name:
Routing/Transit Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking/Savings Account Number**	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institution ("Bank") Name			
I wish to deposit (check one): _____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay			

CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company make direct deposits into the named account. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.

Employee/Worker Signature _____ Date: _____

MM/DD/YY

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: _____

Employer/Company Representative Signature: _____ Date: _____

MM/DD/YY

* All fields are required except Employee/Worker Number.

** Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

Note: Digital or Electronic Signatures are not acceptable.



PAYCHEX®

JOHN Q. CLAIMANT
JANE Q. CLAIMANT
123 Main Street
Anyplace, WA 98000

PAY TO THE
ORDER OF _____ \$ _____

ANYPLACE BANK
Anyplace, WA 98000

Routing Number _____ Account Number _____

For _____

1 2502 500251 : 2020202036 •• 1234

1234
DOLLARS

Do not include
Check Number

EMPLOYMENT SELF SERVICE:

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

You will be emailed by Paychex with login information to access your account:

EMAIL:

☐ Home ☐ Work

NAME:

DATE:

Pre-Screening Notice and Certification Request for the Work Opportunity Credit



OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____

Enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

SIGN HERE

Job applicant's signature ►

Date



Cost
Management
Services



Dear New Employee:

Your employer is participating in a federal program to initiate jobs.

In order to complete the requirements, please complete the survey below:

Signature: _____ Date: ____/____/____ Social Security: # ____-____-____

Print Name: _____ Date of Birth: ____/____/____ How old are you?: _____

Have you worked for this employer before? YES ☐ NO ☐ If Yes, last date of employment: ____/____/____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

(Please also complete the top and sign the bottom of the attached 8850 form. Thank you!)

1. In the past 6 months, have you or family member received SNAP / Food Stamps? YES ☐ NO ☐
If YES, please give name of primary recipient & City/State: _____
2. In the last 18 months, have you received TANF (Temporary Assistance for Needy Families)? YES ☐ NO ☐
If YES, please give name of primary recipient & City/State: _____
3. Are you a VETERAN of the U.S. Armed Forces? YES ☐ NO ☐ (If NO, Please GO to Question #4.)
 - Have you been unemployed a combined period of (6) months during the past year? YES ☐ NO ☐
 - Have you been unemployed for a combined period of (4) weeks but less than (6) months during the past year? YES ☐ NO ☐
 - Were you discharged or released from active duty within the past year? YES ☐ NO ☐
 - Are you entitled to compensation for a service-connected disability? YES ☐ NO ☐
 - Are you a member of a family that received SNAP benefits for at least 3 months during the past 15 months before you were hired? YES ☐ NO ☐If YES, please give name of primary recipient & City/State: _____
4. In the past 60 days, did you receive Supplemental Security Income (SSI) benefits? YES ☐ NO ☐
5. In the last year, were you convicted of a felony or released from prison after a felony conviction? YES ☐ NO ☐
 - If Yes, enter the date of conviction: ____/____/____ & date of release: ____/____/____
 - Was this a federal ☐ or a state ☐ conviction?
6. Are you being referred by an agency for employees with disabilities? (Must be a Vocational Rehabilitation Agency)
 - YES ☐ NO ☐
 - Are you being referred by Social Security's Ticket to Work Program for employees with disabilities? YES ☐ NO ☐
 - Are you being referred by the Department of Veteran Affairs? YES ☐ NO ☐
7. Have you received Unemployment Compensation for more than 26 consecutive weeks? YES ☐ NO ☐
If Yes, enter the state you revived the benefit: _____

Starting Hourly Wage: \$ _____ Start Date: ____/____/____

Location: _____



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:
Date:

Recruiter Initial:
Date:



☐ Solon
34200 Solon Rd
Solon, OH 44139

☐ Akron
1000 N Main St
Akron, OH 44310

☐ Parma
6406 Stumph Road
Parma, OH 44130

☐ Mentor Trades
8789 Tyler Blvd
Mentor, OH 44060

DRUG AND ALCOHOL SAFETY TRAINING TEST

NAME: _____

DATE: _____

INSTRUCTIONS: Please circle or check the correct answer.

1. T F Depressants such as alcohol and marijuana speed up brain activity.
2. T F The residual effect of a substance can cause a person to have an accident days after they have last used the substance.
3. OxyContin Which is the most commonly used illegal drug?
 Marijuana
 Cocaine
4. 10% What percentage of serious workplace accidents are caused by
 15% people drinking on the job?
 25%
 50%
5. T F As people build up a tolerance to a substance they generally become less dependant on it.
6. T F Addiction to drugs and alcohol is a disease.
7. T F There are no known cures for alcoholism and drug addiction.

SCORE: /7



☐ Solon

34200 Solon Rd
Solon, OH 44139

☐ Akron

1000 N Main St
Akron, OH 44310

☐ Parma

6406 Stumph Road
Parma, OH 44130

☐ Mentor Trades

8789 Tyler Blvd
Mentor, OH 44060

Safety Orientation 2000 (Short Version)
TEST #1040AE



NAME: _____

DATE: _____

INSTRUCTIONS: Please circle the correct answer.

1. T F The first rule to employee safety is showing up for work rested, alert and fit to give full attention to your work.
2. T F An employee should only report injuries that require medical attention.
3. T F "PPE" stands for Personal Protective Equipment.
4. T F A double insulated cord needs to have a grounding prong.
5. T F Housekeeping is checking your work area for materials, cords, and other items that may cause slips, trips, and falls.
6. T F Good housekeeping is being responsible for only your own department.
7. T F Your life is more important than property.
8. T F Fire extinguishers should be used at a distance of 15-20 feet away from the fire.
9. T F Most accidents occur because of faulty equipment or improper PPE.
10. T F It is important to follow the correct safety procedures to keep from having accidents.

SCORE: _____



Department of
Taxation

IT 4
Rev. 12/20

Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. Your employer may require you to complete this form electronically.

Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1"
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1"
3. Number of dependents
4. Total withholding exemptions (sum of line 1, 2, and 3)
5. Additional Ohio income tax withholding per pay period (optional) \$

Section III: Withholding Waiver

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

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

Signature _____

Date _____

IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming zero exemptions, and
- Will not withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be exempt from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 only.

The IT 4 does not need to be filed with the Department of Taxation. Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm. Code 5703-7-10.

Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at tax.ohio.gov. You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

Section II

Line 1: If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

Line 2: If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line.

Line 3: You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

Line 5: If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

Note: If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- Reciprocity Exemption: If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- Resident Military Servicemember Exemption: If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- Nonresident Military Servicemember Exemption: If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.
- Nonresident Civilian Spouse of a Military Servicemember Exemption: If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:
 - Your spouse is a nonresident of Ohio;
 - You and your spouse are residents of the same state;
 - Your spouse is stationed in Ohio on military orders; and
 - You are present in Ohio solely to be with your spouse.

You must provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50a U.S.C. §571.

- Statutory Withholding Exemptions: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:
 - Agricultural labor (as defined in 26 U.S.C. §3121(g));
 - Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
 - Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).



Professional Placement Services

Referral Rewards Program

Referral Guidelines

1. To refer a potential employee, please complete this form.
2. You are eligible for a reward when your referral is selected for hire and successfully completes 2 weeks of employment.
3. The referral reward amount will vary for each employment opportunity.
4. You may submit a potential referral by emailing a resume or simply providing referral's name and phone number to hr@ppswork.com, you can also fax a resume to 440-914-0109 or you may simply call us at 440-914-0090. If faxing, emailing, or calling with your referral's info be sure to include your name and number so that you are eligible to receive your referral reward.

Your Information

Name: _____ Phone #: _____
E-Mail Address: _____ Twitter name: _____
Facebook name: _____ LinkedIn: _____

Referral Information

Referral's Name: _____
E-Mail Address: _____
Phone No: _____
Position Referred For: _____
Why this referral is qualified for this position: _____

Referral's Name: _____
E-Mail Address: _____
Phone No: _____
Position Referred For: _____
Why this referral is qualified for this position: _____



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
Employer's address 34200 Solon Rd.		
City Solon	State Ohio	ZIP code 44139
Ohio business location address		
City	State	ZIP code
Employer's signature*		Title
Date		
Phone number (440) 914 - 0090	Fax number (440) 914 - 0109	E-mail

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



PPS Self-Declaration

Please verify the following info prior to interview/send out/on-boarding as well as onsite:

1. I have not or will not be traveling internationally within three weeks prior to my start date or during my assignment.
2. I will notify my PPS Recruiter and Employer if there are any changes to my travel plans.
3. I will self-report any symptoms of the virus that I am experiencing to my PPS Recruiter and Employer before and while on assignment.
4. In the past 14 days, I have not come into direct contact with anyone who has been confirmed with CoVid-19.
5. I understand that I am expected to follow CDC Guidelines before and while on assignment

By initialing below, you are confirming agreement to all terms listed in the COVID Self-Declaration Form above.

Employee Initial: _____

Date: _____

Please check the box below that you qualify for based on your current Vaccination Status.

- ☐ Fully Vaccinated
☐ Partially Vaccinated
☐ Unvaccinated

Date: _____