



**Construction Contractor Services**

1322 Belcher Road #7, Largo, FL 33773  
 1045 W Busch Blvd., Tampa, FL 33612  
 6202 Forest City Rd., Orlando, FL 32810  
 1743 E. Main St., Ste. 118, Plainfield, IN 46168

**For Office Use Only:**  
 \$

<b>PERSONAL INFORMATION</b>		<b>TRADE:</b>	
Name:		Driver's License #:	
Address:		Vehicle Make:	Model:
City, State:	Zip:	Color:	Year:
Home Phone: (____)		Cell Phone: (____)	
		Email:	

<b>FORMER EMPLOYERS</b>					
Date	Name of Employer	Phone	Position	Pay	Reason for Leaving
From					
To					
From					
To					
From					
To					

<b>TRADE SCHOOLS</b>		
School	Study	Year Grad.
School	Study	Year Grad.

<b>EXPERIENCE</b>		<b>Wage Range Expected:</b>			
Years	Trade	Years	Trade	Years	Trade
CARPENTRY		MECHANICAL		MASONRY	
_____	Wood frame	_____	Electrician Res Comm New Serv	_____	Block
_____	Concrete Form	_____	HVAC	_____	Brick
_____	Trim	_____	Board sheet metal Install changeouts	_____	Concrete Pour
_____	Metal Stud	_____	Plumber Res Comm New Serv	_____	Concrete Finish
_____	Dry Wall Hang	_____	Welding	_____	Tile
_____	Dry Wall Finish	_____			
_____	Paint Int. Ext.	_____			
_____	Remodel	_____			

<b>OTHER</b>

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**DISCLOSURE AND ACKNOWLEDGMENT [IMPORTANT — PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

Construction Contractor Services Inc. (CCS) May obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "Consumer report" and/or an "investigative consumer report" which may include information about your character, genera, reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records driving records, sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers compensation clams (only rate of conditional over of employment has been made). Credit history will only be requested where as such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you, and the nature and scope of any investigative consumer report, and request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with record to applicants for employment is an investigation into your education and/or employment history conducted by Construction Contractor Services Inc., and or an outside organization. The scope of this notice and authorization, all-encompassing, however, allowing Construction Contractor Services Inc. to obtain from any outside organization, all manner of consumer reports and investigative consumer reports now and, if you are hired. Throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A Summary OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents and hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private) information service bureau, employer, or insurance company to furnish any and all background information requested by CCS. And/ or, another, outside organization acting on behalf of, Construction Contractor Services, Inc. t agree that a facsimile {'tax'), electronic or Photocopy of this Authorization shall- be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND Investigation PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Minnesota and Oklahoma applicants or employees only: Check this box if you would like to receive a free copy of a Consumer report if one is obtained by the Company. New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days, By signing below, you also acknowledge receipt of Article 23-A of the New York Correction law.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Signature of Employee / Prospective Employee \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

# Form W-4 (2017)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <b>2017</b>
<b>1</b> Your first name and middle initial _____ Last name _____		<b>2</b> Your social security number _____		
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption.		<div style="background-color: #cccccc; height: 100px;"></div>		
• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

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

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

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. 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 who claims no withholding allowances; 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.



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

**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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     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*





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

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

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

CO-EMPLOYMENT NOTICE AND ACKNOWLEDGMENT



MUST BE COMPLETED BY WORKSITE EMPLOYER

Worksite Employer: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Worksite Location: \_\_\_\_\_ Title: \_\_\_\_\_ WC Code: \_\_\_\_\_

Hire Date: \_\_\_\_\_ PEO Hire Date: \_\_\_\_\_ First Date Worked: \_\_\_\_\_ First Check Date: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly

Pay Type: \_\_\_\_\_ Hourly \_\_\_\_\_ Salary Exempt \_\_\_\_\_ Salary Non-exempt \_\_\_\_\_ Commission \_\_\_\_\_ Other

Employment Status: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ On-Call

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First and Last Name i.e. Spouse, Parent, Child

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**Co-Employment.** Your Worksite Employer and Trion Solutions, Inc. or one of its affiliates ("Trion") have entered into a Professional Employer Services Agreement (the "Agreement") that creates a co-employment relationship between your Worksite Employer, Trion and you by assigning certain human resource related functions to Trion. This is an ongoing relationship rather than a temporary or project-specific one, wherein the rights, duties and obligations of the employment relationship have been allocated between Trion and your Worksite Employer. Your Worksite Employer retains direction and control over your duties as is necessary to conduct its business and comply with licensing and regulatory laws. Trion, as the administrative co-employer, assumes responsibility for the payment of your wages, payroll taxes and benefits provided by the Worksite Employer, and reserves the right, along with your Worksite Employer, to hire, terminate, discipline and enforce employment and safety policies. The Worksite Employer is solely responsible for compliance with all federal, state and local laws regarding employment, including, but not limited to, discrimination and wage and hour laws and regulations.

**Arbitration and Limitation Period.** I agree that any dispute regarding my employment with the Worksite Employer, Trion and their shareholders, directors, officers or employees will be submitted and resolved by binding arbitration before the American Arbitration Association ("AAA") in accordance with its Employment Arbitration Rules and Mediation Procedures. The arbitrator may award attorney's fees to the prevailing party and all costs and expenses of the arbitration shall be allocated among the parties according to the arbitrator's discretion. The parties shall be entitled to discovery in accordance with the Federal Rules of Civil Procedure and the arbitrator's award may be entered as a final judgment in any court having jurisdiction and enforced in accordance with the arbitration award. Any claims for workers' compensation, unemployment benefits, welfare and pension benefits or claims under Section 7 of the National Labor Relations Act are excluded from this provision. I agree not to file any claim or suit relating to my employment with the Worksite Employer or Trion more than 182 calendar days after the event, practice or action complained of, and agree to waive any state or federal statutes of limitation to the contrary.

**South Carolina Employees:** Trion is a regulated PEO pursuant to the State's statutes and regulations. If you have any questions or complaints regarding this relationship you may contact:  
Carolina Department of Consumer Affairs, 2221 Devine Street, Suite 200, Columbia, South Carolina, 29205. (803) 734-4200. [www.consumer.sc.gov](http://www.consumer.sc.gov).

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_





## ELECTRONIC PAY AUTHORIZATION FORM

### EMPLOYEE INFORMATION SECTION (\*These are required fields to enroll in direct deposit)

* Employee Name(Required)	
* Client Name(Required)	* Social Security Number(Required)
* Date of Birth(Required)	* Primary Phone Number (with area code) (Required)
* Address(Required)	* City(Required)
* State(Required)	* Zip Code(Required)
E-Mail Address	

<p><b>Check one:</b></p> <p><input type="checkbox"/> <b>Add my bank account(s)</b> Employees may choose to deposit amounts in up to four different accounts below.</p> <p><input type="checkbox"/> <b>Change my bank account(s)</b> Please allow 2 pay periods for processing changes.</p> <p><input type="checkbox"/> <b>Cancel all account(s)</b> This will cancel all electronic deposits and a paper check will be issued. Allow 48 hours for cancellations.</p> <p><input type="checkbox"/> <b>Issue me a VISA Pay-card</b> Everyone is eligible.</p>	<p>By signing below, I authorize Trion Solutions, Inc. and the financial institution(s) listed below to deposit my paycheck automatically and when necessary, to facilitate debit entries for funds erroneously deposited. <b><u>I also understand that my request(s) related to direct deposit may take two to three pay periods to activate.</u></b> This authorization supersedes any previous payroll deduction distribution form and will remain in effect until I can cancel in writing. I understand that all direct deposits are made through the Automated Clearing House (ACH), that the funds' availability is subject to the term and limitations of the ACH as well as my financial institution, and that the ACH process can take 48 hours to complete, excluding weekends and holidays.</p> <p>If electing the Pay-card option, a Welcome Kit will be mailed to me detailing all of the benefits, terms and conditions. There is no approval or application process. I am automatically eligible and there is no monthly fee, as long as I am co-employed through Trion Solutions Inc.</p>
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	*Check One	*Nine Digit Routing Number	*Account Number	*Check	*Example: \$100.00 or 100%
1	<input type="checkbox"/> add account <input type="checkbox"/> change <input type="checkbox"/> cancel			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage
2	<input type="checkbox"/> add account <input type="checkbox"/> change <input type="checkbox"/> cancel			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage
3	<input type="checkbox"/> add account <input type="checkbox"/> change <input type="checkbox"/> cancel			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage
4	<input type="checkbox"/> add account <input type="checkbox"/> change <input type="checkbox"/> cancel			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage

<b>Visa Pay-Card-when traveling out of state contact card company to alert them otherwise your card will not work.</b>				
	*Nine Digit Routing Number	*Account Number	*Check	*Example: \$100.00 or 100%
1	067011294		<input type="checkbox"/> Checking	<input type="checkbox"/> Amount <input type="checkbox"/> Percentage

Attach a copy of a VOID check, or a letter from your financial institution confirming the account and routing numbers to process a Direct Deposit.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Employee Data Sheet

## Employee General Information

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Post-hire Medical Questionnaire

Do you have any medical restrictions? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever sustained an on the job injury or Workers' Compensation claim? \_\_\_\_ Yes \_\_\_\_ No

If Yes, When (Month/Year): \_\_\_\_\_ Part of body injured? \_\_\_\_\_

### Employee Background Information

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

### Equal Employment Opportunity

Check one (optional):  Caucasian  Hispanic or Latino  African American  American Indian  Alaska Native  
 Asian/Pacific Islander  Other: \_\_\_\_\_

Gender:  Male  Female

### Acknowledgements (please initial each line)

\_\_\_\_\_ I understand that my employment relationship is "at will" and not an employee contract.

\_\_\_\_\_ I understand that if my assignment ends I am required to contact CCS within two business days for possible reassignment. Failure to do so or failure to accept my next job assignment will indicate that I have voluntarily quit and may make me ineligible for unemployment benefits.

\_\_\_\_\_ I agree to abide by all CCS and workplace policies and rules.

\_\_\_\_\_ I understand that any workplace injury must be reported immediately to my supervisor. Failure to do so can result in partial or full loss of worker's compensation benefits and disciplinary action up to and including termination.

\_\_\_\_\_ I understand that in the event of an injury I must choose a physician from the approved providers.

\_\_\_\_\_ I understand that a post-accident drug screen is mandatory. Failure to do so can result in partial or full loss of workers' compensation benefits and disciplinary action up to and including termination.

\_\_\_\_\_ I understand that my employer has a strict drug and alcohol policy and I may be subject to testing.

\_\_\_\_\_ I understand that I can report any witnessed workers' comp fraud and may obtain a reward.

I hereby certify that the above information is true and correct:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# WOTC

Employee \_\_\_\_\_

	YES	NO
Have you worked for this employer before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you, or a member of your family, received Supplemental Nutrition Assistance Program (SNAP) benefits (FOOD STAMPS) ANYTIME over the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been unemployed for the last 6 months AND received unemployment compensation at ANY TIME?	<input type="checkbox"/>	<input type="checkbox"/>
Have you personally received Supplemental Security Income (SSI) or (SSDI) Supplemental Security Disability Income anytime during the last 2 months.	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in a rehab program approved by the state, the Ticket to Work program, or the Department of Veterans Affairs?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Veteran of the United States Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Veteran who received Supplemental Nutrition Assistance Program (SNAP) benefits (FOOD STAMPS) ANYTIME over the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Veteran who was unemployed for more than 4 weeks, but less than 6 months, during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Veteran who was unemployed for more than 6 months during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Veteran discharged from active duty within the last 12 months and entitled to compensation for a service connected disability?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Veteran receiving compensation for a service connected disability who was unemployed for at least 6 months during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
During the last 12 months, were you convicted of a felony or released from prison for a felony.	<input type="checkbox"/>	<input type="checkbox"/>