

**PRE-APPLICATION**

1. ARE YOU 18 YEARS OLD OR OLDER? YES \_\_\_ NO \_\_\_
2. HAVE YOU EVER WORKED FOR A TEMPORARY SERVICE BEFORE? YES \_\_\_ NO \_\_\_

**THIS INFORMATION WILL DETERMINE YOUR EXPERIENCE AND IS VERY IMPORTANT**

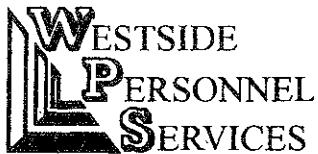
TEMP SERVICE	COMPANY WORKED AT	DATE OF WORK	PAY RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. WHAT IS YOUR HOME # \_\_\_\_\_ CELL # \_\_\_\_\_
4. DO YOU HAVE YOUR OWN CAR? YES \_\_\_ NO \_\_\_
5. WHAT JOB(S) ARE YOU APPLYING FOR? \_\_\_\_\_
6. WHAT AREAS ARE YOU ABLE TO WORK IN? \_\_\_\_\_
7. WHAT SHIFTS ARE YOU WILLING TO WORK? 1<sup>ST</sup> \_\_\_ 2<sup>ND</sup> \_\_\_ 3<sup>RD</sup> \_\_\_
8. ARE YOU AVAILABLE TO WORK WEEKENDS? YES \_\_\_ NO \_\_\_
9. ARE YOU WILLING TO WORK FROM \$7.65 AND UP? YES \_\_\_ NO \_\_\_ , \_\_\_\_\_
10. ARE YOU WILLING TO TAKE A DRUG SCREEN ACCORDING TO OUR POLICY? YES \_\_\_ NO \_\_\_
11. WILL YOU RELEASE YOUR BACKGROUND INFO INCLUSIVE OF CRIMINAL RECORDS? YES \_\_\_ NO \_\_\_
12. BY SIGNING THIS FORM, I UNDERSTAND THAT WESTSIDE PERSONNEL SERVICES IS A TEMPORARY EMPLOYMENT SERVICE AND THERE IS NO GUARANTEE THAT I WILL BE PLACED ON ASSIGNMENT.

**WESTSIDE PERSONNEL DOES NOT AUTOMATICALLY MAIL W2'S. I UNDERSTAND THAT I WILL BE RESPONSIBLE TO OBTAIN MY 2017 W-2 AT MY WESTSIDE LOCATION.**  
**INITIAL \_\_\_\_\_**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_



# EMPLOYEE RECORD

EMPLOYEE NUMBER

NAME LAST		FIRST	MIDDLE	SOCIAL SECURITY NUMBER		APPLICATION DATE
ADDRESS STREET		CITY	STATE	ZIP	HOME PHONE #	HOURS AVAILABLE ANY <input type="checkbox"/> FULL <input type="checkbox"/> PART <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>
WHOM SHOULD WE NOTIFY IN CASE OF EMERGENCY		NAME / PHONE		CELL PHONE #		HOW DID YOU HEAR OF US?
EMAIL				EMERGENCY PHONE #		
EDUCATION CIRCLE HIGHEST COMPLETED		1 2 3 4 5 6 7 8 GED 9 10 11 12 13 14 15 16		TECHNICAL SCHOOL COURSE OF STUDY		DATES ATTENDED

CIRCLE DAYS AVAILABLE FOR ASSIGNMENT	M T W T H F S A S U	HOURS AVAILABLE	WHICH TYPE OF TRANSPORTATION DO YOU USE?	<input type="checkbox"/> CAR AVAIL-ABLE	<input type="checkbox"/> PUBLIC TRANS-PORTATION	IF YOU RIDE WITH ANOTHER PERSON PLEASE GIVE THEIR NAME
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I HEREBY DECLARE THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT AND UNDERSTAND THAT FALSE OR INACCURATE INFORMATION IN THE APPLICATION WILL BE THE BASIS FOR TERMINATION. I HEREBY AUTHORIZE THIS COMPANY TO INVESTIGATE MY BACKGROUND INCLUSIVE OF CRIMINAL RECORDS AND VERIFY THIS INFORMATION. I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT WILL NOT BE FOR ANY FIXED PERIOD OF TIME AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME. I ALSO AUTHORIZE THIS COMPANY TO RELEASE THE INFORMATION CONTAINED HEREIN AND ITS FINDINGS AND WORK HISTORY OF MY EMPLOYMENT TO OTHER FIRMS OR PERSON UPON REQUEST. I ALSO UNDERSTAND AND AGREE THAT I MAY BE EXPECTED TO WORK ON A WIDE VARIETY OF JOB ASSIGNMENTS IN THE GREATER METROPOLITAN AREA AND AGREE TO ACCEPT ASSIGNMENTS FOR WHICH I AM QUALIFIED AS THEY BECOME AVAILABLE. I ALSO UNDERSTAND MY FAILURE TO REPORT TO WESTSIDE PERSONNEL SERVICES OR TO THE JOB ASSIGNMENT I HAVE ACCEPTED WILL INDICATE I HAVE QUIT. I ALSO AGREE TO SUBMIT TO DRUG SCREEN UPON REQUEST OR AS SPECIFIED IN WESTSIDE PERSONNEL SERVICES SUBSTANCE ABUSE POLICY.

SIGNATURE OF APPLICANT \_\_\_\_\_

## WORK HISTORY - LIST CURRENT OR MOST RECENT

MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	EMPLOYER		CITY, STATE			PHONE
	JOB TITLE		SUPERVISOR'S NAME			
	START DATE	PAY RATE	END DATE	PAY RATE	REASON FOR LEAVING	
	EMPLOYER		CITY, STATE			PHONE
MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	JOB TITLE		SUPERVISOR'S NAME			
	START DATE	PAY RATE	END DATE	PAY RATE	REASON FOR LEAVING	
	EMPLOYER		CITY, STATE			PHONE
	JOB TITLE		SUPERVISOR'S NAME			
MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	START DATE	PAY RATE	END DATE	PAY RATE	REASON FOR LEAVING	
	EMPLOYER		CITY, STATE			PHONE
	JOB TITLE		SUPERVISOR'S NAME			
	START DATE	PAY RATE	END DATE	PAY RATE	REASON FOR LEAVING	

\*\*\* FOR OFFICE USE ONLY \*\*\*

## CHECK SKILLS AND LENGTH OF EXPERIENCE. (MONTHS - YEARS)

INDUSTRIAL SKILLS		MACHINE SKILLS		BENCHWORK SKILLS		STRUCTURAL SKILLS		OTHER SKILLS	
SKILL	YRS.	SKILL	YRS.	SKILL	YRS.	SKILL	YRS.	SKILL	YRS.
ASSEMBLY LINE		CNC/NC MACHINIST (Requiring set-up exp.)		CARPENTER		FOOD HANDLING		ELECTRONIC ASSEMBLER	
BINDERY		MACHINE OPERATOR (Does not require set-up exp.)		PAINTER		FOREMAN/SUPERVISOR		POWER HAND TOOLS	
FORKLIFT (Specify Type)		MACHINIST (Requires set-up exp.)		TRADESMAN HELPER		JANITORIAL		SEMI-CONDUCTOR ASSEMBLER	
Q.C. INSPECTION		MILLWRIGHT		WELDER (Specify types)		LANDSCAPING		SOLDERING/WIRING	
INVENTORY		OFFSET PRESS OPERATOR		ADDITIONAL SKILLS		MECHANIC		ADDITIONAL SKILLS	
MATERIAL HANDLING		PATTERN MAKER		LAMINATOR		DRIVER HELPER			
STOCK CLERK		SHEET METAL FABRICATOR		CABINET MAKER		ADDITIONAL SKILLS			
STOCK PICKING/PACKING		TOOL AND DIE MAKER		SEWING MACHINE					
TRUCK DRIVER		INJECTION MOLDER		SERGER MACHINE					

ADDITIONAL SKILLS \_\_\_\_\_

ARE YOU FORKLIFT CERTIFIED? YES  NO

CAN YOU USE A MICROMETER? YES  NO

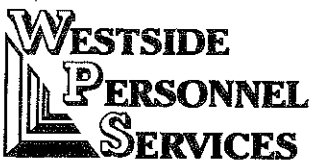
DO YOU HAVE SHIPPING AND RECEIVING EXPERIENCE?  YES  NO

CAN YOU TELL THE DIFFERENCE BETWEEN COLORS AND SHADES?  YES  NO    DO YOU KNOW METRIC SCALE?  YES  NO  
 CAN YOU USE A CALIPER?  YES  NO    CAN YOU READ INDUSTRIAL BLUEPRINTS?  YES  NO

<p><b>SECRETARIAL</b></p> <input type="checkbox"/> Loan Secy _____ <input type="checkbox"/> Legal Secy _____ <input type="checkbox"/> Medical Secy _____ <input type="checkbox"/> Shorthand _____ <input type="checkbox"/> Dictaphone _____ <input type="checkbox"/> Stenotype _____ <input type="checkbox"/> Minutes _____ <p><b>WORD PROCESSING</b></p> <input type="checkbox"/> IBM Memory # _____ <input type="checkbox"/> DISPLAYWRITE IV _____ <input type="checkbox"/> Xerox 860 _____ <input type="checkbox"/> Word Star _____ <input type="checkbox"/> IBM PC _____ <input type="checkbox"/> LOTUS _____ <input type="checkbox"/> MULTIMATE _____ <input type="checkbox"/> Microsoft Word _____ <input type="checkbox"/> Excel _____ <input type="checkbox"/> Peachtree _____ <input type="checkbox"/> Works _____ <input type="checkbox"/> Microsoft Programs _____ <input type="checkbox"/> Power Point _____ <input type="checkbox"/> Works _____ <input type="checkbox"/> Quicken _____ <input type="checkbox"/> Mac Experience _____ <input type="checkbox"/> Microsoft Outlook _____	<p><b>ELECTRONIC TYPEWRITER</b></p> <p style="text-align: center;"><b>MACHINES</b></p> <input type="checkbox"/> 10 Key Add Machine Sight or Touch _____ <input type="checkbox"/> Comptometer _____ <input type="checkbox"/> Mail Machine _____ <input type="checkbox"/> Blue Print Machine _____ <input type="checkbox"/> Billing Machine _____ <input type="checkbox"/> Copy Machine _____ <input type="checkbox"/> Proof Machine _____ <input type="checkbox"/> Microfilm _____ <input type="checkbox"/> Telex _____ <input type="checkbox"/> Type/Model _____ Send _____ Recv. _____ Int'l _____ Dom _____ <input type="checkbox"/> CRT _____ <input type="checkbox"/> Type/Model _____ <input type="checkbox"/> Key Punch _____ <input type="checkbox"/> Other _____ <p style="text-align: center;"><b>MATERIALS TYPED</b></p> <input type="checkbox"/> Statistical _____ <input type="checkbox"/> Specification _____ <input type="checkbox"/> Billings _____ <input type="checkbox"/> Ins Policies _____ <input type="checkbox"/> Financial Reports _____ <input type="checkbox"/> Correspondence _____ <input type="checkbox"/> Tax Return _____ <input type="checkbox"/> Purchase Orders _____ <input type="checkbox"/> Invoices _____ <input type="checkbox"/> Stock Transfer _____ <input type="checkbox"/> W2 _____	<p><b>CLERICAL</b></p> <input type="checkbox"/> File Clerk _____ <input type="checkbox"/> Alpha <input type="checkbox"/> Numeric _____ <input type="checkbox"/> Mailing, Stuffing, Folding _____ <input type="checkbox"/> Cashier _____ <input type="checkbox"/> Proofreading _____ <input type="checkbox"/> Collate _____ <input type="checkbox"/> Coding _____ <input type="checkbox"/> Statistical _____ <p style="text-align: center;"><b>TELEPHONE EQUIPMENT</b></p> <input type="checkbox"/> Console _____ <input type="checkbox"/> Call Director _____ <input type="checkbox"/> Paging System _____ <input type="checkbox"/> Roim _____ <input type="checkbox"/> Centrex _____ <input type="checkbox"/> Comkey _____ <input type="checkbox"/> Dimension _____ <input type="checkbox"/> Horizon _____ <input type="checkbox"/> Centel _____ <input type="checkbox"/> Relief Only _____ <input type="checkbox"/> How many incoming lines? _____ <p style="text-align: center;"><b>BUSINESS BACKGROUND</b></p> <input type="checkbox"/> Legal _____ <input type="checkbox"/> 1-Person Office _____ <input type="checkbox"/> Medical _____ <input type="checkbox"/> Stk. Broker _____ <input type="checkbox"/> Engineering _____ <input type="checkbox"/> Warehousing _____ <input type="checkbox"/> Mktg. _____ <input type="checkbox"/> Transportation _____ <input type="checkbox"/> Architecture _____ <input type="checkbox"/> Accounting _____ <input type="checkbox"/> Banking _____ <input type="checkbox"/> Personnel _____	<p><b>BOOKKEEPING</b></p> <input type="checkbox"/> Accounting _____ <input type="checkbox"/> F.C. Bkpr _____ <input type="checkbox"/> Gen. Ledger _____ <input type="checkbox"/> Accts. Rec. _____ <input type="checkbox"/> Accts. Pay. _____ <input type="checkbox"/> Trial Bal. _____ <input type="checkbox"/> Reconcil _____ <input type="checkbox"/> Age Accounts _____ <input type="checkbox"/> Deposits _____ <input type="checkbox"/> Payroll _____ <input type="checkbox"/> Tax Returns _____ <input type="checkbox"/> Profit-Loss _____ <input type="checkbox"/> Posting _____ <input type="checkbox"/> Fig. Clk. _____ <input type="checkbox"/> Inventory _____ <p style="text-align: center;"><b>MISCELLANEOUS</b></p> <input type="checkbox"/> Modeling _____ <input type="checkbox"/> Teller _____ <input type="checkbox"/> Factory _____ <input type="checkbox"/> Inventory _____ <input type="checkbox"/> Phone Sale or Survey _____ <input type="checkbox"/> Demo _____ <input type="checkbox"/> Sales _____ <input type="checkbox"/> Warehouse _____ <input type="checkbox"/> Customer Service _____
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Additional Skills \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  
 FRIEND / RELATIVE     PAPER     OTHER



## SUBSTANCE ABUSE POLICY

It is the intent of Westside Personnel Services to provide a drug-free environment for our clients and employees. With this goal and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Westside Personnel Services:

Westside Personnel Services explicitly prohibits the use, possession, being under the influence of, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises or while performing an assignment.

Any employee under the influence of legal or illegal drugs or alcohol off company or customer premises that adversely affects the employee's work performance, his or her own or other's safety at the workplace, or the employer's reputation may be terminated from employment.

Westside Personnel Services may require applicants and/or employees to undergo drug testing under the following circumstances:

**Pre-Employment:** As may be required by client.

**Reasonable Suspicion:** Employees may be subject to a drug and alcohol test based on a reasonable belief that the employee is using or has recently abused alcohol or drugs. The employee's conduct, including but not limited to the following, may form the basis for reasonable suspicion testing: evidence of drugs or drug paraphernalia, fighting or belligerent behavior, negative performance patterns, excessive or suspiciously patterned absences or tardiness, and/or physical symptoms including but not limited to red or glassy eyes, odor of marijuana, dilated pupils, etc.

**Post-Accident:** Employees may be subject to a drug and alcohol test based on their involvement in, or cause of, a reportable accident or incident which causes or could have caused personal injury or the damage of equipment or property.

Employees of Westside Personnel Services who refuse to submit to drug testing, test positive, tamper with procedures and/or protocols, or admit to substance abuse will be subject to termination of employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_



Main Office: 48 Fenton Plaza
Fenton, MO 63026
(636) 349-9378
Fax (636) 349-9030

140 W. St. Louis St.
Pacific, MO 63069
(636) 271-7322
Fax (636) 271-2742

AUTHORIZATION AND RELEASE

I hereby authorize Westside Personnel Services and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Westside Personnel Services or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Westside Personnel Services, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Print Name: (First) (Middle) (Last) (Maiden)

Signature: X Date: / /

Current Address Since: (Mo/Yr) (Street) (City) (State/Zip)

Soc. Sec. Number: - - Date of Birth: / / (I.D. Purposes Only)

Drivers License Number/State:

Telephone number:

NOTICE TO ALL CALIFORNIA RESIDENTS:

If you would like to receive a copy of your background information obtained by backgroundchecks.com, please indicate by checking the following box. Please send me a copy of my background report:

Signature: Date: / /

California, Minnesota and Oklahoma Residents Only:

If a consumer credit report is ordered, would you like a free copy of the report mailed to your home?

YES NO

Signature: Date: / /



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*Missouri Revised Statutes*

**Chapter 288**  
**Employment Security**  
**Section 288.051**

August 28, 2013

**Temporary employees, defined, deemed to have voluntarily quit employment, when.**

288.051. 1. For the purposes of this section, "temporary help firm" means a firm that hires its own employees and assigns them to clients to support or supplement the client's workforce in work situations such as employee absences, temporary skill shortages, seasonal workloads, and special assignments and projects. "Temporary employee" means an employee assigned to work for the clients of a temporary help firm.

2. A temporary employee of a temporary help firm will be deemed to have voluntarily quit employment if the employee does not contact the temporary help firm for reassignment prior to filing for benefits. Failure to contact the temporary help firm will not be deemed a voluntary quit unless the claimant has been advised of the obligation to contact the firm upon completion of assignments and that unemployment benefits may be denied for failure to do so.

I have read and fully understand the above statute.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Westside Representative Signature

## POLICIES AND PROVISIONS OF WESTSIDE PERSONNEL SERVICES

TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED, PROHIBITS DISCRIMINATION IN HIRING, PROMOTION, DISCHARGE, PAY, FRINGE BENEFITS, JOB TRAINING, CLASSIFICATION, REFERRAL AND OTHER ASPECTS OF EMPLOYMENT, ON THE BASIS OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

THE AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED, PROTECTS QUALIFIED APPLICANTS AND EMPLOYEES WITH DISABILITIES FROM DISCRIMINATION IN HIRING, PROMOTION, DISCHARGE, PAY, JOB TRAINING, FRINGE BENEFITS, CLASSIFICATION, REFERRAL, AND OTHER ASPECTS OF EMPLOYMENT ON THE BASIS OF DISABILITY. THE LAW ALSO REQUIRES THAT COVERED ENTITIES PROVIDE QUALIFIED APPLICANTS AND EMPLOYEES WITH DISABILITIES WITH REASONABLE ACCOMMODATIONS THAT DO NOT IMPOSE UNDUE HARDSHIP.

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967, AS AMENDED, PROTECTS APPLICANTS AND EMPLOYEES 40 YEARS OF AGE OR OLDER FROM DISCRIMINATION ON THE BASIS OF AGE IN HIRING, PROMOTION, DISCHARGE, COMPENSATION, TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT.

IN ADDITION TO SEX DISCRIMINATION PROHIBITED BY TITLE VII OF THE CIVIL RIGHTS ACT (SEE ABOVE), THE EQUAL PAY ACT OF 1963, AS AMENDED, PROHIBITS SEX DISCRIMINATION IN PAYMENT OF WAGES TO WOMEN AND MEN PERFORMING SUBSTANTIALLY EQUAL WORK IN THE SAME ESTABLISHMENT.

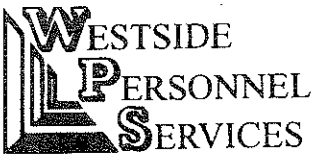
RETALIATION AGAINST A PERSON WHO FILES A CHARGE OF DISCRIMINATION, PARTICIPATES IN AN INVESTIGATION, OR OPPOSES AN UNLAWFUL EMPLOYMENT PRACTICE IS PROHIBITED BY ALL OF THESE FEDERAL LAWS.

HARASSMENT BASED ON RACE, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, AGE, AND/OR DISABILITY IS STRICTLY PROHIBITED AND WILL NOT BE TOLERATED. THIS POLICY INCLUDES HARASSMENT OR IMPROPER CONDUCT AT WORK BY ~~CO-WORKERS~~ OR IN ANY SETTING RELATING TO WESTSIDE PERSONNEL SERVICES EMPLOYMENT, SUCH AS A CUSTOMER'S WORKPLACE.

ALL HARASSING OR IMPROPER CONDUCT IS STRICTLY PROHIBITED INCLUDING, BUT NOT LIMITED TO, SEXUAL ADVANCES, TOUCHING, STARING AT OR COMMENTS ABOUT ANOTHER'S PHYSICAL APPEARANCE, REQUESTS FOR SEXUAL FAVORS OR REPEATED REQUESTS FOR DATES, SEXUAL INNUENDOES, OBSCENE COMMENTS OR JOKES, AND OTHER VERBAL OR PHYSICAL CONDUCT OF A SEXUAL NATURE.

ALSO PROHIBITED ARE DISPARAGING REMARKS, EPITHETS, CARTOONS, GRAFFITI OR OTHER OFFENSIVE CONDUCT BASED ON AN INDIVIDUAL'S RACE, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, AGE AND/OR DISABILITY.

PLEASE CONTACT WESTSIDE PERSONNEL SERVICES IF YOU HAVE ANY CONCERNS OR COMPLAINTS OF ANY HARASSMENT ISSUES.



## GENERAL SAFETY RULES

WESTSIDE PERSONNEL SERVICES HAS DEVELOPED THESE SAFETY RULES PATTERNED AFTER THE FEDERAL OSHA REQUIREMENTS. READ AND BECOME FAMILIAR WITH THESE RULES, AND ALL OTHER SAFETY RULES THAT APPLY TO YOUR JOB.

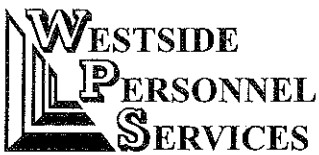
1. REPORT ALL INJURIES, NO MATTER HOW MINOR, TO WESTSIDE PERSONNEL SERVICES AND TO YOUR ON SITE SUPERVISOR IMMEDIATELY.
2. REPORT ANY OBSERVED UNSAFE CONDITION TO WESTSIDE PERSONNEL SERVICES AND TO YOUR ON SITE SUPERVISOR.
3. HORSEPLAY IS PROHIBITED AT ALL TIMES.
4. THE DRINKING OF ALCOHOLIC BEVERAGES IS NOT PERMITTED ON THE JOB. ANY EMPLOYEE DISCOVERED UNDER THE INFLUENCE OF ALCOHOL OR DRUGS WILL NOT BE PERMITTED TO WORK.
5. IF YOU DO NOT HAVE CURRENT FIRST AID TRAINING, DO NOT MOVE OR TREAT AN INJURED PERSON UNLESS THERE IS AN IMMEDIATE PERIL, SUCH AS PROFUSE BLEEDING OR STOPPAGE OF BREATHING.
6. APPROPRIATE CLOTHING AND FOOTWEAR (I.E. WORK BOOTS/STEELTOED BOOTS WHEN REQUIRED) MUST BE WORN ON THE JOB AT ALL TIMES.
7. WHERE THERE EXISTS THE HAZARD OF FALLING OBJECTS, AN APPROVED HARD HAT MUST BE WORN.
8. YOU SHOULD NOT PERFORM ANY TASKS UNLESS YOU ARE TRAINED TO DO SO AND ARE AWARE OF THE HAZARDS ASSOCIATED WITH THAT TASK.
9. YOU MAY BE ASSIGNED CERTAIN PERSONAL PROTECTIVE SAFETY EQUIPMENT. THIS EQUIPMENT SHOULD BE AVAILABLE FOR USE ON THE JOB, BE MAINTAINED IN GOOD CONDITION AND WORN WHEN REQUIRED.
10. LEARN SAFE WORK PRACTICES. WHEN IN DOUBT ABOUT PERFORMING A TASK SAFELY, CONTACT YOUR SUPERVISOR FOR INSTRUCTION AND TRAINING.
11. THE RIDING OF A HOIST HOOK, OR ON OTHER EQUIPMENT NOT DESIGNED FOR SUCH PURPOSES IS PROHIBITED AT ALL TIMES.
12. NEVER REMOVE OR BY-PASS ANY SAFETY DEVICES.
13. DO NOT APPROACH OPERATING MACHINERY FROM THE BLIND SIDE; LET THE OPERATOR SEE YOU.
14. LEARN WHERE FIRE EXTINGUISHER AND FIRST AID KITS ARE LOCATED.
15. MAINTAIN A GENERAL CONDITION OF GOOD HOUSEKEEPING IN ALL WORK AREAS AT ALL TIMES.
16. BE ALERT TO HAZARDS THAT COULD AFFECT YOU AND YOUR FELLOW EMPLOYEES.
17. OBEY SAFETY SIGNS AND TAGS.
18. ALWAYS PERFORM YOUR ASSIGNED TASK IN A SAFE AND PROPER MANNER; DO NOT TAKE SHORTCUTS. THE TAKING OF SHORTCUTS AND THE IGNORING OF ESTABLISHED SAFETY RULES IS A LEADING CAUSE OF EMPLOYEE INJURY.

I CERTIFY THAT I HAVE READ AND UNDERSTAND AND WILL ABIDE BY THE ABOVE SAFETY RULES. FAILURE TO DO SO MAY BE GROUNDS FOR TERMINATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE





## POLICIES AND PROCEDURES CHECKLIST

READ, THEN INITIAL EACH ITEM

1. I AM TELEPHONE ACCESSIBLE AND I HAVE RELIABLE TRANSPORTATION.
2. I UNDERSTAND THAT I AM EXPECTED TO COMPLETE ANY JOB ASSIGNMENT I ACCEPT. IF I DO NOT COMPLETE AND/OR WALK OFF THE ASSIGNMENT THEN WESTSIDE PERSONNEL SERVICES CAN ASSUME I HAVE VOLUNTARILY QUIT. I MAY ALSO ASSUME THAT I WILL BE PAID MINIMUM WAGE FOR THE TIME I WORKED.
3. I UNDERSTAND THAT I AM AN EMPLOYEE OF WESTSIDE PERSONNEL SERVICES AND ONLY I OR WESTSIDE PERSONNEL SERVICES CAN TERMINATE MY EMPLOYMENT. WHEN AN ASSIGNMENT ENDS I MUST REPORT TO WESTSIDE PERSONNEL SERVICES OFFICE THE FOLLOWING DAY AND SIGN IN ON THE AVAILABILITY SHEET. FAILURE TO DO SO OR TO ACCEPT MY NEXT JOB ASSIGNMENT WILL INDICATE THAT I HAVE VOLUNTARILY QUIT AND MAY NOT BE ELIGIBLE FOR UNEMPLOYMENT BENEFITS.
4. WESTSIDE PERSONNEL SERVICES HAS A VERY STRICT "NO DRUG POLICY", AND I HAVE SIGNED A CONSENT FORM TO SUBMIT TO DRUG TESTING. I UNDERSTAND THAT MY FAILURE TO COMPLY WITH THIS AGREEMENT WILL BE GROUNDS FOR IMMEDIATE TERMINATION.
5. YOU WILL BE ADVISED OF THE PAYDAY FOR YOUR INDIVIDUAL ASSIGNMENT AT THE TIME OF PLACEMENT. I UNDERSTAND WESTSIDE PERSONNEL SERVICES WILL NOT RECOGNIZE OR PAY FOR ANY HOURS WORKED BY AN EMPLOYEE IN THE ABSENCE OF AN INDIVIDUAL TIME TICKET SIGNED BY BOTH THE CLIENT AND THE EMPLOYEE.
6. IF FOR SOME UNEXPECTED REASON, (I.E. EMERGENCY OR ILLNESS) I CANNOT MAKE IT TO WORK, I WILL CALL AT LEAST 4 HOURS IN ADVANCE OF MY START TIME. SHOULD I RUN LATE I WILL CONTACT WESTSIDE PERSONNEL SERVICES AS SOON AS POSSIBLE. WESTSIDE PERSONNEL SERVICES PHONES ARE ANSWERED 7 DAYS A WEEK, 24 HOURS A DAY. THESE PROCEDURES MUST BE FOLLOWED SO THAT WE CAN NOTIFY THE CLIENT AND/OR FIND A REPLACEMENT. FAILURE TO DO SO MAY BE GROUNDS FOR DISMISSAL AND/OR INDICATE THAT I HAVE QUIT.
7. IF I SUSTAIN AN INJURY ON THE JOB, I WILL INFORM MY SUPERVISOR AND WESTSIDE PERSONNEL SERVICES IMMEDIATELY. WESTSIDE PERSONNEL SERVICES WILL COORDINATE WITH THE CLIENT AND MYSELF THE PROPER PROCEDURE FOR TREATMENT.
8. I UNDERSTAND AND WILL COMPLY WITH WESTSIDE PERSONNEL SERVICES SAFETY RULES AND REGULATIONS AND HAZARDOUS COMMUNICATION PROGRAM EXPLAINED TO ME IN WESTSIDE PERSONNEL SERVICES ORIENTATION.
9. TRANSPORTATION IS YOUR RESPONSIBILITY. WESTSIDE PERSONNEL SERVICES, AT OUR DISCRETION, MAY PROVIDE AN ADVANCE OF NO MORE THAN \$20.00 A WEEK, OR \$4.00 PER DAY WORKED.
10. TO ASSIST US IN LOCATING AN ASSIGNMENT FOR YOU, IT IS MANDATORY THAT YOU CONTACT THE OFFICE ON A DAILY BASIS TO MAKE YOURSELF AVAILABLE FOR A POSITION. IF WE DO NOT HAVE A CURRENT PHONE NUMBER FOR YOU WE WILL BE UNABLE TO CONTACT YOU FOR AN ASSIGNMENT. ALL EMPLOYEES ARE REQUIRED TO NOTIFY WESTSIDE PERSONNEL OF ANY CHANGE IN PHONE NUMBER AND/OR ADDRESS IMMEDIATELY. FAILURE TO DO SO WILL BE AN INDICATION THAT I HAVE QUIT.
11. ALL WESTSIDE PERSONNEL SERVICES EMPLOYEES ARE PROHIBITED TO WORK MORE THAN 3 FEET OFF THE GROUND. (I.E. LADDERS AND STEP STOOLS)



- \_\_\_ 12. THEFT, FALSIFYING INFORMATION, FIGHTING AND DISORDERLY CONDUCT, UNEXCUSED OR EXCESSIVE ABSENTEEISM AND ABUSIVE LANGUAGE ARE ALL GROUNDS FOR IMMEDIATE TERMINATION.
- \_\_\_ 13. ANY ATTEMPTS TO FILE FOR UNEMPLOYMENT BENEFITS WITHOUT FOLLOWING ALL OF WESTSIDE PERSONNEL SERVICES POLICIES AND PROCEDURES WILL RESULT IN THE CLAIM BEING PROTESTED.
- \_\_\_ 14. ANYONE FOUND FILING A FALSE WORKMANS COMPENSATION CLAIM WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.
- \_\_\_ 15. I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS REGARDING WESTSIDE PERSONNEL SERVICES POLICIES AND PROCEDURES AND AGREE TO THE SAME. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE POLICIES AND PROCEDURES COULD LEAD TO MY TERMINATION.
- \_\_\_ 16. ALL EMPLOYEES ARE REQUIRED TO NOTIFY WESTSIDE OF ANY CHANGE IN PHONE NUMBER AND/OR ADDRESS WHEN THAT OCCURS. FAILURE TO DO SO WILL BE AN INDICATION THAT I HAVE QUIT.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

## EMPLOYEE CALL IN NUMBERS:

**FENTON 636-349-9040**

**PACIFIC 636-271-7322**

### ALL WESTSIDE PERSONNEL EMPLOYEES

**Healthcare Insurance:** You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# MATH PROFICIENCY TEST

NAME \_\_\_\_\_ SCORE \_\_\_\_\_

$$\begin{array}{r} 33 \\ \times 6 \\ \hline \end{array}$$

$$\begin{array}{r} 1215 \\ -793 \\ \hline \end{array}$$

$$\begin{array}{r} 983 \\ +729 \\ \hline \end{array}$$

$$15 \overline{)94.50}$$

$$\begin{array}{r} 79 \\ \times 15 \\ \hline \end{array}$$

$$4 \overline{)96}$$

$$\begin{array}{r} 492 \\ \times 2 \\ \hline \end{array}$$

$$\begin{array}{r} 42 \\ 20 \\ +92 \\ \hline \end{array}$$

$$6 \overline{)678}$$

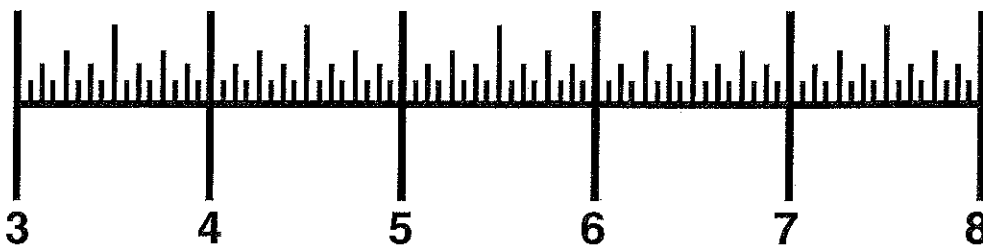
$$\begin{array}{r} 658 \\ -107 \\ \hline \end{array}$$

In the following questions solve the addition below and reduce to the lowest fraction:

1.  $1/3 + 1/3 =$  \_\_\_\_\_
2.  $3/8 + 3/8 =$  \_\_\_\_\_
3.  $1/4 + 1/8 =$  \_\_\_\_\_
4.  $1/2 + 1/8 =$  \_\_\_\_\_
5.  $3/16 + 3/16 =$  \_\_\_\_\_

Match the following fractions to their decimal equivalents:

- |                  |         |
|------------------|---------|
| 1. $1/8 =$ _____ | A. .625 |
| 2. $1/4 =$ _____ | B. .750 |
| 3. $3/8 =$ _____ | C. .125 |
| 4. $5/8 =$ _____ | D. .375 |
| 5. $3/4 =$ _____ | E. .250 |



Put a mark at  $4 \frac{5}{16}$   
 Put a mark at  $3 \frac{7}{8}$

# Form W-4

**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 2016 expires February 16, 2017. 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 cannot claim exemption from withholding if your 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 do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not 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 2016. 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 are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<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 \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 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> _____	<b>H</b> _____

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			5
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption.				
• 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 . . . . . ► 7				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►				Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)



MISSOURI DEPARTMENT OF REVENUE  
 DIVISION OF TAXATION AND COLLECTION  
**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

**MO W-4**  
 (REV. 11-2002)

This certificate is for income tax withholding and child support enforcement purposes only.  
**PLEASE TYPE OR PRINT.**

FULL NAME		SOCIAL SECURITY NUMBER		FILING STATUS	
				<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD	
HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)			CITY OR TOWN, STATE AND ZIP CODE		

1. <b>ALLOWANCE FOR YOURSELF:</b> Enter 1 for yourself if your filing status is single <b>OR</b> married. Enter 4 for yourself if your filing status is Head of Household. ....	1	
2. <b>ALLOWANCE FOR YOUR SPOUSE:</b> Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter 0. If NO, enter 1 for your spouse .....	2	
3. <b>ALLOWANCE FOR DEPENDENTS:</b> Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4. ....	3	
4. <b>ADDITIONAL ALLOWANCES:</b> You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim. ....	4	
5. <b>TOTAL NUMBER OF ALLOWANCES YOU ARE CLAIMING:</b> Add Lines 1 through 4 and enter total here. ....	5	
6. <b>ADDITIONAL WITHHOLDING:</b> If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here. ....	6	\$
7. <b>EXEMPT STATUS:</b> If you had a right to a refund of <b>ALL</b> of your Missouri income tax withheld last year because you had <b>NO</b> tax liability and this year you expect a refund of <b>ALL</b> Missouri income tax withheld because you expect to have <b>NO</b> tax liability, write "EXEMPT" on Line 7. ....	7	

EMPLOYEE'S SIGNATURE	DATE

EMPLOYER'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
<b>ADAM TAYLOR ENT., INC.</b>	<b>43-1654745</b>

EMPLOYER'S ADDRESS	MISSOURI TAX IDENTIFICATION NUMBER
<b>#48 FENTON PLAZA FENTON, MO. 63026</b>	

**NOTICE TO EMPLOYER: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the: Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 522-1721.**





MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
AUTHORIZATION TO RELEASE INFORMATION

NOTE: Section 287.380 (3) RSMo prohibits the Division from releasing information reported to the Division by an employer or insurer.

EMPLOYER: You must sign and date the statement below or this form will be returned to you.

I hereby certify the information being sought by this request is being made on an applicant for employment only after a conditional job offer has been made, or on a current employee for a purpose which is job-related and consistent with business necessity.

Date (must be completed)

Employer's Signature

Title of Person Authorized by the Employer to Sign

To be completed by EMPLOYER: (Black ink only or 10 point font or greater)

Employer's Full Name: ADAM TAYLOR ENTERPRISES dba WESTSIDE PERSONNEL
Employer's Street Address: 48 FENTON PLAZA
Employer's City, State, ZIP Code: FENTON, MO 63026

Employer's FEIN

4 3 - 1 6 5 4 7 4 5

EMPLOYEE: For you to release this information with this form, you must be an employee or have received an offer of employment.

I hereby voluntarily authorize the Missouri Division of Workers' Compensation to release information to the above referenced employer. The information to be released shall only include information generated by computer search and shall not include any copies of documents which may be in the Division's possession.

Date

Employee's Signature

To be completed by EMPLOYEE: (Black ink only or 10 point font or greater)

Employee's Full Name
Employee's Street Address
Employee's City, State, ZIP Code

Employee's Social Security Number

[ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

State of \_\_\_\_\_, County (and/or City) of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, \_\_\_\_\_ (name of notary), a Notary Public in and for said state, personally appeared \_\_\_\_\_ (name of individual), known to me to be the person who executed the within Authorization to Release Information and acknowledged to me that \_\_\_\_\_ (he/she) executed the same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my Notarial Seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires: \_\_\_\_\_

(Signature of Notary)

Affix Notarial Stamp:



**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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space  </div>	

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

