

Employee Data Sheet

emergent^{HR}

- New Hire
- Rehire
- Change Request

Effective: _____

Employee Section

Client#	Client Name	Division #	Department #
Employee #	Social Security #	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Date of Birth	Email Address	
Drivers License Number & State	Emergency Contact – Name & Phone Number		
Federal Withholding	Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married; withhold at Single rate		W-4 Exemptions _____ Additional Withholding \$ _____
State Withholding	Number of Exemptions _____		Number of Dependents _____ Additional Withholding \$ _____

Ethnic Code (For EEOC Reporting Purposes Only)

- Asian
- Black (not of Hispanic origin)
- Hispanic (regardless of race)
- White (not of Hispanic origin)
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander

FOR STOP DEDUCTIONS ONLY: I hereby authorize you to stop deductions as follows:

Amount: \$ _____ for _____ effective date: _____

Employee Authorization: I hereby authorize my employer, their agents and successors to make certain deductions from my paycheck for elective deductions as indicated by a dollar amount below; or debts incurred for property damage, theft, payroll overages or other such situations which may occur in the future. I understand these deductions will continue until written notice is received from me requesting to stop the deduction or the amount owed by me has been satisfied. In the event of my separation, I agree to have the balance of all outstanding deductions to be withheld from my final paycheck. If my final paycheck is not sufficient to cover the balance due, I will pay the remaining amounts within thirty days of my last check date or other terms mutually agreed upon between me and my worksite employer. I authorize Emergent HR to send my final paycheck to my last known home address via First Class mail.



Employee Signature _____

Date _____

Worksite Employer Section

Job Title	W/C Code	Work State
Work Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp. Full-time <input type="checkbox"/> Temp. Part-time <input type="checkbox"/> Other	
Pay Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	
Pay Type	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Other	
Emergent HR Hire Date	Original Hire Date	Pay Rate (Per Pay Period)
Payroll Change	Effective Date	Old Wage
EEO Class	<input type="checkbox"/> 1-Officials & Managers <input type="checkbox"/> 2-Professionals <input type="checkbox"/> 3-Technicians <input type="checkbox"/> 4-Sales Workers <input type="checkbox"/> 5-Office & Clerical <input type="checkbox"/> 6-Craft Workers <input type="checkbox"/> 7-Operatives <input type="checkbox"/> 8-Laborers <input type="checkbox"/> 9-Service Workers	

Brief Description of Duties: _____

Deduction Per Pay Period	Medical	Dental	Life	401k	401k Loan (include balance)
Advance	Tools	Phone	Uniforms	Other	Loan (include balance)



Signature of Authorized Person _____

Date _____

New employee enrollment cannot be completed without a W-4 form, I-9 form and copies of documents establishing eligibility to work in the United States.



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin.

PLEASE READ BEFORE COMPLETING THIS APPLICATION

Thank you for applying for a job with Emergent HR, an off-site human resources company that assigns workers to a variety of different clients in different industries and locations. By completing this application, you help us to determine whether there is a basis for a working relationship between you and Emergent HR. Please understand that our acceptance of this application does not create any obligation on our part to hire you nor on your part to work for us. Also, please be aware that your signature on this document has certain legal consequences. We suggest that you read the "Applicant's Acknowledgment" at the end of this application before you proceed further so that you are fully aware of what we expect of applicants and employees. **PLEASE ANSWER EVERY QUESTION THOROUGHLY AND TRUTHFULLY, USING INK.**

Applicant's Name (First - Middle - Last)	Social Security Number	Driver's License Number	State
Address Number-Street-City-State-Zip	Phone Numbers	Day	Evening
Position Applied For	Salary Requirements	Date Available for Work	In Case of an Emergency, Please Notify: (List Name(s) and Phone Number(s))

List Previous Addresses if Address Changed During the Past 5 Years

Have you been employed by our organization before? Yes No If yes, when and where? _____

Are you 18 years of age or older? We may require proof of age. Yes No

Are you eligible to work in the United States? Proof of Eligibility required. Yes No

Have you ever been given deferred adjudication, or been convicted of a felony or misdemeanor? Yes No If yes, explain _____

Are you now a member of the National Guard/U.S. Armed Forces Reserves? Yes No

Have you ever been on active U.S. Military Duty? Yes No If yes, state branch and dates of service _____

Job Skills (List experience) _____

UNEMPLOYMENT RECORD Account for all periods of unemployment of 2 weeks duration or more since you left school to present time. Please include the month and year, and state what you were doing. Example: From 6-06 to 8-06 Relocated from another state, searching for job.

THIS SECTION IS REQUIRED IF AS AN EMPLOYEE, YOU WILL DRIVE A VEHICLE(S) FOR COMPANY BUSINESS

Auto Liability Expiration Date (Attach copy of Proof of Auto Liability)	Drivers License # (Attach Copy of Driver's License)	State	Type of License	Expiration Date	Restrictions
LIST ALL ACCIDENTS AND/OR TRAFFIC VIOLATIONS IN PAST THREE (3) YEARS.					
Date	Description of Accident/Violation	Has your Driver's License ever been suspended or revoked?	() Yes () No	If yes, explain below:	

EMPLOYMENT HISTORY Starting with Present or Most Recent, list all previous employers for the past 7 years. List only employers within the United States. Include self-employment, summer and part-time jobs, as well as military service. **(Use back for additional space)**

Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting Salary	Ending Salary
Major Duties _____			
Dates Employed _____ To _____ Reason for Leaving _____			
Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting Salary	Ending Salary
Major Duties _____			
Dates Employed _____ To _____ Reason for Leaving _____			

APPLICANT ACKNOWLEDGMENT OF TERMS & CONDITIONS OF APPLICATION AND/OR EMPLOYMENT

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK AN EMERGENT HR REPRESENTATIVE BEFORE YOU SIGN THIS APPLICATION.

In exchange for EMERGENT HR's consideration of this employment application:

1. I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract except for the Employment-At-Will and the Dispute Resolution Agreement.
2. I promise that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection and destruction of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely in part, on my statements to you in making your decision whether to hire me.
3. I understand and agree that EMERGENT HR, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.
4. I understand and agree with the fact that EMERGENT HR maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace and employees, and that I may be required to undergo a pre-employment or post-employment examination, consistent with applicable law, including, but not limited to, drug and/or alcohol screening and testing, genetic screening, or paper and pencil tests, designed to ascertain my suitability for employment and/or the jobs for which I am being considered. I also understand and agree that I will be subject to such testing during the course of my employment, and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, EMERGENT HR shall be the sole judge of the acceptability of any test results. I also acknowledge that I have been advised that EMERGENT HR is an Equal Opportunity Employer, that EMERGENT HR does not discriminate against persons who are physically or mentally handicapped, and that EMERGENT HR administers its employment policies in a non-discriminatory manner.
5. I agree to look solely to the Compensation Insurance coverage provided by EMERGENT HR and or Subscriber and its Successors in the event of an injury to me during the course and scope of my employment. I will not seek any compensation benefits from any customer of EMERGENT HR. I agree that any recovery which I might receive as the result of an injury received during the course and scope of my employment will be limited to the extent of EMERGENT HR insurance coverage at the time of my injury. I agree to abide by the terms and conditions of all rules and regulations including EMERGENT HR's vehicle driving and seat belt policies and including without limitation, the requirement that any accident, or any injury, no matter how minor, be immediately reported to supervision.
6. I authorize EMERGENT HR to request and obtain all records regarding any industrial accident / injury or occupational disease involving myself and SUBSCRIBER. This is to include doctor's reports, follow-up reports, nurse's notes, medical bills, test results, etc. A facsimile or photocopy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me.
7. I, the undersigned, do hereby authorize EMERGENT HR to examine any and all criminal records and arrests on file in the counties in the State of Texas or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.
8. I hereby authorize and give full permission to have EMERGENT HR and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for screening test using S.A.M.H.S.A. standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of report of the test. This includes, but not limited to, possible clerical or laboratory error. This policy and authorization has been explained to me in a language I understand and I was told if I have any questions about the test they will be answered. I understand this is a legal binding document which is binding because EMERGENT HR is sending me for the examinations and paying for it.
9. I understand and agree that, if hired, my employment will be at will, and that I or EMERGENT HR can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us. In the event of my separation, I agree to have the balance of all outstanding deductions to be withheld from my final paycheck. If my final paycheck is not sufficient to cover the balance due, I will pay the remaining amounts within thirty days of my last check date or other terms mutually agreed upon between me and EMERGENT HR. I also understand that, if I am hired, EMERGENT HR has an "introductory period" during which I am expected to determine as quickly as possible whether I wish to continue working for EMERGENT HR, just as EMERGENT HR will determine as quickly as possible whether it wants me to continue working for EMERGENT HR. Nothing about this introductory period or its completion changes the fact that, if hired, my employment will be at will. I also understand that no one at EMERGENT HR, or any EMERGENT HR client, has authority to alter any of the terms and conditions of this application or EMERGENT HR's employment policies, except EMERGENT HR's Chairman of the Board, and then only in writing signed by the Chairman of the Board. This statement excludes the Employment-At-Will Policy and the Dispute Resolution Policy. This paragraph means exactly what it says.
10. I specifically authorize EMERGENT HR to investigate my background, including any and all references, available criminal, driving and other judicial records, and my credit record (where applicable to the position for which I am applying, and consistent with applicable law). I understand that EMERGENT HR will notify me if and when a credit record investigation will be performed, and the sources used to obtain such information. I authorize EMERGENT HR to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for EMERGENT HR's consideration of me for employment, and I specifically release and hold EMERGENT HR harmless for any and all liabilities arising out of their investigation of my application for employment. I understand that EMERGENT HR will require a drug screen test whenever an on-the-job accident or injury is reported in accordance with EMERGENT HR policy, and this authorization and consent. My refusal to submit to drug testing will be grounds for termination of my employment, or withdrawal of offer of employment..
11. I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while EMERGENT HR will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment.
12. I understand if I am not hired within 30 days from the date of this application, I must complete a new application and employment packet. Also, if I terminate employment for longer than 30 days, I must complete a new Employment Packet. I have read and understand everything on this application.
13. The Employee Handbook is provided to me for information and immediate reference. Not only will I be issued my own personal handbook, there will be a copy at my worksite employer's location, and accessible on the web (usastaffing.net). I will read the handbook carefully and completely. Policies included except for the Employment-At-Will Policy and the Dispute Resolution Agreement are subject to unilateral change by the Company from time to time. I acknowledge receipt of the Employee Handbook by signing below. I hereby acknowledge that I have been advised that EMERGENT HR is a Professional Employer Organization. I further acknowledge that EMERGENT HR has entered into a staffing arrangement with my worksite employer. I also certify that I have had, or will have, an opportunity to read and become familiar with the terms of the Employee Handbook before beginning work for EMERGENT HR and my worksite employer. I agree to abide by the terms and conditions of both EMERGENT HR and my worksite employer, as pertain to policies as summarized in the handbook. I understand and agree that EMERGENT HR and my worksite employer reserve the right to change the terms and conditions of policies except for the Employment-At-Will Policy and the Dispute Resolution Agreement and my employment without notice to me, and that in all cases, the prevailing version of an employment policy shall govern if in conflict with the employee handbook.
14. I agree that a facsimile copy of my signature is acceptable as original documentation for the facilitation of employee maintenance by Emergent HR, Inc. including but not limited to this application, Employee Data Sheet and the W-4 form.

Release/Acceptance/Authorization: *See Payroll Deduction Authorization in Item 9 above. This Company settles disputes by mediation and final, binding arbitration. See the Dispute Resolution Policy in your Employee Handbook. **Upon separation from your worksite employer, you must call our Human Resources Department (888-595-8968) within 24 hours. Failure to do so may result in denial of unemployment benefits to which you may otherwise be entitled.**



APPLICANT NAME (PRINT)

APPLICANT SIGNATURE

DATE

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor.
2. I must go to my treating doctor for all health care for my injury, except for emergency care. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers if the injury is compensable and medical treatment is related to the work injury or illness.
4. I might have to pay the bill if I get health care, other than emergency care, from someone other than a network doctor **without** network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.



Signature

Date

Name (PRINT)

I live at:

Street Address

Address

City, State, Zip Code

Name of Employer: _____

Name of Network:

Coventry

Network service areas are subject to change. If you are searching for a network provider call 800-256-7823 or 800-355-4434, ext. 2312

Please indicate whether this is the:

Initial Employee Notification: X

Injury Notification (Date of injury) _____/_____/_____

New Employee Acknowledgment List

1. I understand that the Emergent HR Employee Handbook and Safety Guide, along with any supplemental handbook specific to my worksite employer, is accessible on the internet at usastaffing.net. I may request a physical copy of the handbook for myself by calling Emergent HR at **800-256-7823** or **936-756-1980**, and one will be given to me. I also understand that a copy of this handbook is available for my review at my worksite employer.
2. I understand that I am responsible for reading this employee handbook, (especially the items listed below) and abiding by the rules, policies and guidelines set forth. I will be notified of any changes to the handbook and given access to any revisions.
 - Drug Free Workplace Policy
 - Random Drug Test Policy (where applicable)
 - Re-Assignment Policy
 - Workplace Harassment Policy
 - Payroll Deductions
 - Workers Compensation Insurance
 - Company Rules and Regulations
 - Separation Policy
 - Dispute Resolution System
3. I understand that Emergent HR is my employer. My work-site employer has a staff leasing agreement which states that I am being leased out on assignment to my work-site employer.
4. I understand that Emergent HR has the right to require me to contact them within 24 hours of being released from my current work-site employer. If I do not call Emergent HR (800-256-7823 or 936-756-1980) within 24 hours of being separated from my worksite employer, I may be denied unemployment benefits.
5. I understand that voluntary benefits are available to me as described below and that it is my responsibility to enroll within the appropriate timeframes. I may enroll online or by calling 800-256-7823.

Group Health Plan (if applicable) • AHB Limited Medical Plan • Flexible Spending Plan • Flexident Dental Opticare Vision • Colonial Supplemental Insurance • Credit Union • 401(k) Savings Plan (if applicable)

6. ***Yo entiendo que el Manual de Política esta escrito en Ingles. También entiendo que soy responsable de entender el contenido de este manual. Si puedo non leer o comprender esta información, yo solicitaré que la Compañía proporciona a una persona segura interpretar la información para mí. Favor de notar: Su empleo es "at will." Nada en este documento o el Empleado Guía crea un contrato o la garantía de empleo para un cierto plazo de tiempo. Si tiene alguna pregunta, por favor pregúntele a su supervisor.***

I understand the Employee Handbook is written in English. I also understand I am responsible for understanding the contents of this manual. If I am unable to read or understand this information, I will request that the Company provide a reliable person to interpret the information for me.

Note: Your employment with Emergent HR and our client (your worksite employer) is "at will." Nothing in this document or the Employee Handbook creates a contract or guarantee of employment for any length of time.

If you have any questions, please see your supervisor.

Your signature below indicates that you fully understand the above information.

Employee Name (Printed)

Social Security Number



Signature

Date



EMPLOYEE AUTHORIZATION FOR DEDUCTIONS FROM WAGES

In accordance with the Texas Labor Code section 61.018, I authorize Triple Play Staffing, to deduct cost for equipment, uniforms or advances in pay, (loans from the company), that I have failed to return or repay from my final paycheck. By initializing the appropriate line/item I am indicating that I have received or may receive the item(s) in the near future by working for TPS and that I fully understand that the cost of each and authorize deduction from my pay for each as indicated by line.

- _____ Uni Ball Cap at \$8.50 each
_____ Uniform at \$25.00 each
_____ Name Badge \$8.00 each
_____ Personal loan or advance in the amount of _____
or the remaining balance of _____
_____ OSHA Safety training class \$35.00
_____ Safety glasses and earplugs \$ 6.00
_____ Safety glasses at \$8.00
_____ Write Item/amount here _____
_____ Security Card \$10.00
_____ Safety Belt \$25.00
_____ Stop Payment fee in the amount of \$ _____

I fully understand the paydays are on the 15th and 30th of each month. I further understand that if I end my employment with TPS for any reason my employer is authorized to deduct the balance remaining on the above items from my final paycheck if I fail to return them no later than the morning of Wednesday before payday. I also understand that the equipment must be operable and undamaged. I also understand that if my pay is via electronic deposit that this authorization fully applies. If the balance I owe exceeds my pay, my employer(s) can pursue legal actions for collection.

PRINT NAME SIGNATURE
WITNESS DATE



GUIDELINES FOR EMPLOYEES EMPLOYEE WORK AGREEMENT

If _____ (print name) successfully completes TPS's skills assessment program and is accepted for employment, every effort will be made by TPS to make such employment a pleasant and profitable experience.

Upon becoming a "TPS" employee, I agree to the following policy/procedures:

The following guidelines are offered as an indication of the minimum personal standards expected of our Employees.

We ask that you initial next to each item to show that you completely understand its meaning and are willing to abide by its terms.

_____ The Employee must arrive at each event 15 minutes before its scheduled starting time, properly dressed and ready to work. In planning your schedule it is important to remember directions and travel time and the chances of traffic delays and parking problems. ALWAYS call TPS if I am going to have any daily absenteeism or lateness, Remember TPS is my employer. I will discuss any problems or misunderstanding at work with my TPS supervisor only

_____ I do understand that if I walk off/or do not complete an assignment my hourly wage pay automatically defaults to state minimum wage

_____ I also understand that I am not to work for any other staffing agency at any of TPS's clients for a duration of 6 months from the date of last worked for TPS

_____ I agree to have a deduction of \$40.00 deducted from my paycheck for Drug Testing, Background Checks when/where applicable and required by client. You will be notified of this charge prior to hire.

_____ Immediately notify my direct TPS supervisor in the event of any on-the-job only injury

_____ Smoking, eating, chewing gum, or drinking is strictly forbidden while working an event at any time unless your assignment specifically includes an exception to these rules. If you would like to keep a bottle of water with you, it should be out of sight and consumed only while out of sight of customers.

_____ Cellular phones may not be seen and must not be used during an event. You may make calls and check messages only in emergency situations or contact Triple Play Staffing for any reason.

_____ Most State Laws require that if you ever serve or give out liquor, beer or wine that you have your current Liquor License or Permit on you at all times during an event. If for any reason you do not have your license and are sent home you will be charged for the promotion.

_____ Under no circumstances will the Employee write any derogatory comments about Triple Play Staffing on the internet Or Make derogatory comments about TPS. If Employee does so, TPS has the right to seek legal

Action to have comments of any nature removed. If there are costs associated with this action Employee may be liable.

_____ Employees will not contact any Triple Play Staffing client directly or accept from any Triple Play Staffing client a booking for an event or series of events. If you are asked to work an event, tell the client that they should contact Triple Play Staffing directly.

_____ Contact TPS upon completion of my assignment. Failure to notify TPS after my assignment ends constitutes a voluntary quit which may effect my eligibility for unemployment benefits and unemployment compensation

_____ Triple Play Staffing must be notified of a cancellation of any event. Cancellations will be evaluated on an individual basis. Penalties will be deducted from compensation as follows for each violation:

-Tardiness - \$10 for each 30 minutes – this includes your 15 minute prep time

-Cancellation - \$25

-No show - \$75

-Dismissal from client due to improper conduct, etc - \$50

-Walking off an event \$50

-Failure to return a uniform - \$50

-Recaps not received if required by client - \$5 per event

-If you do not complete an assignment that you committed to complete, your hourly rate will go to state minimum wage unless shift pay then it will be reduced to 50% of the rate you should have been paid.

_____ Initial Here that you understand.

_____ Triple Play Staffing provides its Employees with updated standards and procedures. It is the Employees responsibility to have copies of these documents.

_____ Triple Play Staffing always provides its Employees with the Clients product information, but it is the Employee's duty to learn about the product you will represent. If you do not know much about the product please call Triple Play Staffing.

_____ Derogatory language or offensive actions will not be tolerated

_____ Stop Payment fees will be assessed to employee for any check that is lost or stolen once sent from TPS Office. Please understand, TPS is not responsible for the delivery of paychecks through the USPS. We have several means of sending payment other than mail. You agree that you will be responsible for any checks sent via mail.

_____ I understand that if employed, that in consideration of employment, I agree that any and all disputes or controversies arising during the period of my employment, including, but not limited to those resulting from discharge or layoff from employment, shall be submitted to binding arbitration in accordance with the rules of the American Arbitration Association, and that the arbitrator's award if any, shall be binding on both parties, and that judgment upon the award rendered by the Arbitrator(s) may be in any Court having jurisdiction thereof. The expense of the arbitration shall be shared equally among the parties to the arbitration as determined by the arbitrator or arbitrators; provided, that each party shall pay for and bear the cost of his or her own experts, evidence, and legal counsel. Disputes which shall be subject to binding arbitration include but not limited to, any claims of discrimination on the basis of race, sex, religion, national origin, age, disability, whether state or federal, or any cause of action brought under the laws of the State of Texas which laws shall govern all matters in dispute.

I have read and agree to all of the above conditions of employment.

Employee Signature/Date

Witness Signature/Date

This agreement should not be construed as a contract. Employment is terminable at the will of either the employee or the Company, at any time.

Name

Date

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

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

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

Nonresident alien. If you are a nonresident alien, see 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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 ▶ <u> </u>
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)

Form I-9, Employment Eligibility Verification

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

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


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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)


Employee's Signature

Date (month/day/year)

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

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

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

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

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

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

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

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

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

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	Date (month/day/year)
--	-----------------------



DIRECT DEPOSIT AUTHORIZATION

Date: _____ Social Security No. _____ - _____ - _____

Name (Last): _____ First: _____ MI: _____

Client #: _____ Client Name: _____

Complete this section if enrolling or changing financial institution, branch or account or if you are canceling Direct Deposit.

NEW **CHANGE** **CANCELLATION**

You may designate any financial institution or credit union in the U.S. You may have your earnings distributed in multiple checking and/or savings accounts. There will be a pre-note period on all accounts before your Direct Deposit will be in effect.

1. _____ Checking Savings HSA
 Bank Name Amount

_____ Bank ABA Routing Number _____ Bank Account Number

2. _____ Checking Savings HSA
 Bank Name Amount

_____ Bank ABA Routing Number _____ Bank Account Number

3. _____ Checking Savings HSA
 Bank Name Amount

_____ Bank ABA Routing Number _____ Bank Account Number

4. _____ Checking Savings HSA
 Bank Name Amount

_____ Bank ABA Routing Number _____ Bank Account Number

I hereby authorize emergent HR or its subsidiaries to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the accounts I have named above. This agreement is to remain in effect until emergent HR has received written notification from me of its cancellation in such time to afford emergent HR and the Depository named above a reasonable opportunity to act on it. If I change accounts or wish to stop this automatic deposit for any reason, I will notify the emergent HR Payroll Department immediately at 800-256-7823. I understand that if a copy of a void check is not attached that I am responsible for the accuracy of the information provided above and that a delay in the set-up of my direct deposit is possible.

Please Note: Posting times vary depending on your financial institution(s).

Employee Signature: _____ Date: _____

Attach copy of voided check.

Name Address	Date: _____	0001
Pay to the order of _____	\$ _____	
	_____ DOLLARS	
Bank Name		
For _____		
(ABA Routing#):123456789:	(Account#) 00112233445566	(Ck#) 0001

_____ I authorize TPS to put my payment in the US Mail for delivery. I also understand that if for any reason I do not receive my check and a stop payment is necessary, I will be responsible for the stop payment charge of \$35.00. I also acknowledge that if I receive the cancelled check I am to return it to TPS immediately, if for any reason I cash this check I will be responsible to pay back to TPS or whomever cashed check that payment was stopped on.

Please mail the check to the address I have supplied below:

I also agree to supply the following information for payment purposes.

Employee information: Status _____ Dependents _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Social Security _____ DOB _____

Email Address _____ Phone/cell _____

Direct Deposit Information: Must be accompanied by a cancelled check

Bank _____

Account Number _____

Routing Number _____

I agree to the above policy for mailing payments. I also agree that the information being submitted for direct deposit. If direct deposit is returned for unknown account number or bank issues or any other issue related to my account, I will be responsible for payroll fees associated with the direct deposit. THIS FORM MUST BE SIGNED TO GET PAYMENT PROCESSED.

TPS Associate Date

TPS Representative Date