



APPLICATION OF EMPLOYMENT

Programs, services and employment are equally available to everyone.

How were you referred to us:

Date available to start:

Full Name:

Expected Salary:

Address:

City:

State:

Zip:

Main Phone:

Other:

E-mail:

Social Security #:

Are you over the age of 18?

YES

NO

Are you a U.S. Citizen? YES NO

If not, are you legally allowed to work in the U.S.?

YES

NO

Type of Employment Desired

Full Time YES NO

Part Time YES NO

Temporary YES NO

Have you plead 'guilty', 'no contest', or been convicted of a felony in the last 7 years?

YES

NO

If Yes please provide details and dates

Answering 'YES' to these questions does not constitute an automatic refection for employment. Dates, seriousness and nature of violation, rehabilitation and position for will be taken into consideration.

Driver's licence # if Applicable to the Position Applied for:

Please summarize your Special Skills or Qualifications



EMPLOYMENT / EDUCATION HISTORY

<i>Employment Desired</i>		
Position	Are you Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	If So, May we Inquire of your Current Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Ever Applied to this Company Before? YES <input type="checkbox"/> NO <input type="checkbox"/>		

<i>Education History</i>	Name & Location	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

<i>General Information</i>	
Subjects of special study / research work	
Special training	
Special Skills	
US Military or Naval Service	Rank

<i>Former Employees</i> (list below last four employers, starting with the last one first.)				
Date Month & Year	Name/Address/Phone#	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				



PREVIOUS WORK HISTORY WITH TEMPORARY AGENCIES

Please list any and all temp agencies you have previously been employed with including the name of the company they assigned you to work with and their location and phone numbers

1.

2.

3.

4.

5.

6.

7.

8.



CHECK ALL THAT YOU HAVE EXPERIENCE DOING

ASSEMBLY

- Assembler- Electronics
- Assembler- General
- Assembler - Mechanical
- Blue Prints
- Clean Room
- Color Codes
- Deburrer
- Deilasher
- Die Attach
- Microscope
- Production Assistant
- Production Supervisor
- Prototype Assembler
- Rework Specialist Schematics
- Soldering
- Soldering- Surface Mount
- Soldering- Through
- Hole Soldering- Wire
- Stuffing- Prepping

MACHINE OPERATIONS

- CNC Operator CNC
- Programmer
- Extrusion Machine Operator
- Grinder
- Lathe Operator
- Machine Finish Operator
- Maintenance Mechanic
- Mechanical Repair
- Mill Operator
- Molding Machine Operator
- Press- Drill
- Press - Punch
- Slitter Machine

FORKLIFT/DRIVING

- Forklift- Cherry
- Picker Forklift - Sit Down
- Forklift- Stand Up
- Pallet Jack
- Vehicle Driver

CLERICAL

- Data Entry
- Typing/Word Processing WPM
- 10 Key ___KPM
- MS Office
- Internet
- Multiline Phones / Receptionist

GENERAL LABOR

- Carpenter
- General Labor
- Housekeeping
- Janitor - Custodian
- Landscaper
- Lifting - 1-10 lbs
- Lifting- 20-40 lbs
- Lifting- 50+ lbs
- Loading/unloading
- Mail Clerk
- Packager
- Painter

MAINTENANCE

- Electrician
- Maintenance Assistant
- Maintenance Supervisor
- Plant Manager

QUALITY CONTROL

- Inspector - Production
- Inspector- Quality Assurance
- Inspector- Quality Control
- Inspector- Visual

SHIPPING / RECEIVING

- DHL/ FED EX/ UPS
- Receiving Clerk
- Shipping Clerk

WAREHOUSE

- Binder Assistant
- Coder
- Expiditor- Warehouse
- Inventory - Computerized
- Inventory- Manual
- Material handler
- Order Puller
- Palletizer
- Parts Lister
- Scanner
- Shrink Wrapper
- Stock Clerk
- Storeroom Keeper
- Tagger - Pricer
- Warehouse Foreman
- Warehouse Worker



AEGIS Workforce Solutions AGREEMENT

Aegis Workforce Solutions is your employer. Aegis Workforce Solutions is responsible for payment of your wages for hours worked on Aegis Workforce Solutions assignments. Please read the following conditions of employment.

Attendance and Punctuality. We insist on good attendance and punctuality! If you are offered an assignment that you cannot accept for any reason DO NOT ACCEPT THE ASSIGNMENT!

Upon committing yourself to an assignment the following must be adhered to:

- A) If you cannot complete an assignment, a 24 hour notice must be given.
- B) Any missed days without contacting Aegis Workforce Solutions first will be cause for immediate dismissal.
- C) If you are not able to pick up your check by Friday at 5pm following the week you work, your check will be available in the local office for the next 2 weeks. Please pick up checks ASAP.
- D) When your assignment is ended it is your responsibility to call in your availability. Failure to do so can be considered involuntary quit.

I. Premium Pay Policy. If you do not report to work and do not call your Aegis Workforce Solutions office, you will be putting us in jeopardy of losing our client. If you do not show up and do not call, your pay will be reduced to minimum wage of all hours worked that week that have not been paid. Additionally, if you engage in disruptive or violent behavior, use foul language, or steal from the client whom you are assigned to working for, your assignment will be terminated immediately and your wages cut to minimum wage for that week as well.

I, _____ Have read and agree to the above conditions of employment.
(Print your name)

Employee Signature

Date

Aegis Workforce Solutions Staffing

Date



EMPLOYMENT SAFETY AGREEMENT

All Aegis Workforce Solutions,

Safety at the workplace is an important issue at Aegis Workforce Solutions. We strive to provide a safe environment for you to ensure the highest level of work quality and productivity. With this in mind, when you accept an assignment from this office, you may be issued Personal Protective Equipment (PPE) by us and/or the company where you are placed. This equipment is issued to you for YOUR SAFETY, and we require you to wear it at all times when you are working with NO EXCEPTIONS! Some of your clients require you to wear it at the time you enter their facility, or please be aware if this applies to your assignment. Please adhere to all safety guidelines set forth to you by Aegis Workforce Solutions. If you have any questions about Aegis Workforce Solutions safety guidelines, PPE or creating a safe working environment and how it applies to your specific assignment, please ask your Aegis Workforce Solutions representative at the time you are offered the position.

If you become injured while on an assignment with Aegis Workforce Solutions, there are certain guidelines that must be observed. They are as follows: (1.) Notify your supervisor IMMEDIATELY. (2.) Have your supervisor then contact the Aegis Workforce Solutions office or representative (if after regular office hours) to report the accident and let us know what happened and if you need immediate medical attention. (3.) If immediate medical treatment is needed, you will need to go to one of our Network Caregivers. (In the event that the injury is life threatening, you will be transported to the nearest hospital emergency center.) (4.) Upon arrival at the medical treatment center, let them know that you work for Aegis Workforce Solutions and the injury is work related, (5.) As per this employment agreement, you agree to submit to a Post Accident Drug Test (PADT). (All CDL Drivers must also submit to a Blood Alcohol Test) If you fail, or refuse to submit to a PADT/Blood Alcohol Test, your ability to receive Workers' Compensation benefits will be affected or denied. (6.) If you are treated and release, you must report the Aegis Workforce Solutions office that assigned you as soon as possible, with all treatment documentation. (7.) If you are hospitalized, you or (if you are unable) a family member can contact the Aegis Workforce Solutions office or representative the next business day to inform us. (8.) You must continue with all follow up appointments/ treatment as prescribed by the attending physician, provide follow up care documentation to Aegis Workforce Solutions office, and report for modified duty assignment if you are released to modified duty. Failure to do so will affect your ability to receive Workers' Compensation Benefits. (9.) If you need a specialist, your attending physician will refer you. (10.) You will have to pay the bill if you get health care from someone other than a network doctor without network approval.

Making a false or fraudulent Workers' Compensation Claim is a crime that may result in fines and or imprisonment. Failure to follow these guidelines will result in you PERSONALLY being responsible for all bills generated from your injury. Remember, as an Aegis Workforce Solutions associate on assignment, please conduct yourself in a safe and responsible manner and be conscious of your surroundings to potential safety hazards.

I, _____ Have read and understand the above and agree to follow these guidelines
(Print your name)
as an Aegis Workforce Solutions Associate.

Signature

Date



PRE-EMPLOYMENT DRUG SCREENING/CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

Aegis Workforce Solutions is concerned about your safety and the safety of others in the workplace. To that end, our goal is to provide a safe working environment for everyone. It is mandatory for you to be drug tested and/or have a criminal background check completed before starting work. This is an essential step to safeguard against preventable injuries.

By signing this authorization form, I hereby forever release, discharge, exonerate hold harmless, and indemnify Aegis Workforce Solutions, its affiliates, employees, representatives agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims of libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Aegis Workforce Solutions, and any other claim or cause of action arising out of furnishing, inspection, or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Aegis Workforce Solutions, unless such release is determined to violate the law of the state or federal district where this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I am also aware that Aegis Workforce Solutions is a drug free workplace. As part of my background check investigation, I authorize Aegis Workforce Solutions to conduct a comprehensive drug test for illegal or improper substances and/or a comprehensive background check to determine eligibility for hire. I further acknowledge the submission to and payment for a background check and drug test does not ensure or guarantee an offer of employment or assignment with Aegis Workforce Solutions. There are no refunds of this payment should Aegis Workforce Solutions not find a suitable position for me. I release Aegis Workforce Solutions from any and all liabilities from any decisions made based on the results of the drug test or for any liability arising out of errors or omissions on the test, regardless of the source.

Print Full Name: _____

ss#: _____

Birthdate: _____

Street Address: _____

City/State/Zip: _____

Signature

Aegis Workforce Solutions Rep Signature

Date

Date



AEGIS WORKFORCE SOLUTIONS AGREEMENT

Aegis Workforce Solutions is your employer. Aegis Workforce Solutions is responsible for payment of your wages for hours worked on Aegis Workforce Solutions assignments. Please read the following conditions of employment.

1. Attendance and Punctuality. We insist on good attendance and punctuality! If you are offered an assignment that you cannot accept for any reason DO NOT ACCEPT THE ASSIGNMENT! Upon committing yourself to an assignment the following must be adhered to:

- a) If you cannot complete an assignment a 24 hour notice must be given.
- b) Any missed days without contacting Aegis Workforce Solutions first will be cause for immediate dismissal.
- c) If you are not able to pick up your check by Friday at 4 pm, your check will be held for 2 weeks.

2. Premium Pay Policy. If you do not report to work and do not call your Aegis Workforce Solutions office you put us in jeopardy of losing our client by this behavior. If you do not show up and do not call your pay will be reduced to minimum wage for all hours worked that week that have not been paid.

3. One or more of the following conditions met by an employee constitutes a voluntary quit connected with the work and unemployment benefits may be denied:

- a) Failure to call Aegis Workforce Solutions at each assignments end, regardless of the reason separation with the client, with notification of your availability.
- b) Failure to call three (3) times weekly when not an assignment. Phone number to call for this requirement is: 732-826-9000
- c) Failure to notify Aegis Workforce Solutions with your change of address or phone number.
- d) Refusal or failure to accept a suitable work assignment based upon pay, qualification, or location
- e) Aegis Workforce Solutions receipt of an unemployment claim from you without prior notification of your availability is notice of a voluntary quit.

I have read, received a copy of, and agree to the above conditions of employment.

Employee Signature _____

Date _____

Aegis Workforce Solutions Supervisor _____

Date _____



WORKER'S COMPENSATION

FACTS ABOUT WORKERS' COMPENSATION

The Way It Was: In the early 20th century, a worker injured on the job had to sue his employer to recover medical expenses and lost wages. Lawsuits took months and sometimes years. Juries had to decide who was at fault and how much, if anything, would be paid. In most instances, the worker got nothing, it was costly, time consuming, and often unfair.

The Way It Is: Today Workers' Compensation provides a faster, fairer way to take care of injured workers, where fault does not have to be proven to recover medical expenses and lost wages. This job-injury insurance is paid for by your employer and supervised by the state. If you cannot work due to a job-related injury or illness, workers' compensation pays your medical bills and provides money to help replace lost wages until you can return to work.

Who is Covered? Almost every associate is protected by workers' compensation. But there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Similar laws cover maritime workers and federal associates. If you have a question about coverage, ask your employer.

What is Covered? An injury or illness is covered if it is due to your job. It can be caused by one event, like a fall, or repeated exposures, such as repetitive motion over time. Everything from first aid type of injuries to serious accidents is covered. Workers' Compensation even covers injuries including psychiatric injuries resulting from workplace crime. (Injuries from voluntary off-duty recreational, social, or athletic activity may not be covered.) Check with your supervisor or the claim administrator listed on the end of this section if you have any questions.

Coverage is automatic and immediate. Protection begins the first minute you are on the job.

What You Have To Do If You Are Injured On The Job: *Immediately notify your site supervisor and your Aegis Workforce Solutions Representative, or the Claim Administrator so you can get medical help right away.*

Drug and Alcohol Screening: Aegis Workforce Solutions will request a drug and/or alcohol screening when an on-the-job injury or illness occurs in accordance with this Handbook and your signed acknowledgement. **Your refusal to consent to such screening may be grounds for termination.**

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying Compensation benefits or payments is guilty of a FELONY.



REMEMBER: You must follow the five steps detailed below in order to have your workers' Compensation claim processed promptly:

1. Report the injury immediately to your job-site supervisor.

2. Call your Aegis Workforce Solutions Representative without delay. He or she will get the necessary accident information from you. Seek the medical attention you need from our Medical Provider Network. Let your supervisor or Aegis Workforce Solutions Representative know if you need assistance getting to professional help.

3. Depending upon the type and nature of the injury you sustain, your job-site supervisor or Aegis Workforce Solutions Representative may either:
 - Suggest first aid treatment at the job-site; or,
 - Refer you to the nearest facility of our Medical Provider Network.

Above all, do not treat yourself! Prompt, professional care is the best investment you're your recovery. In some instances, the physician or medical facility may ask you for information about your injury. Your cooperation is very important in gathering this vital information. Without complete information, the medical provider cannot properly treat you and your injuries.

We will promptly coordinate the remaining claims procedure with our insurance carrier or claims administrator. You may call us with any questions you have about payments or returning to work.

For additional information, please contact: Aegis Workforce Solutions,



WORKERS COMPENSATION FRAUD POLICY

It is the policy of Aegis Workforce Solutions to support the Workers Compensation Laws and System 100%. We are absolute proponents of Workers Compensation for the legitimately injured employee and will do everything in our power to see that any employee of Aegis Workforce Solutions who is injured on the job gets the finest medical treatment available and is made whole and returned to work as quickly as possible. It is also the policy of Aegis Workforce Solutions to prosecute, to the fullest extent of the law, any individual who is found to be committing Workers Compensation fraud or collaborating with individuals in an attempt to defraud the Workers Compensation system. Aegis Workforce Solutions will also cooperate absolutely, to the extent allowable by law, with any agency or individuals seeking information that will aide in the successful prosecution of anyone engaged in Workers Compensation fraud. It is understood by the employee and employer alike, that Workers Compensation Fraud can be punishable by heavy fines and even jail time.

Aegis Workforce Solutions provides all employees who experience an on the job injury or illness with Workers Compensation Insurance Coverage. This insurance applies to all Aegis Workforce Solutions employees regardless of whether you are full time, part time or temporary. Workers Compensation Coverage provides an employee who is injured on the job with payment of related medical expenses and partial salary continuation (as mandated by state law). Aegis Workforce Solutions has a preferred provider network to furnish medical treatment for work-related injuries. Aegis Workforce Solutions has a mandatory Return to Work program for employees who have been released to work by their medical provider to light or restricted duty. The HR Department of Aegis Workforce Solutions, in cooperation with the Branch Managers, coordinates all aspects of the transitional Return to Work Program. Temporary work assignments may be offered when available and tailored to the individual physical capabilities of each injured employee until they are medically stable or have reached Maximum Medical Improvement. An injured employee will only be asked to perform those job functions that their medical provider has determined as safe for the recovery process. It is the responsibility of the injured employee to keep and schedule any physical therapy and follow up Medical Appointments related to the on the Job Injury.

Aegis Workforce Solutions strives to reduce workplace hazards and eliminate on the job injuries by maintaining a safe workplace and encouraging safe workplace practices.

- You are to wear safety equipment, if the assignment requires it. If injury occurs and you were not wearing your safety equipment, your Workers Compensation may be denied.
- Use of drugs or alcohol is a major cause of workplace accidents and injuries. Positive drug/alcohol tests may result in termination of Employment and denial of any benefits.
- Horseplay is prohibited in the workplace. Workers Compensation benefits may be denied for injuries that occur as a result of horseplay.

By signing this document you agree that: You have read and understand Aegis Workforce Solutions Policies regarding Workers Compensation and Return to Work program. You will adhere to all safety policies and procedures.

Employee Signature _____

Date _____



WORKERS COMPENSATION BENEFITS

In order to receive workers compensation benefits, you need to know and to follow the rules and obligations of the workers' compensation system. The rules include:

- Your injury must be proven to have been job related, occurring in the course of your work and because of it.
- You must IMMEDIATELY report any and all injuries that occur while you are at work to your Aegis Workforce Solutions representative.
- Workers Compensation Claimants MUST submit to a 10 panel post-accident drug-screen.
- If you're receiving any type of disability compensation as a result of a workers compensation claim, you must notify the insurer of any and all employment, social security, cash or unemployment compensation (including income-in-kind).
- If you don't report earned income while collecting disability benefits, your benefits could be discontinued.
- Any person who knowingly provides false or misleading information in a claim for workers compensation benefits will be immediately terminated and may be subject to criminal prosecution.
- If you have any questions about your benefits or the above rules, contact Aegis Workforce Solutions Global Safety and Risk Management Team.

CERTIFICATION

I certify that I understand and will comply with the above rules governing workers compensation benefits.

Employee Signature _____

Date _____



RETURN-TO-WORK PROGRAM

Aegis Workforce Solutions supports the practice of bringing injured employees back to work, as soon as they are medically able, to a position in our organization compatible with any physical restrictions they may have. We believe this practice serves the best interests of our employees and organization.

The prompt return of injured employees to positions within their medical restrictions will minimize the impact of work-related injuries. Coming back to work early helps employees remain functional as they recover while providing our organization with the valuable use of employees' talents. It also helps control workers' compensation costs.

If you are injured at work, report the injury to your supervisor immediately—no matter how minor the injury is. Your supervisor will report it to our organization's Global Securities Department within 24 hours. Any questions concerning workers' compensation claims should be directed to this individual.

Current positions may be modified to fit the medical limitations of injured employees by modifying workstations, altering specific tasks or working reduced hours. If this is not possible, temporary transitional jobs may be made available either with your department or through a temporary assignment with another department.

Examples of these transitional jobs or tasks include:



This return-to-work program is an important part of our organization's commitment to manage work-related injuries in a way that's best for our employees and for this organization.

Signature

Title

Date



ACKNOWLEDGEMENT & ACCEPTANCE OF COUNTRYWUDE HR POLICIES

I, _____ acknowledge by my initials and/or signature below that I have been informed I am an employee of Aegis Workforce Solutions. As such, I agree to the following:

(Employee to Initial Each Statement)

_____ I have read, understand and promise to adhere to Aegis Workforce Solutions policies, which include, but are not limited to:

- At-Will Employment
- Direct Deposit & Pay Methods
- Harassment-Free Workplace & Complaint Procedures
- Violence-Free Workplace
- Recreational Activities
- Leaves of Absence
- Safety
- Facts About Workers' Compensation
- Equal Employment Opportunity

_____ I have reasonable access via the Internet to Aegis Workforce Solutions Employee Handbook.

_____ I agree to mandatory drug testing following any workers' compensation injury.

_____ I agree that, if at any time during my employment I am subjected to any kind of discrimination, including discrimination on the basis of race, color, national origin, religion, sex, marital status, age, or disability, or if I am subjected to any type of harassment, including sexual harassment. I will immediately contact Aegis Workforce Solutions Human Resources Director at # in order to obtain assistance in the resolution of such matters.

Employee Signature _____

Date _____

Aegis Workforce Solutions Statement: I certify by my signature that I have covered the above topics during orientation with this new employee.

Aegis Workforce Solutions Representative's Name: _____

Representative Signature

Date



DIRECT DEPOSIT/CASHPAY CARD

AUTHORIZATION FOR DIRECT DEPOSIT/CASHPAY CARD

Initial form Change form

Employee name

Social Security no.

Client name

I ELECT DIRECT DEPOSIT

I understand this may take two or three weeks to commence

I hereby authorize Aegis Workforce Solutions and/or any of its affiliated entities, (hereafter collectively referred to as "Aegis Workforce Solutions") to initiate credit entries and to initiate, if debit entries and adjustments for any incorrect entries to my account at the depository named below. I understand delays may occur in posting to my account. Such delays may be caused by events beyond the control of Aegis Workforce Solutions, including but not limited to: delays in processing, Federal Reserve System, and/or banking changes(i.e. Routing numbers, etc.). **This authority remains in full force until Aegis Workforce Solutions receives written or electronic notification of any changes from me. I acknowledge that for administrative reasons Aegis Workforce Solutions can elect to use this authority or to issue a paper check at Aegis Workforce Solutions sole discretion. Aegis Workforce Solutions must be afforded reasonable time to process any changes.**

Bank name:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount (if not full):
------------	-----------------------------------------------------------------------	-----------------------

Account number: □□□□□□□□□□□□□□□□	ACH routing number: □□□□□□□□□□
-------------------------------------	-----------------------------------

Bank name(Optional):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount (if not full):
----------------------	-----------------------------------------------------------------------	-----------------------

Account number: □□□□□□□□□□□□□□□□	ACH routing number: □□□□□□□□□□
-------------------------------------	-----------------------------------

Signature

Date

A voided check or documentation from your financial Institution must be attached for your request to be processed.

I ELECT CASHPAY (This may take two or three weeks to commence)

Paycard number (Custom ID): □□□□□□□□□□□□□□□□	ACH routing number: □□□□□□□□□□
-------------------------------------------------	-----------------------------------

All other paycard number: □□□□□□□□□□□□□□□□	ACH routing number: □□□□□□□□□□
-----------------------------------------------	-----------------------------------

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize Aegis Workforce Solutions to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after Aegis Workforce Solutions from me terminating my authorization.

* First transaction is fee after each pay day. This allows you to remove all available funds at no cost.

Employee name:	Social Security no.:	Birthdate:
----------------	----------------------	------------

Street address:	City:	State:	Zip Code:
-----------------	-------	--------	-----------

Signature

Date

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
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 _____
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 _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (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 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 \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
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 _____

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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		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.		2017
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. 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		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • 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
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)

Deductions and Adjustments Worksheet

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

- 1 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. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** 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. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** 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.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 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 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST 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 <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>										Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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
----------------------------------------------------	---------------------------	-----------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



ENROLLMENT FORM

REQUIRED EMPLOYEE INFORMATION

PRINT USING BLACK or BLUE INK
(Must Be Filled Out)

Social Security Number _____
 Date of Birth ____/____/____ Sex: M F
 Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Do you or any dependents have Medicare?
 Yes No Yes:
 Medicare health Insurance Claim Number (HICN)

Name of Covered Person(s)

1 _____
 2 _____
 3 _____

REQUIRED DEPENDENT INFORMATION

Name _____
 Social Security Number _____
 Date of Birth ____/____/____ Sex: M F
 Relationship: Spouse Child Domestic

Name _____
 Social Security Number _____
 Date of Birth ____/____/____ Sex: M F
 Relationship: Spouse Child Domestic

Name _____
 Social Security Number _____
 Date of Birth ____/____/____ Sex: M F
 Relationship: Spouse Child Domestic

OPTION 1 - FIXED INDEMNITY PLAN

You **MUST** enroll in the Fixed Indemnity Medical Insurance Plan before adding any additional benefits. Your coverage level for additional benefits will be identical to your fixed medical plan selection.

FIXED INDEMNITY MEDICAL

- \$15.98 Employee Only
- \$26.54 Employee + Child(ren)
- \$30.36 Employee + Spouse
- \$40.44 Employee + Family
- NO** To all Indemnity benefits

DENTAL



- Yes
- No

- \$15.98 Employee Only
- \$26.54 Employee + Child(ren)
- \$30.36 Employee + Spouse
- \$40.44 Employee + Family

VISION



- Yes
- No

- \$15.98 Employee Only
- \$26.54 Employee + Child(ren)
- \$30.36 Employee + Spouse
- \$40.44 Employee + Family

TERM LIFE



- Yes
- No

- \$15.98 Employee Only
- \$26.54 Employee + Child(ren)
- \$30.36 Employee + Spouse
- \$40.44 Employee + Family

TERM LIFE

- Yes
- No

- \$0.60 Employee Only

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York or Rhode Island

OPTION 2 - MEC WELLNESS / PREVENTIVE PLAN

FIXED INDEMNITY MEDICAL

82910200-M-AMA
Monthly Rates

- \$60.00 Employee Only
- \$79.80 Employee + Child(ren)
- \$87.00 Employee + Spouse
- \$105.90 Employee + Family
- NO** to MEC Wellness / Preventive Plan

For Term Life / Accidental Loss of Life, Limb & Sigh, please write in your beneficiary information. Accidental Loss of Life, Limb & Sight is part of the Fixed Indemnity Medical benefit.

Name _____ Relationship _____

I have read the benefit package and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making the benefit selection is a declination of coverage

Name _____ Relationship _____



IDENTIFICATION DOCUMENTS

Please provide scans of the following items:

DRIVERS LICENSE

SECONDARY ID