



## Application For Employment

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

- |                        |                          |                            |                          |
|------------------------|--------------------------|----------------------------|--------------------------|
| 1. Interview Conducted | <input type="checkbox"/> | 4. Application Sent to PEO | <input type="checkbox"/> |
| 2. I-9 Completed       | <input type="checkbox"/> | 5. Lookout Completed (I-9) | <input type="checkbox"/> |
| 3. Application Entered | <input type="checkbox"/> | 6. Direct Deposit          | <input type="checkbox"/> |

Client: \_\_\_\_\_ Start Date: \_\_\_\_\_

Pay: \_\_\_\_\_ Bill: \_\_\_\_\_ WC Code: \_\_\_\_\_ Referred By: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills & Crafts	Highest Pay Rate	Amount of Experience	How Long Ago?
1			
2			
3			
4			
5			

Application Submitted by:  Worker  Client  Other

Official Use Only, Do Not Fill Out.

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(LAST, FIRST, MI)

SS#: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE - MUST BE A FLORIDA ADDRESS)

PHONE NUMBERS: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
(LIST THE BEST 3 PHONE NUMBERS TO REACH YOU FOR A JOB ASSIGNMENT, YOU MUST LIST 3 PHONE NUMBERS)

ARE YOU AT LEAST 18 YEARS OF AGE?  Y  N ARE YOU LAWFULLY ELIGIBLE TO WORK?  Y  N

HOW DID YOU HEAR ABOUT STAFFORCE? \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

IS THIS YOUR 1ST TIME APPLYING AT STAFFORCE?  Y  N DATE AVAILABLE: \_\_\_\_\_

IF YOU ANSWERED NO TO THE ABOVE QUESTION, WHEN & WHERE DID YOU APPLY? \_\_\_\_\_

HOW WILL YOU GET TO AND FROM JOB ASSIGNMENTS? \_\_\_\_\_

**EDUCATION**

	NAME OF SCHOOL CITY AND STATE	YEARS ATTEND	GRADUATED? IF SO, WHEN?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

**GENERAL**

ACTIVITIES/HOBBIES: \_\_\_\_\_

MILITARY SERVICE?  Y  N IF SO, BRANCH? \_\_\_\_\_ YEARS SERVED? \_\_\_\_\_ RESERVES?  Y  N

CITY, STATE, AND COUNTRY OF YOUR PLACE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(CITY) (STATE) (COUNTRY)

HAVE YOU EVER WORKED FOR A TEMPORARY STAFFING AGENCY BEFORE?  Y  N

IF SO, LIST THE AGENCIES, IN JACKSONVILLE, YOU HAVE WORKED FOR: \_\_\_\_\_

**JOB QUALIFICATION WORKSHEET**

A clear and full understanding of your background, work history, expectations, and goals will assist our company in placing you on an assignment that best meets your needs based upon your qualifications and any openings that we may have at this time.  
**IT IS IMPORTANT, WHEN COMPLETING THIS PAGE, TO BE AS COMPLETE AND AS ACCURATE AS POSSIBLE.**

**FORMER EMPLOYMENT**

DATE (MONTH & YEAR)	COMPANY NAME, SUPERVISOR, PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
START				
END				
START				
END				
START				
END				
START				
END				

WHICH OF THE ABOVE JOBS DID YOU ENJOY THE MOST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THAT JOB? \_\_\_\_\_

**REFERENCES**

NAME & PHONE NUMBER	ADDRESS	RELATIONSHIP	YEARS ACQUAINTED
1			
2			
3			

**SKILLS AND CRAFTS**

	HIGHEST PAY RATE EARNED	AMOUNT OF EXPERIENCE	HOW LONG AGO?
1			
2			
3			
4			
5			

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED, HAD ADJUDICATION WITHHELD, OR PLED NO CONTEST TO A CRIME?    Y    N  
 ARE YOU CURRENTLY BEING CHARGED FOR A CRIME NOT YET ADJUDICATED?                        Y    N  
 IF YOU ANSWERED YES TO EITHER ABOVE, DESCRIBE THE CHARGES IN DETAIL BELOW (YOU CAN USE THE BACK SIDE)  
**NOTE: A CRIMINAL OFFENSE WILL NOT NECESSARILY BAR EMPLOYMENT, BUT FAILURE TO DIVULGE WILL  
 BE VIEWED AS A FRAUDULENT APPLICATION AND YOU WILL BE TERMINATED IMMEDIATELY.**

# STAFFORCE Reliability Standard

## **PROBLEM**

The leading complaint about temporary workers by our customers is: LACK OF RELIABILITY!! This problem manifests itself in three ways:

1. A worker accepts an assignment and then, without communicating with the office, does not show to the assignment.
2. A worker starts an assignment and then stops going without communicating with the office.
3. A worker shows to an assignment and then leaves without communicating a reasonable reason to the office.

These circumstances not only reflect negatively on the worker who is guilty, but they damage the creditability and reputation of all our workers and our company as a whole. We spend an enormous amount of our resources and time assuring our customers and prospects that we are extremely proud of our workforce and have confidence in each and every worker. That includes you! By far and large this effort is severely hampered when we have workers who exercise such poor work ethics.

## **POLICY RESOLUTION**

ANY employee who does not return to an assignment that he or she has been working, for any reason, without communicating first with the office, will have their wages, for the hours they worked, reduced to minimum wage (**\$8.05** per hour).

ANY employee who does not go to an assignment after accepting it, without communicating to the office a reasonable excuse in a timely manner, will automatically have their wages reduced to minimum wage (**\$8.05** per hour), for the hours worked that week, or have their compensation reduced by up to \$2.00 per hour for the next 40 hours of work.

ANY employee who leaves a job without first getting permission from his or her supervisor or the permission of STAFFORCE will have their wages reduced to minimum wage (**\$8.05** per hour), for the hours worked that week, or have their compensation reduced up to \$2.00 per hour for the next 40 hours of work.

- The degree of punishment per offense is up to the individual STAFFORCE coordinators who assign the workers to their positions. These coordinators hold the right to suspend any worker, for any amount of time, for any of the above infractions.

## **POLICY OBJECTIVE**

Our objective is to never impose these provisions because our workers will maintain their commitments to our customers, their fellow workers, and STAFFORCE. By signing below, you are expressing your understanding and acceptance of the contents of this statement and you Pledge to abide by our Reliability Standards.

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

## SAFETY AWARENESS POLICY

### EMPLOYEE ACKNOWLEDGEMENT

I acknowledge that I have received a copy of STAFFORCE Inc. safety awareness policy. I have either read or have had the policy read to me, and have been offered the opportunity to have my questions answered by management. I understand how and why these rules and guidelines are important to my personal safety and to the safety of my fellow employees. I agree to follow current and future rules and guidelines of the safety policy. I understand that I may be held responsible for damages to equipment and or property if the damage is caused by an unsafe act on my part. I understand that all injuries, no matter how minor, are to be reported to STAFFORCE Inc. within 24 hours of occurrence and failure to do so may result in a denied claim.

**The following acts will be considered grounds for disciplinary action up to and including immediate dismissal:**

1. Any act of complete disregard of a safety rule or directive.
2. Failure or refusal to wear required safety or protective equipment or clothing.
3. Failure to report an accident or injury involving myself or a fellow worker.
4. Failure to report property or equipment damage or failure.
5. Reporting to work while under the influence of drugs or alcohol, or using drugs or alcohol at work.
6. Removal, defeating, defacing, destroying, or altering a required safety shield, guard or device from a piece of equipment regardless of ownership.

#### Penalties for Safety Violations

- 1<sup>st</sup> Offense:** Verbal warning from management or safety department.  
**2<sup>nd</sup> Offense:** Written warning, placed in employee's personnel record.  
**3<sup>rd</sup> Offense:** Written warning, suspension without pay at management's discretion.  
**4<sup>th</sup> Offense:** Written warning, immediate dismissal.

I agree to uphold these conditions for as long as I am an employee with STAFFORCE Inc.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Management \_\_\_\_\_

# POLICIES AND PROCEDURES CHECKLIST

---

- I understand STAFFORCE takes their responsibility as my employer very seriously and that they have gone to great lengths to provide a safe work environment. If I am injured on the job, STAFFORCE will deal promptly with legitimate claims and they have workers compensation insurance that will pay medical expenses and wages. I also understand that STAFFORCE has extensive experience investigating claims and will fight fraudulent claims with all available resources.
- If I sustain an injury on the job, I will inform the client and STAFFORCE immediately and STAFFORCE will then coordinate with the client and myself the proper procedures for treatment and reporting of the accident.
- STAFFORCE has a strict "Substance Abuse Policy," and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
- I understand and will comply with STAFFORCE's safety rules and regulations and hazardous communication program, explained to me in STAFFORCE's orientation.
- I am telephone accessible and I have reliable transportation.
- I understand that I am an employee of STAFFORCE and only STAFFORCE or I can terminate my employment. When an assignment ends I must report to STAFFORCE for my next job assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.
- I understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify STAFFORCE of my inability to complete the assignment or if I do not report for my assignment, then STAFFORCE may assume that I have voluntarily quit and I will not be eligible for unemployment benefits.
- If for some unexpected reason, such as an emergency or illness, I cannot go to work or I will be late to work, I will contact STAFFORCE immediately.
- I understand STAFFORCE's requirements for receiving information, documenting hours worked, the method of providing this information, and the time frame for me to provide this information. I understand STAFFORCE will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.
- I have read and fully understand the above statements regarding STAFFORCE's policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

## MEDICAL OVERVIEW

---

In order to perform many of the job duties at STAFFORCE, employees are required to perform regular physical activities to include, but not limited to: lifting, pulling, pushing, and climbing. To ensure each employee hired is in top physical shape and able to handle the physical stresses of work, please answer the following questions:

1. Have you ever had a job related accident? Y / N , If you answered Yes, was a workers compensation claim filed? Y / N , If you answered Yes, do you have a doctors release to return to work? Y / N
2. Do you have any physical limitations or current injuries? Y / N , List any: \_\_\_\_\_
3. Are you currently taking any doctor prescribed medications? Y / N , If you answered Yes, please list your current medications: \_\_\_\_\_

# FRONTLINE PRO

effective strategies & customized coverage

## EMPLOYEE INFORMATION (to be completed by employee):

Employee Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ M.I.

Address:

\_\_\_\_\_ Apt #: \_\_\_\_\_

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

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*mm / dd / yyyy*

Drivers License Number: \_\_\_\_\_

DL Expiration Date: \_\_\_\_\_

*mm / dd / yyyy*

State License Held: \_\_\_\_\_

Gender:

Male

Female

Race:

White

African American

Hispanic

Asian/Pacific Islander

American Indian

Emergency Contact:

Primary Contact: \_\_\_\_\_

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

Main Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

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

Main Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

## COMPANY INFORMATION (to be completed by employer):

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

Job Title: \_\_\_\_\_

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

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

*mm / dd / yyyy*

Rate of Pay: \$ \_\_\_\_\_

*Annually or Hourly*

Status: \_\_\_\_\_

*Full Time / Part Time / Contract*

Division: \_\_\_\_\_

WC Code: \_\_\_\_\_

# New Hire Booklet

## FRONTLINE HRO

effective strategies & customized coverage

Client Name: STAFFORCE INC.

Address: 7000 ATLANTIC BLVD

JACKSONVILLE, FL 32211

City

State

Zip

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

Last Name

First Name

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

Employee Email: \_\_\_\_\_

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



# FRONTLINE HRO

effective strategies & customized coverage

## NEW EMPLOYEE CERTIFICATION

I affirm and certify that an offer of employment has been made to me, conditioned on the satisfactory completion of this New Hire Booklet and that all information given herein and in my interview(s) with the Company is true and correct to the best of my knowledge. I pledge to abide by all Company policies, procedures and safety rules.

I understand that if I am hired, my employment with the Company will not be for a specific term and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, Company policy, custom business practice or other procedure (including the Company's Employee Handbook or any personnel manuals) shall constitute and employment contract or modification of the at-will employment relationship between me and the Company.

I acknowledge that as a condition of employment the Company has the right to and may require drug and alcohol testing. The testing will be at the Company's expense. I agree to submit to such testing if asked to do so.

I agree to abide by the direction and supervision of management in regards to the day-to-day operation of my duties, including but not limited to determination of my wages or salary levels, performance evaluations, scheduling, promotions, transfers and benefits.

---

Last Name

First Name

Employee Signature

Date

# FRONTLINE<sup>PRO</sup>

effective strategies & customized coverage

## DRUG-FREE WORKPLACE POLICY SUMMARY

In a commitment to safeguard the health of our employees and to provide a safe working environment, we have established a Drug-Free Workplace Policy for our company. This policy is set up pursuant to the Drug-Free Workplace program requirements under applicable state laws and regulations and Department of Transportation Rule 49 CFR part 40, Procedures for Transportation Workplace Drug Testing. The contents of these drug and alcohol guidelines are presented as statements of the company's current policy and may be changed and updated by the company as required. These guidelines are not intended to create a contract between the company and any employee. Nothing in these guidelines binds the company to a specific or definite period of employment or to any specific policies, procedures, actions, rules, terms or conditions of employment. Details of this policy may be obtained from management.

### Essential Parts of the Policy:

- Observance of this policy is a condition of continued employment.
- This policy prohibits the sale, possession, use, manufacturing, or distribution of drugs, drug paraphernalia or alcohol while working for or on company assigned or owned property, or while operating any vehicle, machinery, or equipment owned or leased by the company.
- It is a violation of this policy to report to work if drugs or alcohol is found to be present in your system at or above the level prescribed by application drug testing rules.
- It is a violation of this policy to report to work, return to work, or to remain at work with the odor of alcohol on your breath, regardless of whether or not you are actually intoxicated.

### Testing of Employees:

- Reasonable Suspicion Testing: Employees may be tested when there is reasonable suspicion that the employee is using or has used drugs while performing their assigned duties.
- Routine fitness-for-duty testing: Employees may be required as a condition of continued employment to be drug tested if the test is conducted as part of a routine or annual fitness-for-duty medical examination.
- Post accident/incident testing: Employees who cause or contribute to an accident may be required to submit to a drug test. Employees, while at work, who sustain injuries requiring medical treatment beyond first aid may be drug tested.
- Follow up testing: Employees who have been determined to have used drugs or alcohol, and are retained by the company will be subject to unannounced follow-up drug tests at least once per year for a period of up to 2 years.
- Additional Testing: Additional testing, including random testing may also be conducted as required by applicable state or federal laws, rules or regulations or as deemed necessary by the company.

### Disciplinary Action:

- The company may suspend employees without pay under this policy pending the results of a drug test or investigation.
- In the case of a first-time violation of this policy, when an employee has a positive drug or alcohol test result, (without evidence of use, sale possession, distribution, dispensation, or purchase of drugs or alcohol on company property or while on duty), the employee will be subject to discipline up to and including discharge.
- Any employee who has a second violation of any part of this policy will be discharged.
- Any employee using, selling, purchasing, distributing, or dispensing drugs or alcohol while on duty or while on company property will be discharged.
- An employee who refuses to submit to drug screening may be denied continued employment.
- An employee who refuses to cooperate with a drug screening post accident will be subject to discipline up to and including discharge.
- An employee injured in a workplace accident who has a confirmed, positive test result maybe be denied eligibility for medical and indemnity benefits as provided by applicable workers' compensation laws.
- An employee who is discharged from duty on the basis of a confirmed positive test will have their claim for unemployment compensation benefits opposed and possibly denied.

# FRONTLINE MRO

effective strategies & customized coverage

## Employee Rights and Responsibilities:

- Each employee will be given an opportunity, both before and after drug use screening, to confidentially report to the assigned Medical Review Officer the use of prescription and/or non-prescription medication that may alter or affect the results of a test.
- Employees have the right, upon written request, to receive a copy of the drug test result.
- Employees have the right to consult the Medical Review Officer (MRO) for technical information regarding prescription and non-prescription medication. Addresses of MRO's may be obtained from management.
- An employee who is using prescription and/or non-prescription medication which may impair the employee's ability to work safely must report this medication use to their supervisor or management before starting any work related activity. This notification will be kept strictly confidential, but failure to notify your supervisor or management may result in disciplinary action.
- All information, interviews, reports, statement memoranda and drug test results, written or otherwise, received by the company as a part of this drug testing program are confidential communications. Unless authorized by state or federal laws, rules or regulations, the company will not release such information without a written consent form signed voluntarily by the person tested.
- Any employee who receives a confirmed positive drug test result has the right to challenge the result.
- An employee who elects to challenge the results of a confirmed positive test result may have the original specimen retested by another qualified laboratory. All re-testing will be at the employee's expense.
- The employee has the responsibility of notifying the drug testing laboratory of any administrative or civil action brought concerning the drug test results. The lab will maintain a sample until the case of administrative appeal is settled.
- An Employee Assistant Plan/Substance Abuse Program list is available and will be provided upon request.
- The company will provide employees with a period of training regarding substance abuse and this Drug-Free Workplace Policy.

## Acknowledgement Signature:

I hereby acknowledge that I have received and read a summary of the company's Drug-Free Workplace Policy. I have had an opportunity to have this material fully explained.

I understand that this substance abuse testing program is established as a safety requirement in accordance with applicable state regulations. The program involves routine testing of urine, hair, blood, or other authorized samples to determine the presence of illegal drugs. These tests may be conducted at anytime by the company or its agent(s) to determine that the employees meet the necessary qualifications for employment and continued employment. I also understand that the Drug-Free Workplace policy and related documents are not intended to constitute a contract between the company and myself.

My signature below indicates that I have read, understood, authorize and consent to the above statement and any attached addendum and hereby voluntarily participate in the substance abuse testing program.

\_\_\_\_\_  
Employee Name (printed)

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

\_\_\_\_\_  
Date

# FRONTLINE

---

effective strategies & customized coverage

## HARRASSMENT POLICY

### Purpose:

We are committed to maintaining a work environment free of harassment on the basis of race, creed, religion, gender, sex, national origin, age, marital status, sexual preference, or disability. We will not tolerate harassment of personnel by a supervisor, co-worker, vendor, customer or anyone else. Workplace and sexual harassment may violate one or more of the following:

- Title IV of the Civil Rights Act of 1964
- Age Discrimination Employment Act
- Americans with Disabilities Act (ADA)

Any employee who engages in sexual or other unlawful harassment violates this policy and the law and will be disciplined up to and including immediate termination.

### Guidelines:

Harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of their race, color, creed, religion, gender, national origin, age, marital status or disability when it:

1. has the purpose or effect of creating an intimidating, hostile, or offensive working environment
2. has the purpose or effect of unreasonably interfering with an individual's work performance; or
3. otherwise adversely affects an individual's employment opportunities.

Examples of inappropriate and prohibited harassment include, but are not limited to the following:

1. epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to race, color, religion, gender, national origin, age, marital status, sexual preference, or disability; and,
2. written or graphic material that denigrates or shows hostility toward an individual or group because of race, color, religion, gender, national origin, age, marital status, sexual preference, or disability and that is placed on walls, bulletin boards, or elsewhere on the company's premises or circulated in the workplace. This also includes acts that purport to, or are meant to be "jokes," or "pranks" but that are hostile or demeaning, such as hate mail, threats, defaced photographs, or other such conduct.

Sexual advances, request for sexual favors and any other physical, verbal, or visual conduct of sexual nature constitute sexual harassment when:

1. Submission to the conduct is an explicit or implicit term or condition of employment or continued employment;
2. Submission or rejection of the conduct is used as a basis for employment decisions affecting an employee, such as a promotion, demotion or evaluation;
3. The conduct has purpose or effect of reasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive work environment.

Sexual harassment may include, but is not limited to, unwelcome sexual propositions; sexual innuendo, suggestive remarks; vulgar or sexually explicit comments gestures or conduct; sexual oriented kidding, teasing or practical jokes; and physical contact, such as brushing against another's body, pinching or patting. Sexual and workplace harassment may be present when the intended target of conduct is not offended, but others reasonably find the conduct intimidating, hostile or abusive.

# FRONTLINE HRO

effective strategies & customized coverage

All personnel are responsible for helping to assure that the Company is kept free of all forms of harassment. If any person experiences or witnesses workplace harassment they have an affirmative obligation to report such conduct to their supervisor, the Company President or Human Resources. Employees are not expected to report harassment to a person they believe is harassing them. In those situations, report the conduct to the Human Resource Department or Company President.

All harassment complaints will be kept confidential to the extent possible, consistent with the conduct of a full and fair investigation. Personnel violating confidentiality are subject to immediate discipline. Communications will be made to others only on a limited "need to know" basis. There will be no retaliation against any employee for filing complaints of workplace harassment, unless such accusation is shown to be intentionally false.

We are committed to promptly and thoroughly investigating all harassment complaints. If, after a thorough investigation it is determined that harassment has occurred, immediate and appropriate disciplinary action up to discharge will be taken to end the harassment. Appropriate follow-up steps will be taken to ensure the harassment has stopped. In the event an employee is not satisfied with the results of the investigation, the employee may appeal in writing to an upper executive of the company.

## Acknowledgement Signature:

I understand that the Company will not tolerate sexual and other forms of unlawful harassment. I understand that I have the affirmative obligation to report it. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate discharge.

---

Employee Name (printed)

Employee Signature

Date

# FRONTLINE<sup>PRO</sup>

effective strategies & customized coverage

## SAFETY GUIDELINES

These Safety Guidelines are provided for your information and education. They are intended to provide you with basic safety information that will assist you in avoiding injury while performing your daily activities.

### GENERAL SAFETY GUIDELINES

1. It is important that all employees report all work related injuries to their immediate supervisor as soon as possible after they become aware of the injury.
2. Everyone should exercise extreme care and consideration in the performance of their duties to see they do not cause injury to others or create work hazards that could cause injury to others.
3. No one should try to lift or move heavy/bulky objects that could cause injury to the back or other body parts. You are requested to seek assistance.
4. Personal tools, equipment, extension cords, chemicals or electrical heaters should not be brought to work without management authorization.
5. When you become aware of a facility or equipment defect, report it to the facilities manager for proper corrective action. Failure to report faulty conditions may result in injuries.
6. Never attempt to repair electrical equipment or appliances while in service. Tag them out of service and notify proper authority to affect repair.
7. Cabinets can be very dangerous if used improperly. Opening two drawers simultaneously can cause a cabinet to crash to the floor. Whenever possible, cabinets should be bolted together in tandem, secure to the floor or wall.
8. Flammable liquids should always be stored in appropriate, closed containers. Large supplies should be stored in UL-Approved cabinets or other appropriate means described by the Fire Department. Flammable liquids should never be left unattended.
9. Heavy objects should be stored on lower shelves while lighter and less dangerous items can be stored on middle and upper shelves.
10. Bookshelves, storage cabinets and other elevated storage areas should be well secured.
11. Defective furniture, worn carpet, defective chairs, loose handrails or other facility defects which could contribute to an accident should be reported to building services for proper corrective action.
12. Everyone should take time to be educated regarding emergency procedures.

### PROPER LIFTING TECHNIQUES

1. **POSTURE:** Your back and neck have natural curves that should be kept flexible. Good posture maintains those curves and reduces stress on your muscles, ligaments and the shock-absorbing discs between the bones in your spine.
2. **PLAN:** Lift mentally first, planning your route and the place you will put down the load. When the load is heavy or bulky, get help. Ask a co-worker or use equipment to ease the task (e.g., mechanical lift, hand truck, cart, etc.).
3. **LIFTING:** Establish good footing as you approach the object you intend to lift. Bend your knees, not your back and get a good grip. Plan to hold the object close to your body. Tighten your stomach as you lift. Lift smoothly with your legs, not your back.
4. **MOVING:** Stand straight as you move the object. Don't twist your body while lifting; rather, turn your feet. Keep your balance. If you have a problem, ask for help. Be sure of your footing and pathway.

**I HAVE THOROUGHLY READ AND UNDERSTAND THE SAFETY GUIDELINES. I WILL ALWAYS MAINTAIN SAFE WORK PRACTICES AS OUTLINED ABOVE AND WILL IMMEDIATELY REPORT ANY INFACITION TO MY SUPERVISOR.**

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

Signature: \_\_\_\_\_

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

# Form W-4 (2016)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b>	<u>      </u>
<b>H</b>	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.) ▶	<b>H</b>	<u>      </u>

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 <b style="font-size: 2em;">W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>▶ 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  <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>
<b>1</b> Your first name and middle initial <span style="float: right;">Last name</span>		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <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		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> <u>      </u>
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ <u>      </u>
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)
		<b>10</b> Employer identification number (EIN)



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** 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 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 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		E-mail Address			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):

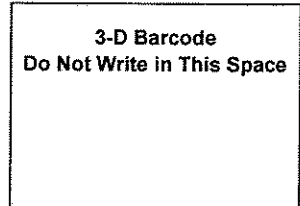
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**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.

Signature of Preparer or Translator:		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**

