

**New Hire Submission and Return Receipt**

**PLEASE SUBMIT FORMS TO:**

**FAX: (941) 739-8386**

**Address: 4912 26<sup>th</sup> St. W. Ste 100, Bradenton FL 34207**

**Notice to Client Company:**

**No person shall be considered an employee of Employers Pay-Care Services, Inc., (Pay-Care) until the “New Hire” forms have been completed in full, signed, and submitted to Pay-Care AND Pay-Care has notified your company by phone, fax or letter that the new hire has been verified and accepted as an employee.**

*Please refer to your Client Service Agreement for greater detail.*

**It is clearly understood that no new hire will be placed in service by you until the new hire applications have been received and approved by Pay-Care.** You also acknowledge that if you **do** place such person into service for your company before receiving the required approval and receipt from Pay-Care, the person **is not** working under Pay-Care’s workers’ compensation coverage and you are totally and completely responsible for all liabilities and/or penalties should any occur.

Co-Employer’s Signature of Acknowledgment: \_\_\_\_\_  
 (MUST be signed before returning/faxing to Pay-Care) Pres./Owner/Representative)

Client Company name: \_\_\_\_\_  
 (Your Business Name)

**New Hire Name:** \_\_\_\_\_

**Representative of Pay-Care will sign and return**

<b>Internal office use:</b>	
Date application received: (Date Stamp)	.....
Employee: Accepted: <input checked="" type="radio"/>	Denied: <input checked="" type="radio"/> Reason: _____
Date Client notified: ____/____/____	Contact person: _____
How notified: by fax# _____	by phone: _____
Authorized by Pay-Care Representative: _____	

## EMPLOYEE ACKNOWLEDGMENT

**To be completed only after offer of employment has been made.**

Office Use Only

Emp. # \_\_\_\_\_

PEO Start \_\_\_\_\_

Loc. #: \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Initial Last Month Day Year

**Home Address:** \_\_\_\_\_ **Gender:**  M  F (circle one)

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Home Phone #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_  
(if different from above)

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

***Note: Before 1<sup>st</sup> paycheck issued, I-9 must be verified and signed by you & employer***  
**EMPLOYER – PLEASE COMPLETE THIS SECTION BEFORE RETURNING TO EMPLOYERS PAY-CARE**

**Pay Rate \$** \_\_\_\_\_ **Per:** Hour    Week    Bi-Weekly    Monthly    Commission

**Job Title:** \_\_\_\_\_ Full Time    Part Time

**Employee Start Date:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_

1. I, the undersigned employee, acknowledge by my signature that I have been informed that I am a leased employee of Employers Pay-Care Services, Inc. ("PAY-CARE") leased to \_\_\_\_\_.

**Company Name (your worksite employer)**

Employee leasing, means the arrangement whereby a leasing company, PAY-CARE, assigns its employees to a client, in this case your job site, common law employer, and allocates the direction of and control over the leased employees, such as yourself, to the job site common law employer.

The following are more specific terms of the relationship between PAY-CARE, your common law employer and you.

- a) PAY-CARE reserves a right of direction and control over leased employees assigned to the CLIENT's location.
- b) PAY-CARE retains authority to hire, terminate, discipline and reassign leased employees. However, the CLIENT may have the right to accept or cancel the assignment.
- c) PAY-CARE assumes responsibility for the payment of wages to leased employees without regard to payments by CLIENT to PAY-CARE.
- d) PAY-CARE assumes full responsibility for the payment of payroll taxes and collection of payroll taxes and collection of taxes from payroll on leased employees.
- e) PAY-CARE retains a right of direction and control over management of safety, risk and hazard control at the worksite or sites affecting its leased employees, including:
  1. Responsibility for performing safety inspections of client equipment and premises.
  2. Responsibility of the promulgation and administration of employment safety policies.
  3. Responsibility for the management of workers' compensation claims, claims filings and related procedures.

2. I understand that either PAY-CARE or I can terminate our employment relationship at any time as I am an "at-will" employee. I am also aware that I am under a probationary period for the first ninety (90) days of my employment.

3. If at any time during my employment I am subjected to any type of discrimination, including discrimination due to race, sex, age, religion, color, national origin, disability, or marital status, or if I am subjected to sexual harassment, I will immediately contact PAY-CARE's Human Resource Director to obtain assistance in the resolution of such matters.

4. I agree that at the end of my assignment of the "CLIENT" **I will report back to PAY-CARE** for possible reassignment to another client. **If I fail to report within 72 hours, I may be denied unemployment benefits.**

By signing below you are acknowledging that you understand all the items above. I have kept a copy of this letter for my records.

**Do you understand that you are an employee of PAY-CARE and that PAY-CARE is your employer of record?**  Yes    No

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

3.03

# Form W-4 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

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

**Two earners/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.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <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 \$1,000 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<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 \$1,000 or less.</li> </ul>	}	<b>B</b>	_____
{	<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 \$1,000 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____			
<b>F</b>	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____			
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<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 \$57,000 (\$85,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li> </ul>	<b>G</b>	_____			
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____			
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}		
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}				

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2007</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 <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.</b> ▶ <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 \$ _____
7 I claim exemption from withholding for 2007, 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 . . . . . ▶		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.		
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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, claim certain credits, or claim adjustments to income on your 2005 tax return.

- 1 Enter an estimate of your 2005 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2005, you may have to reduce your itemized deductions if your income is over \$145,950 (\$72,975 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$10,000 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 7,300 \text{ if head of household} \\ \$ 5,000 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2005 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2005 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,200 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-Earner/Two-Job 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-Earner/Two-Job Worksheet** (See *Two earners/two 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 . . . . . 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 4-9 below to calculate 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 2005. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2004. 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: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
If wages from <b>HIGHEST</b> paying job are—	AND, wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	AND, wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$40,000	\$0 - \$4,000	0	\$40,001 and over	30,001 - 36,000	6	\$0 - \$6,000	0
	4,001 - 8,000	1		36,001 - 45,000	7	6,001 - 12,000	1
	8,001 - 18,000	2		45,001 - 50,000	8	12,001 - 18,000	2
	18,001 and over	3		50,001 - 60,000	9	18,001 - 24,000	3
\$40,001 and over	\$0 - \$4,000	0	60,001 - 65,000	10	24,001 - 31,000	4	
	4,001 - 8,000	1	65,001 - 75,000	11	31,001 - 45,000	5	
	8,001 - 18,000	1	75,001 - 90,000	12	45,001 - 60,000	6	
	18,001 - 22,000	3	90,001 - 100,000	13	60,001 - 75,000	7	
	22,001 - 25,000	4	100,001 - 115,000	14	75,001 - 80,000	8	
	25,001 - 30,000	5	115,001 and over	15	80,001 - 100,000	9	
						100,001 and over	10

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$60,000	\$480	\$0 - \$30,000	\$480
60,001 - 110,000	800	30,001 - 70,000	800
110,001 - 160,000	900	70,001 - 140,000	900
160,001 - 280,000	1,060	140,001 - 320,000	1,060
280,001 and over	1,120	320,001 and over	1,120

**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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it 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.

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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 45 min.; Learning about the law or the form, 12 min.; Preparing the form, 58 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W-CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Form W-4 to this address. Instead, give it to your employer.

You are not required to provide the information requested on a form that is subject to

## Employment Eligibility Verification

### INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

# Employment Eligibility Verification

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<b>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.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

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

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

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

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

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

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

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

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<b>Documents that Establish Both Identity and Employment Eligibility</b>	<b>Documents that Establish Identity</b>	<b>Documents that Establish Employment Eligibility</b>
OR		AND
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center; font-weight: bold;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)</li> </ol>

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

**Post-Employment Personal Health History Questionnaire**

**Applicant Name:** \_\_\_\_\_

**Instructions:** Personal Health History questionnaire must be filled out completely **only after** you have been offered employment. **This form cannot be used for employment discrimination purposes.** Information given on this form is for emergency or accident purposes only and will only be released in Workers' Compensation injury situations. **Please answer ALL questions**

#	DO YOU OR HAVE YOU EVER HAD:	Yes/No	#	DO YOU OR HAVE YOU EVER HAD:	Yes/No
1	Epilepsy		8	Knee injury	
2	Diabetes		9	High blood pressure	
3	Cardiac disease (Heart Trouble)		10	Any permanent physical condition which constitutes a 20% impairment of a member of the body as a whole	
4	Hemophilia		11	Head injury	
5	Herniated invertebrate disc or surgical removal Of an invertebrate disk or spinal fusion		12	Reaction to serum or drug – please list below	
6	Back problem				
7	Asthma				

Please explain any "Yes" answers: \_\_\_\_\_

13. Are you **unable** to perform certain body motions or assume certain body positions? \_\_\_\_\_

14. Are you able to lift more than 30 LBS? Y\_\_ N\_\_ 20. Are you able to stand for more than 45 minutes at a time? Y\_\_ N\_\_

15. Have you ever been ruptured? \_\_\_\_\_ Which side \_\_\_\_\_ Was it operated? \_\_\_\_\_ When? \_\_\_\_\_

16. Do you wear glasses or contact lenses? \_\_\_\_\_ All the time? \_\_\_\_\_ Occasionally? \_\_\_\_\_ Reading? \_\_\_\_\_

17. Have you ever had an injury to your back or neck? \_\_\_\_\_ When and How? \_\_\_\_\_

18. Have you ever had a work related injury? \_\_\_\_\_ When?: \_\_\_\_\_

How? \_\_\_\_\_

Where? \_\_\_\_\_ Employer? \_\_\_\_\_

Claim now open? \_\_\_\_\_ Date Closed \_\_\_\_\_

19. Do you require special health related job accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list on back.

All Statements and information given in this medical questionnaire are true to the best of my knowledge and belief. I authorize investigation of all statements contained in this medical questionnaire. I understand misleading information can result in termination from employment. I further pledge to abide by all company procedures and safety rules.

**Name of Applicant (Signed)** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE READ CAREFULLY, AS THIS SECTION INCLUDES:**

- **ACKNOWLEDGMENT OF POST-ACCIDENT/ REASONABLE SUSPICION TESTING PROGRAM**
- **AGREEMENT TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING**
- **AGREEMENT TO RELEASE TEST RESULTS & ACKNOWLEDGMENT OF MANAGED CARE**

I understand that Employers Pay-Care Services, Inc. maintains a Post-Accident testing policy requiring any employee that causes, contributes to or is involved in a workplace accident to submit to a drug and/or alcohol test as soon as possible, but no later than 32 hours after the incident.

I have read, or had read to me, a copy of this summary policy and I understand the consequences of violating the policy, including my obligations under the Post-Accident Testing Act, Florida Statutes, Section 440.09. If I did not understand the policy summary, I have asked for, and have received and explanation. I am also aware that a full policy, stating the specifics of this program, is available to me upon request. I specifically understand that if I am injured on the job and either refuse to be tested, or test positive for drugs or alcohol, I thereby forfeit eligibility for all Workers' Compensation Medical and Indemnity benefits.

I further give my consent for the results of any such testing to be released to the Company's authorized representative by the Medical Review Officer (M.R.O) and understand that I am legally authorized to receive a copy of this consent form if requested. The Company, agents of the Company, and the testing laboratory will have access to the test results and may disclose such results to its attorney in connection with Workers' Compensation proceedings, and may use the test results when relevant to its defense in other civil or administrative matters. I release any testing facility personnel and/or physicians who have tested me, from any liability arising from a release, or use, of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate Company officials. I further release all Company officials from liability arising from the release, or use, of the test results.

Employers Pay-Care Services, Inc. has instituted a Managed Care Agreement (M.C.A) with our Workers' Compensation carrier. This means that when you have a work related injury which requires medical attention, you will need to obtain treatment from a physician within the Preferred Provider Network. For your convenience, a list of providers has been posted. In an emergency, you may seek treatment from any emergency facility.

Florida Statute 440.134 (17) states that: "Treatment received outside the workers' compensation managed care arrangement is not compensable unless authorized by the carrier prior to the treatment date".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Employment History**

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

Application for Employment at: \_\_\_\_\_ (Worksite Employer)

**Employment History**

List your last 3 places of employment, including Military Service. If you were employed under a different name, please include that name.

Employer: _____	Supervisor: _____
Mailing Address: _____	
City: _____	State: _____ Zip _____ Phone ( ) _____
Position Held: _____	Dates of Employment: from _____ to: _____
Duties: _____ Salary _____	
Reason for Leaving: _____ May we contact: <input type="checkbox"/> Yes No <input type="checkbox"/> .	

Employer: _____	Supervisor: _____
Mailing Address: _____	
City: _____	State: _____ Zip _____ Phone ( ) _____
Position Held: _____	Dates of Employment: from _____ to: _____
Duties: _____ Salary _____	
Reason for Leaving: _____ May we contact: <input type="checkbox"/> Yes No <input type="checkbox"/> .	

Employer: _____	Supervisor: _____
Mailing Address: _____	
City: _____	State: _____ Zip _____ Phone ( ) _____
Position Held: _____	Dates of Employment: from _____ to: _____
Duties: _____ Salary _____	
Reason for Leaving: _____ May we contact: <input type="checkbox"/> Yes No <input type="checkbox"/> .	

**REFERENCES: List persons other than relatives and employers.**

Name: \_\_\_\_\_ Occupation \_\_\_\_\_ years known: \_\_\_\_\_  
 Address: \_\_\_\_\_ - Daytime phone: ( ) \_\_\_\_\_  
 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ years known: \_\_\_\_\_  
 Address: \_\_\_\_\_ - Daytime phone: ( ) \_\_\_\_\_

**PERSONAL BACKGROUND**

Have you ever been convicted of any crime other than a minor traffic violation?  Yes  NO

If “Yes”, state date and places where charges occurred (Note: answering “yes” will not automatically disqualify you for employment.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional comments if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT’S STATEMENT**

I hereby consent to the company’s verifying all of the information I have provided on this employment history, including schooling, training and employment date. I further agree and release from all liability or responsibility all persons, school, companies, or agencies for supplying any information related to the matters referred to on my application. I consent to any pre-employment drug testing. I understand that any false answers or statements, misrepresentations by omission made by me on this application or any related document will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

**APPLICANT’S SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_