

Form W-4 (2017)

Company.....

Name: _____

Hourly Rate: 2nd Rate:..... DOH.....

WC:..... Dept(s).....

Phone:..... 2nd #.....

Deductions.....

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 are single and have only one job **B** _____
 *You are married, have only one job, and your spouse does not work, or
 *Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less

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 **dependants** (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** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 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 H on line 5 of Form W-4 below.

..... Cut here and give to your employer. Keep the top part for your records.....

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2017

Form **W-4**

Department of the Treasury **Whether you are entitled to claim a certain number if 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.**
 Internal Revenue Service

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 Single Married 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 above on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

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 can 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 except a refund of all federal income tax withheld because I expect to have no tax liability.
 If you met both conditions, write "Exempt" here..... →

Under penalty of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true correct, and compete.

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)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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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





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
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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)
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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
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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 		<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 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<ol style="list-style-type: none"> 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. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. Native American tribal document
<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. U.S. Citizen ID Card (Form I-197)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		<ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

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

Refer to the instructions for more information about acceptable receipts.

POST-JOB OFFER MEDICAL QUESTIONNAIRE

Name: _____

NOTICE TO OFFEREEES: In compliance with the Americans with Disabilities Act of 1990 (ADA), you have received a conditional offer of employment. This medical history statement is required of all offerees. The answers to the medical history statement and any medical examination will be kept confidential and in separate files in compliance with ADA requirements. The job offer, which you have received, is conditioned upon satisfactory completion and review of this medical history statement, any required medical examination or follow up, and job assignment availability.

EMPLOYEE AFFIRMATION: I herewith affirm that the employer has made me an offer of employment, conditioned on the satisfactory completion of this questionnaire. The purpose of this inquiry is: to determine whether I currently have the physical qualifications necessary to perform the job that has been offered; to determine whether and what accommodations may be necessary, and to determine whether I can perform the job without posing a significant direct threat to the health and safety of myself or others. This information will be kept confidential in a separate medical file, apart from my personnel file. I hereby affirm that the questions in the medical questionnaire have not been asked of me by anyone with the employer until after I have signed this statement and been offered a conditional job.

1. Have you ever had or been treated for any of the following conditions or diseases?

	YES	NO		YES	NO
Herniated Disc	<input type="checkbox"/>	<input type="checkbox"/>	Knee injury	<input type="checkbox"/>	<input type="checkbox"/>
Surgical removal of disc or spinal fusion	<input type="checkbox"/>	<input type="checkbox"/>	Back injury	<input type="checkbox"/>	<input type="checkbox"/>
Diseased process of the spine	<input type="checkbox"/>	<input type="checkbox"/>	Neck injury	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder injury	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis or rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	Arm/hand injury	<input type="checkbox"/>	<input type="checkbox"/>

2. If you answered "yes" to any of the above, please explain.

3. Please list any conditions or diseases (including ones not listed above) for which you have been treated in the past three years. If no treatment has been provided, state "none." NONE

4. Have you ever been hospitalized? If so, for what condition? If you have not been hospitalized, state "none." NONE

5. Have you had a major illness in the past five years? If none, state "none." NONE

6. How many days were you absent from work in the past year? If none, state "none." NONE

7. Do you have any physical or mental disabilities that could interfere with the performance of your duties? YES
If yes, what accommodations to your disabilities do you suggest?

8. Do you have AIDS/HIV or any communicable diseases? (Do not identify AIDS/HIV unless your position involves the provision of medical care or other risk of blood transmission.) YES NO If yes, please explain.

9. Has a doctor given you an impairment rating? If so, please provide the reason and the percentage of impairment. If not, state "none." NONE

10. Have you ever had any injury, operation or any disability not covered by the above questions? If yes, please explain. If not, state "none." NONE

11. Are you taking any prescribed drugs that would interfere with your job performance? If yes, please list the medications. If not, state "none." NONE

12. HOW MUCH WEIGHT CAN YOU LIFT COMFORTABLY?

Less than 15 pounds 15-25 pounds 25-50 pounds over 50 pounds over 100 pounds

13. Have you ever received workers' compensation for on-the-job injury? Yes No. If yes write why, when and where.

14. Have you ever received a disability rating or had one assigned to you by an insurance insurance company a federal or state agency: _____%

Signature

Date

Client Name

Title of Job Offered

EMPLOYEE ACKNOWLEDGEMENT OF PROBATION

To _____

Company _____

SUBJECT: ACKNOWLEDGEMENT OF PROBATION PERIOD

Date: _____

I understand that I am on probation as an employee of the first ninety days of my employment which started on _____ for the purpose of the Florida "Unemployment Compensation Law". I understand if my employer discharges me for unsatisfactory work performance under the "Florida Unemployment Compensation Law" my employer will not have his account charged for any unemployment benefits I might be determined eligible for in the future.

I acknowledge that I signed this form within (7) days of my employment

Company witness

Employee Signature

(Social Security No.)

Date