

# ★ For Oregon State Tax Purposes ★

## Form W-4 (2015)

**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 2015 expires February 16, 2016. 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 2015. 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.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	B
C	Enter "1" for <b>your 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.) . . . . .	C
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D
E	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) . . . . .	E
F	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.) . . . . .	F
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$65,000 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 <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.	
	• If you are <b>single and have 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 \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	
	• 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.	

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

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

### Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2015**

► 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.

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2015, 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 tax liability</b>, and</li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no tax liability</b>.</li> </ul> <p>If you meet both conditions, write "Exempt" here . . . . . ► 7</p>		

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

#### Employee's signature

(This form is not valid unless you sign it.) ►

Date ►

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)      9 Office code (optional)      10 Employer identification number (EIN)

# ★ Federal Taxes ★

## 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.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	B
C	Enter "1" for <b>your 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.) . . . . .	C
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D
E	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) . . . . .	E
F	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 . . . . . <b>(Note:</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	<b>Child Tax Credit</b> (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 <b>less</b> "1" if you have two to four eligible children or <b>less</b> "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. <b>(Note:</b> This may be different from the number of exemptions you claim on your tax return.) ► H	H
For accuracy, complete all worksheets that apply.		{ • 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. • If you are <b>single and have 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 \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • 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.

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

Form	Employee's Withholding Allowance Certificate	OMB No. 1545-0074
W-4		2016
Department of the Treasury Internal Revenue Service		
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 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, and</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.

**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)



## REFERENCE VERIFICATION FAX REQUEST

Branch \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

## TO BE COMPLETED BY APPLICANT

Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

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

I give my expressed permission to furnish information about my past/present employment and hereby release all parties from liability for damage whatsoever for issuing same.

## TO BE COMPLETED BY AMBASSADOR

Previous Employer \_\_\_\_\_

Attention \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor \_\_\_\_\_

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

Dates of Employment

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ending Salary \_\_\_\_\_

The above named individual has applied for employment with our company and has given your name as a former employer. We would appreciate your assistance to determine his/her qualifications by providing the information requested below. Please note the applicant has authorized the release of this information. Thank you for your time.

	Excellent	Good	Fair	Poor	Unable to Comment
Work Performance	—	—	—	—	—
Attitude	—	—	—	—	—
Dependability/Attendance	—	—	—	—	—
Initiative	—	—	—	—	—

Date of employment correct?  yes  no If no, correct dates \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job title correct?  yes  no If no, correct job title: \_\_\_\_\_

Ending salary correct?  yes  no If no, correct ending salary \_\_\_\_\_

Applicant Eligible for Rehire?  yes  no Do you have a no rehire policy?  yes  no

Duties performed: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Do you use a staffing service to assist you in hiring TEMP?  TEMP TO HIRE?  DIRECT HIRE?

Please let us know if you would be interested in hearing how Ambassador can help you with your staffing needs.  Yes, please contact me.  No, I am not interested at this time.

Please return this form to the Ambassador office identified above.

Confidentiality Notice: The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, use of copying of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the address above via the U.S. Postal Service.

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION****DISCLOSURE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

**Ambassador Personnel Inc.** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers' compensation claims (only once a conditional offer of employment has been made). Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you, and the nature and scope of any investigative consumer report, and request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 2500 Southlake Park, Birmingham, AL 35244, toll-free 866.859.0143, [www.es2.com](http://www.es2.com) or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing **Ambassador Personnel Inc.** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by **Ambassador Personnel Inc.** by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by **Ambassador Personnel Inc.**, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

**Oregon applicants or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, 2500 Southlake Park, Birmingham, AL 35244, toll free 866.859.0143, [www.es2.com](http://www.es2.com), or another outside organization acting on behalf of **Ambassador Personnel Inc.**, I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**Minnesota and Oklahoma applicants or employees only:** Check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Signature of Employee or Prospective Employee

Date

**APPLICANT INFORMATION: TO BE COMPLETED BY APPLICANT: PLEASE USE BLACK INK**

**The following is for identification purposes only to perform the background check and will not be used for any other purpose.**

Print: Last Name	First Name	Middle Initial	
Date of Birth	Social Security Number	Driver's License Number	State
Current Address:	City	State	Zip Code
Previous Address (Past 7 Years):	City	State	Zip Code
Previous Address (Past 7 Years):	City	State	Zip Code
Alias Names (Other names I have been known by):			
Degree Obtained	Year Graduated	Name of School	City and State of School
Last Name Used at Time of Graduation			

## The following are my responses to questions about my criminal history (if any).

1.  Yes  No Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors).

If yes, please provide details below.

State \_\_\_\_\_ County \_\_\_\_\_ Date of Offense \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of Conviction: \_\_\_\_\_  
\_\_\_\_\_

2.  Yes  No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State \_\_\_\_\_ County \_\_\_\_\_ Date of Offense \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of Offense: \_\_\_\_\_  
\_\_\_\_\_

3.  Yes  No Have you ever received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below.

State \_\_\_\_\_ County \_\_\_\_\_ Date of Offense \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of Supervision: \_\_\_\_\_  
\_\_\_\_\_

4.  Yes  No Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States:

If yes, please provide details below.

Country \_\_\_\_\_ City \_\_\_\_\_ Date of Offense \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of Conviction: \_\_\_\_\_  
\_\_\_\_\_

5.  Yes  No As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

State \_\_\_\_\_ County \_\_\_\_\_ Date of Arrest \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of Pending Charges: \_\_\_\_\_  
\_\_\_\_\_

### List all counties and states of residence where you have lived since high school graduation or age 18.

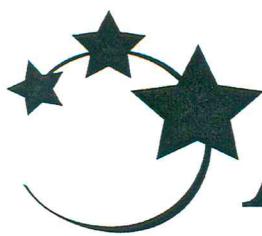
Dates of Residence	City/Town	County	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that all information provided in this consent form is true, correct, and complete. If any information proves to be incorrect or incomplete, I understand that grounds for canceling of any and all offers of employment will exist and is grounds for dismissal if such false or incomplete statement is discovered subsequent to my employment.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_



# Ambassador

Delivering STAFFING & HR Results

## EMPLOYEE POLICIES & PROCEDURES

### EMPLOYEE POLICIES AND PROCEDURES ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read, and fully understand that **if I choose to end my assignment before completion without giving notice OR end my assignment within the first five (5) days of my scheduled workweek, my hourly rate of pay will be reduced to minimum wage.**

By signing below, I acknowledge that I have read, fully understand and have received the following list of policies and procedures: (*Employee Conduct Policy, Workers' Compensation Policy, Accident/Incident Instructions, Safety Procedures and Pledge, and Non-Harassment Policy*) and will adhere to the same.

I further understand that my failure to comply may lead to my termination and jeopardize my insurance and/or unemployment benefits. I further acknowledge that I have been provided assignment specific information which includes: pay rate, shift days/hours, pay day and method of payment.

### STATEMENT OF UNDERSTANDING AND ADHERENCE TO AMBASSADOR SOCIAL NETWORKING POLICY

By signing below, I acknowledge that I have read, fully understand and have received the Ambassador Social Networking Policy. I agree to comply with the rules outlined in this policy. I further understand that any violation of this policy may result in civil or criminal liability and/or disciplinary action up to and including termination from employment.

### STATEMENT OF UNDERSTANDING AND ADHERENCE TO EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

By signing below, I acknowledge that I have read, fully understand and have been advised of my FMLA rights and responsibilities.

Employee Name (please print)

Client

Employee Signature

Date

Emergency Contact

Telephone Number

Relationship

Ambassador Representative

Date

Copy of this signed statement to be maintained in employee's personnel file.

SG013

Revised 5.14.13

**JOB DESCRIPTION / ESSENTIAL FUNCTIONS****JOB TITLE**

Prospective Distributor

The following are physical requirements pertaining to the essential functions of the position for which you have been offered and are in addition to the skills, certification, and years of experience or other qualifications required to perform the assignment.

Once a conditional job offer is made, all candidates are required to furnish health condition information and, if necessary, a medical release will be required before you will be placed on assignment. This information will be used to determine appropriate job placement and not used to disqualify an otherwise qualified candidate who may have a mental or physical disability.

Only those essential functions relevant to the assignment for which you have been offered are checked below.

**CLERICAL**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Physically able to work at and view a video display terminal for an eight(+) hour shift | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Lift, push/pull/or carry up to 25 lb. (if required)                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**LIGHT INDUSTRIAL**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Understand hazard communications and safety information                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Work around dust and wear a respirator if required   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Wear proper safety equipment - hardhat, goggles, glasses, respirators, steel-toe boots, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Grip, grasp, and twist using your hands and wrists                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Stand for long periods of time during your shift                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Lift, push/pull/or carry up to 25 lbs regularly during your shift                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**HEAVY INDUSTRIAL**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Lift, push/pull/or carry up to 75 lbs regularly during your shift | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

**ADDITIONAL FUNCTIONS**

\_\_\_\_\_  Yes  No

After reviewing the information above I (circle one) **CAN CAN NOT**  
perform the essential functions identified.

If you cannot perform one of more of the job requirements noted above, and you feel we can modify any part of the job/and or schedule to enable you to do the work, please explain in the space below. Job modifications will be addressed on a case-by-case basis.

I have reviewed the essential functions above. A comprehensive descriptions of all duties to be performed is not possible. Ambassador reserves the right to assign duties not previously described, explained or outlined above. Should I be unable to perform a certain job function, it is my responsibility to report it to my supervisor. Ambassador reserves the right to modify job descriptions in the future, with or without notice to the individuals affected by the job modification.

\*\*\*\*\* If there is any question or statement on this form that you do not understand, \*\*\*\*\*  
ask for assistance from an Ambassador Representative.

My above statements are true to the best of my knowledge and I understand that any false statements or omissions will make me subject to termination.

Employee Signature

Date

Ambassador Representative

Date

## Post-Offer

### PRIOR WORK RELATED INJURY QUESTIONNAIRE

By completing this form, I am verifying that Ambassador Personnel, Inc. has already presented a conditional job offer to me. Ambassador does not collect or otherwise use any generic information in its hiring process. *If there are any questions or statements on this form that you do not understand, ask for assistance.*

Employee Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

1. Are you able to work in extreme temperature? Heat: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been refused employment or unable to hold a job because of:

Sensitivity to Dust? Yes \_\_\_\_\_ No \_\_\_\_\_  
Inability to assume certain positions? Yes \_\_\_\_\_ No \_\_\_\_\_  
Inability to perform certain motions? Yes \_\_\_\_\_ No \_\_\_\_\_  
Other reasons? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever received workers' compensation benefits for an on-the-job injury or illness?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, State: \_\_\_\_\_ Year: \_\_\_\_\_

Please give details below. If more than once, continue on additional sheet of paper:

4. Have you ever received a disability rating for a work related injury or had one assigned to you by an insurance company or state/federal agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, did you have surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give details below. If more than once, continue on additional sheet of paper:

5. Have you ever injured or sprained your back?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, did you have surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give details below. If more than once, continue on additional sheet of paper:

6. Have you ever injured or sprained your neck?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, did you have surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give details below. If more than once, continue on additional sheet of paper:

7. Have you ever injured or sprained your knee(s)? Check all that apply: Left \_\_\_\_\_ Right \_\_\_\_\_ Both \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, did you have surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give details below. If more than once, continue on additional sheet of paper:

8. Have you ever injured or sprained your shoulder(s)? Check all that apply: Left \_\_\_\_\_ Right \_\_\_\_\_ Both \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, did you have surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give details below. If more than once, continue on additional sheet of paper:

9. Have you ever had any other type of work related injury or illness not mentioned above?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, did you have surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

Please give details below. If more than once, continue on additional sheet of paper:

**10. EMPLOYEE INJURY STATEMENT – PLEASE CHECK ONE BLOCK ONLY**

I have NOT been injured in the last 30 days.

I HAVE been injured in the last 30 days. If yes, medical release is required.

The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regards to the following: job application procedures, hiring, advancement or discharge of the employee, employee compensation, job training; and other terms and conditions and privileges of employment. Note: You may be required to provide a medical release upon request.

Would your criminal/background history report show any derogatory information? Yes \_\_\_\_\_ No \_\_\_\_\_

**DRUG/ALCOHOL TEST**

I, \_\_\_\_\_ hereby understand that as a condition of my employment, I will be required to submit to a Pre-Employment Drug Screen and may be subject to drug and/or alcohol testing for any of the following reasons:

\*Post Hire\* \*Post Accident\* \*Random\* \*For Cause or Suspicion\* \*Promotion and/or Job Transition\*

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.

**PRE-EMPLOYMENT SCREENING**

By initialing below, I acknowledge that I understand and accept the terms of this agreement as a condition of my employment with Ambassador Personnel, Inc. I authorize Ambassador to administer any required tests and to payroll deduct for Criminal Background Check. If required by the position or by the Client Company, I give my expressed consent to provide said Client Company with results of my criminal background search, drug/alcohol screen, MVR, credit report, physical, or other testing.

Minimum Testing:

Drug/Alcohol Screen

Criminal Background (\$37.50 Payroll Deduction)

I attest and declare that I have read the foregoing and the above statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**DRUG TEST RESULTS**

This is to certify that \_\_\_\_\_ has taken a drug test on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

by an approved collection location site. The test results for the illegal use of drugs was: Negative \_\_\_\_\_ Positive \_\_\_\_\_

If positive, confirmation studies indicate the presence of \_\_\_\_\_

Ambassador Representative \_\_\_\_\_

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

## Acknowledgement of Receipt of Employee Benefit Information

(New Employee)

Ambassador Personnel, Inc. offers a broad array of benefit programs to all full time employees who have been employed at least 90 days and work at least thirty (30) hours per week. You are eligible to enroll in certain benefit programs during your initial enrollment period as a new employee . Your benefits will become effective on the first day of the month following your 90<sup>th</sup> day of employment. A reminder notice will be mailed to your home address on your 60<sup>th</sup> day of employment and a copy will be emailed to you. This is the only opportunity you will have to enroll in a benefit plan until the next Open Enrollment period held in November of each year.

It is your responsibility to go on line at [www.teamambassador.com/benefits](http://www.teamambassador.com/benefits) and enroll in a benefit plan or decline coverage before your 90<sup>th</sup> day of employment. If you fail to go on line and enroll or decline coverage before your 90<sup>th</sup> day of employment, you will automatically be enrolled in the lowest cost medical plan offered to you and premiums will be deducted from your paycheck each pay period.

For more information about our current benefit plans, visit the following link [www.teamambassador.com](http://www.teamambassador.com). Click on the "Benefits" Tab. If you have additional questions, contact [Benefits@teamambassador.com](mailto:Benefits@teamambassador.com) or call 229-226-2909 ext 157.

Ambassador offers the following benefit plans for you to choose from:

- **Medical Benefits** – Ambassador offers several different health plans. Each plan offers free wellness and preventative benefits and generic prescriptions are FREE. There is a plan that meets every budget. You get to choose what deductible and co-pay you want. Coverage is also available to your dependent children. The Company participates in the First Health Network.
- **Dental, Vision & Orthodontic Benefits** – Ambassador offers dental, vision and orthodontic benefits. These benefits are also available to your dependent children. It provides two free cleanings per year and covers from 50% to 80% of dental services for a maximum benefit of \$1,000 per year per person.
- **Voluntary Insurance Products** – Ambassador offers a full range of voluntary insurance products through Colonial Life Insurance Company. This includes Accident, Cancer, Short Term Disability, and Life insurance products for you and your entire family.
- **401k Retirement Plan** – Ambassador offers a 401(k) Retirement Plan through Transamerica to all full time employees who have worked at least 1,000 hours and been employed for 12 consecutive months. You will automatically be notified after your first year anniversary about how to enroll.

---

I CERTIFY ACKNOWLEDGMENT AND UNDERSTAND THE CONDITIONS LISTED ABOVE.

NAME (PRINTED): \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The I9 Form is a federal government required form that must be filled out entirely. Do not make any corrections or mark throughs on the form.

Do not fill out Section 2 or 3, the Sales Manager will complete these sections.

You must provide two acceptable IDs before start of employment.

The I9 form MUST be mailed to Ambassador.



# 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 <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				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: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

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**



## 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
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <ul style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:           <ul style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ul> </li> </ul> <p>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</p>		<p>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</p> <p>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</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>		<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <ul style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <p>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</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>8. Employment authorization document issued by the Department of Homeland Security</p>

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

You MUST include a voided check to be paid OR a letter from your bank with account information.

\*Hand written or verbal bank information is not acceptable.

## PAY ELECTION FORM

Internal Use Only	
Branch: Charlotte, NC	<input checked="" type="checkbox"/> eEmpACT employee
	<input type="checkbox"/> HRP(PEO) employee
Client Name	
Employee's SSN Verified _____ / _____ / _____ by Branch Office	

Our company has elected to offer the benefit of electronic deposit to all employees! Electronic deposit is the most convenient, secure and affordable way to be paid. Those employees who currently have a bank relationship will use the existing account to receive electronic deposit. Those employees without a bank account are offered the Skylight paycard. The Skylight paycard is available to everyone regardless of credit history or prior inability to obtain a bank account with electronic deposit and successful applicant verification.

**CONVENIENT** - No more special trips to work on your day off to pick up your check and no more waiting in long lines to get your check cashed. Your money is in your account by 9 a.m. ET on payday morning. With a Skylight paycard, you can receive text message alerts of your current balance and recent deposits.

**AFFORDABLE** - Avoid check cashing and money order fees. Skylight account pricing is based on the transactions you make, with many transactions available for free.

**SECURE** - Your money is safe in your account and available when you need it. If you lose your card, Skylight will send you a replacement!

**UNIVERSAL** - Request a second card or open a sub-account and send money around the world or around the block. Skylight offers unlimited free transfers between cards. An additional cardholder is able to access the money you transfer by using the card you authorize at ATMs and retail locations.

To sign up for either your bank direct deposit OR a Skylight paycard, please complete this form and return it to Ambassador. (Please place a check mark next to your option).

**NAME** (Last, First, Middle Initial) PLEASE PRINT

**PHYSICAL ADDRESS** (Street Address, City, State, Zip) PLEASE PRINT

**PHONE NUMBER** (Primary)

**SOCIAL SECURITY NUMBER**

**DATE OF BIRTH** (mm/dd/yyyy)

Select the electronic option for your paycheck to be deposited:



**CHECKING ACCOUNT DIRECT DEPOSIT**

Original Voided Check Required



**PAYCARD DIRECT DEPOSIT**



**SAVINGS ACCOUNT DIRECT DEPOSIT**

Financial Institution Printout w/Routing & Account #

My signature below grants authorization to deposit 100% of my wages into the account listed above. This includes authorization to correct any entries made in error. This authorization will remain in effect until I give a written 10 day notice to cancel it.

**EMPLOYEE SIGNATURE**

**DATE**

Cancellations require 8-10 business days for processing. If for some reason you require an immediate cancellation, there will be \$20.00 processing fee that will be charged back to the employee requesting the change.

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name

Social security number ►

Street address where you live

City or town, state, and ZIP code

County

Telephone number

If you are under age 40, enter your date of birth (month, day, year)

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

### Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

## Applicant Form

First Name

Last Name

Social Security Number

 -  - 

Date of Birth

 /  / 

Street Address

City

County

Telephone Number

 )  - 

State

Zip Code

1. Have you received a conditional certification from the state workforce agency (SWA) or a local agency for the work opportunity credit? If yes, what state: \_\_\_\_\_  Yes  No
2. Have you or a member of your family received Temporary Assistance for Needy Families (TANF, AFDC, or "welfare") for 9 months in the past 18 months? If yes, name of receiver and city/state: \_\_\_\_\_  Yes  No
3. Have you or a member of your family received Temporary Assistance for Needy Families (TANF, AFDC, or "welfare") for any of the following:
  - A. the past 18 months or  Yes  No
  - B. for 18 months after 1997 or  Yes  No
  - C. stopped receiving benefits due to receiving maximum benefits?  Yes  No
4. Are you under 40 AND have you or a member of your family received food stamps during the past 6 months? If yes, name of receiver and city/state: \_\_\_\_\_  Yes  No
5. Have you completed Vocational Rehabilitation from a state approved agency, under the Ticket to Work program or the Department of Veterans Affairs?  Yes  No
6. Have you been convicted of a felony, released from prison for a felony, or paroled for a felony in the past 12 months? If yes, date of conviction \_\_\_\_\_ and date of release \_\_\_\_\_  Yes  No
7. Have you received Supplemental Security Income (SSI) benefits in the past 3 months?  Yes  No
8. Are you a Veteran AND you or a member of your family received food stamps for any 3 months period in the last 15 months?  Yes  No
9. Are you a Veteran with a service-connected disability AND discharged or released from active duty in the past 12 months OR unemployed for at least 6 months out of the past 12 months?  Yes  No
10. Have you worked for Ambassador before? \_\_\_\_\_  Signature

**Employer Use Only:** Hire Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Starting Date of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hourly Wage: \$ \_\_\_\_ . \_\_\_\_  
Position: \_\_\_\_\_

Employer Office: Ambassador-\_\_\_\_\_

Employer Code: 2-\_\_\_\_\_

Please fill in the above information including office location and Tax Alternatives employer code.

Forward Applicant Form and Signed Form 8850 to Tax Alternatives  
9340 Helena Rd, Suite F-406, Birmingham, AL 35244

Notice to Applicant: Answering the following will have no impact on your employment or any benefits you are receiving and are used only to determine possible incentives and tax credits for the employer should you be hired. This form, and all its contents, is strictly confidential.