


LAST NAME		FIRST NAME		INIT.	PHONE #		MESSAGE #		SOCIAL SECURITY #		APPLIED	PRINTED								
PHYSICAL ADDRESS				CITY			STATE			COUNTY		ZIP								
Employment desired? <i>(indicate all applicable)</i> [] Temporary [] Temp-to-Hire [] Permanent [] Full Time [] Part-Time [] Seasonal Only Hourly Salary Requirements: Minimum Acceptable: Smoker? [] yes [] no Are you authorized to work in the United States? [] yes [] no Do you have proof of your authorization with you today? [] yes [] no Have you EVER been convicted of misdemeanor or felony crime(s)? A prior conviction is not necessarily a bar to employment. [] yes [] no If yes, please explain: How did you hear about Personnel Plus? Have you ever worked for a temporary service before? [] yes [] no If yes, what service (s)? Which companies did the service send you to?				Indicate shifts you can work: [] Day [] Swing [] Night [] Rotating [] 12 Hour		Indicate days you can work: [] Spring [] Summer Only [] Winter MO TU WE TH FR SA SU [] [] [] [] [] [] []				Are you currently employed? [] yes [] no										
										Are you at least 18 years old? [] yes [] no										
										TYPE OF WORK APPLYING FOR: [] Clerical / Office [] Professional / Technical [] General Labor / Industrial [] Foodservice / Healthcare [] Sales / Management										
										Do you have your OWN transportation for work? [] yes [] no If no, what form of transportation will you use? Do you have a valid driver's license? [] yes [] no State: _____ Class: _____ Number: _____ Expir. Date: _____ Auto Liability Insurance: [] yes [] no If yes, what company: How far are you willing to commute?										
Comments:																				
CHECK APPROPRIATE BOX & LIST NUMBER OF YEARS EXPERIENCE																				
SKILLS INVENTORY—LABOR / INDUSTRIAL																				
SKILLS INVENTORY—CLERICAL / PROFESSIONAL																				
GENERAL LABOR		YRS.	INDUSTRIAL		YRS.	PLASTIC/INJECTION		YRS.	CLERICAL		YRS.	BOOKKEEPING		YRS.	TECHNICAL		YRS.	MANAGMENT		YRS.
[] Landscaping		_____	[] Gen. Labor-light		_____	[] Assembly/Packaging		_____	[] Receptionist		_____	[] Accts. Receivable		_____	[] Computer Tech.		_____	[] Accounting		_____
[] Delivery		_____	[] Gen. Labor-Med.		_____	[] Machine Operator		_____	[] Switchboard #lines		_____	[] Accts Payable		_____	[] Copier Tech		_____	[] Construction		_____
[] Janitorial		_____	[] Gen. Labor-Heavy		_____	[] Injection		_____	[] Clerical		_____	[] Payroll		_____	[] Telecom Tech		_____	[] Production		_____
[] Warehouse		_____	[] Machine Operator		_____	[] Molding		_____	[] Telephone #lines		_____	[] Bank Reconciliation		_____	[] Electronics Tech		_____	[] Shift Supervisor		_____
[] Inventory		_____	[] Forklift Operator		_____	[] Maintenance		_____	[] Word processing		_____	[] Posting		_____	[] CAD Drafting		_____	[] Food Processing		_____
[] Security		_____	[] Packaging		_____	[] Customer Service		_____	[] Dictation		_____	[] Trial Balance		_____	[] Engineer		_____	[] Office		_____
[] Shipping/Receiving		_____	[] Palletizing		_____	[] Quality Assurance		_____	[] Speed Writing		_____	[] Financial Stmnt Prep		_____	[] Type:		_____	[] Transportation		_____
[] Cleanup		_____	[] Sanitation		_____	[] Prep Room		_____	[] Typing word/min		_____	[] Month End Close		_____	[] Certificate:		_____	[] Customer Service		_____
[] Farm [] Field		_____	[] Lab		_____	[] Glue Room		_____	[] Statistical Typing w/m		_____	[] Accounting		_____	[] Telecommunications		_____	[] Warehouse		_____
[] Dairy		_____	[] Quality Assurance		_____	[] Other:		_____	[] Legal office		_____	[] Tax		_____	[] Computer Network		_____	[] Education		_____
[] Sprinkler		_____	[] Maintenance		_____	FOODSERVICE		_____	[] Medical office		_____	[] Light		_____	SOFTWARE USED (list):		_____	[] Call Center		_____
[] Floral		_____	[] Electrical		_____	[] Waitress		_____	[] Cashier		_____	[] Full Charge		_____	[] _____		_____	[] Food Service		_____
[] Yards & Grounds		_____	[] Electronics		_____	[] Line cook		_____	[] 10-Key		_____	SOFTWARE USED:		_____	[] _____		_____	[] CPA		_____
[] Housekeeping		_____	[] Hydraulics		_____	[] Chef		_____	[] Teller		_____	[] Quicken		_____	[] _____		_____	[] Human Resources		_____
CONSTRUCTION		_____	[] Shipping/Receiving		_____	[] Deli		_____	[] Data entry		_____	[] Peachtree		_____	SALES		_____	[] Purchasing		_____
[] General Labor		_____	[] Fish Processing		_____	[] Dishwasher		_____	[] Mortgage		_____	[] Other:		_____	[] Management		_____	[] Public Relations		_____
[] Concrete Rough		_____	SKILLED LABOR		_____	[] Hostess		_____	[] Filing		_____	HEALTHCARE		_____	[] Outside Sales		_____	[] Information Systems		_____
[] Concrete Finish		_____	[] Teacher		_____	[] Supervisor		_____	[] Fax/Copier		_____	[] CNA		_____	[] Retail Sales		_____	[] Sales		_____
[] Carpenter Rough		_____	[] Diesel Mechanic		_____	[] Banquet		_____	[] Medical Term.		_____	[] LPN		_____	[] Route Sales		_____	[] Technical		_____
[] Carpenter Finish		_____	[] Auto Mechanic		_____	[] Sanitation		_____	[] Credit/Collection		_____	[] CMA		_____	[] Telemarketing		_____	[] Quality Assurance		_____
[] Framing		_____	[] Small Engine Mech.		_____	[] Warehouse		_____	[] Customer Service		_____	[] Ward Clerk		_____	[] Marketing		_____	[] Construction		_____
[] Read Blueprints		_____	[] Machinist		_____	DRIVING		_____	[] Title/Escrow		_____	[] Lab Technician		_____	[] Product Demo		_____	[] Farm		_____
[] Roofing		_____	[] Tool & Die		_____	[] Class A CDL		_____	SOFTWARE USED:		_____	[] General Labor		_____	[] Survey		_____	[] Engineering		_____
[] Painting		_____	[] Mill/Lathe		_____	[] Class B CDL		_____	[] Word		_____	[] Housekeeping		_____	[] Other:		_____	[] Other (list):		_____
[] Plumber		_____	[] Welder		_____	[] Endorsements:		_____	[] WordPerfect		_____	[] RN		_____				OTHER SKILLS (list):		_____
[] Electrician		_____	[] Cabinet Maker		_____	[] Passenger Transport		_____	[] Windows		_____	[] Dietary		_____						_____
[] HVAC		_____	[] Glazier		_____			_____	[] Excel		_____	[] Dental Assistant		_____						_____
[] Siding		_____	[] Other:		_____			_____	[] Other:		_____	[] Other:		_____						_____
[] Flagger		_____			_____			_____			_____			_____						_____

EMPLOYMENT HISTORY (Begin with most recent) (DO NOT WRITE IN SHADED AREAS)										Ref Ch eck
Work Record		Employer	Supervisor	City/State	Telephone	Duties	Pay	Reason for leaving		
From	To									
From	To									
From	To									
EDUCATION / TRAINING SUMMARY: High School Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No GPA:						In case of emergency, notify:				
Apprentice / Vocational / Technical / Special		Dates	Skills/Trade/License	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certificate					
College / Education / Graduate School		Dates	Skills/Trade/License	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certificate					
						Name _____				
						Address _____ Telephone _____				
						Doctor to Notify _____ Telephone _____				
APPLICANT AGREEMENT										
<p>Personnel Plus is an Equal Opportunity Employer and as such we expressly prohibit employment discrimination.</p> <p>I understand that any employment with Personnel Plus, Inc is limited to the term and successful completion of job assignments. During my employment, I further understand that the only benefits that I am entitled to are those expressly provided solely by Personnel Plus and not from the client company to which I am assigned.</p> <p>I affirm that the statements made on this application are true and complete. I authorize Personnel Plus to investigate any statement contained in this application or in any employment document I submit to Personnel Plus. I authorize Personnel Plus to conduct other background checks, which may include, but are not limited to: prior work history, criminal history, driver's license record, credit report, verification of licensure or education, etc. as may be necessary for placement on job assignments. I understand that any false statement, omission of facts or misrepresentation of facts on these employment documents will be grounds for termination and recovery of potential damages from me.</p> <p>I understand that upon successful submission of this application, Personnel Plus is extending a conditional offer of employment to me. This conditional offer is based upon the completion of required employment documents, interview, background checks, and submission to drug/alcohol testing as required by Personnel Plus. I understand that actual job assignments are offered based upon my knowledge, experience, skills, abilities, availability for work, and the completion of the screening processes for the individual assignments. Successful completion of this application and related processes is not to be construed as a final offer of employment.</p> <p>I understand that completing this application does not constitute an employment agreement between me and Personnel Plus.</p>										
Signature _____					Date _____					
INTERNAL ASSOCIATE USE ONLY										 EMPLOYMENTAPPLICATION
PERSONNEL PLUS IS AN EQUAL OPPURTUNITY EMPLOYER.										
PLUS 2 Rev 10/2010										

PERSONNEL
YOUR TOTAL STAFFING SOLUTION **PLUS**
Policies & Procedures Statement

Welcome to Personnel Plus! This document is being furnished to you so you will understand what is expected as a Personnel Plus employee. Acceptance of this agreement is a condition of your employment. Your failure to comply with any of these policies may result in disciplinary action up to & including termination. If you have questions about these policies, please contact Personnel Plus.

1. Any person who is employed by Personnel Plus, is assigned to one of its client companies, & is paid for that assignment by Personnel Plus does so as an employee of Personnel Plus, & NOT of the client company. Unless otherwise defined by applicable law, any employment at any time with or without cause. This "at will" nature, which means that you may resign at any time & Personnel Plus may discharge you specifically acknowledged in writing by an authorized executive of Personnel Plus.
2. Personnel Plus is an Equal Opportunity Employer. Personnel Plus does not discriminate on the basis of sex, race, age, marital status, religious affiliation, ethnic origin, or disability. Personnel Plus can make no guarantee as to the type or length of assignments or the number of hours you can expect to work.
3. You must call the Personnel Plus office every day that you are available for work.
4. Make sure, before accepting an assignment, that you can complete it. Once you've accepted, Personnel Plus expects you to report on time, every day of the assignment. Arrive early the first day so you can get settled before starting your shift. We expect you to report for work dressed appropriately, with good hygiene, & that you will be courteous & enthusiastic with our client. You are required to comply with all client rules. If you are asked to perform duties that were not included as part of your job description, contact Personnel Plus. Don not leave your number with the client. Tell them that you can be contacted through the Personnel Plus office.
5. As an employee, you may decline assignments without jeopardizing future employment with Personnel Plus. However, if you fail to accept a suitable work assignment or accept other work without first contacting Personnel Plus, you will be considered to have voluntarily quit. If you leave an assignment without good cause, or do not complete a work assignment for personal reasons, you will be considered to have voluntarily quit.
6. If at any time you have problems or concerns on a work assignment, contact Personnel Plus immediately. If the client company to which you are assigned has questions about Personnel Plus, please refer them to our office. Do not answer policy questions yourself.
7. If the event of an emergency or illness, or if any reason you are not able to report to work on time & for your full shift, you must notify Personnel Plus before the start of your shift. Failure to do so may result in termination with no further warning.
8. As a condition of your employment by Personnel Plus it is your obligation to perform all work in an acceptable manner & in accordance with both Personnel Plus & client company instructions, guidelines, & policies. If you walk off the job and/or quit your assignment without giving us one week's notice, then your final unpaid wages will be reduced to the state minimum hourly rate.
9. You should notify Personnel Plus immediately if there are any changes to your contact information, including phone numbers, address, etc. or if there are changes in your ability or availability to work, or if you become unable to complete an assignment.
10. Upon the end of any assignment, you must call the Personnel Plus office between 8 am-5pm on the next business day following the end of the assignment, speak with a Personnel Plus representative, & report your availability for work. Failure to do so will be considered misconduct, & may result in your termination from Personnel Plus with no further warning.
11. All employees must respect the confidentiality of the client's business. You must sign a confidentiality &/or secrecy agreement if requested. Any breach of Personnel Plus or a client's confidentiality will be grounds for termination with no further warning. You may also be required to sign other client-specific policy statements, depending on the assignment, & are required to comply with their terms.
12. All employees are required to submit to drug &/or alcohol testing as a condition of employment. Failing or refusing a drug or alcohol test, or other violation of the Personnel Plus Drug Testing Policy, may result in termination with no further warning.
13. You must comply with the Personnel Plus Safety Policy Statement (including on-the-job accident procedures & wearing & using safety equipment as instructed) & with all jobsite, client, & OSHA safety requirements. If you are unfamiliar with these requirements, ask your jobsite supervisor or Personnel Plus. Failure to comply with safety rules will be grounds for termination with no further warning.
14. You may also be terminated for misconduct, with no further warning, for reason including, but not limited to; provoking, instigating or participation in a fight; refusal to perform assigned job duties; abusive, threatening or detrimental language or behavior, unauthorized possession, use, or removal of Personnel Plus or client company property or carelessness with that property; sleeping on the job; dishonesty (including giving false or misleading information in your application, interview, or on timesheets); sexual harassment (in accordance with the Personnel Plus Sexual Harassment Policy); insubordination; repeated &/or excessive tardiness or absenteeism; reporting to work under the influence of drugs or alcohol, or in the possession of drugs, alcohol, or weapons, violation of other Personnel Plus policies; violation of client company policies; or violation of a written warning.
15. **It is your responsibility to ensure that your timesheet is filled out completely & correctly & is signed by an authorized representative of the client company to which you were assigned.** Failure to do may result in a delay in the processing your timesheet until which time you make the necessary corrections & /or obtain the client's signature. The timesheet will then be submitted with the payroll currently being processed. **You must deliver your properly completed timesheet to Personnel Plus no later than 5:00 pm on Monday** following the end of the pay period. If your timesheet is turned in late, it will result in the delay of your paycheck by at least one week. Some client companies will report your hours to Personnel Plus via fax; however it is still your responsibility to make sure Personnel Plus received your hours by the 5:00 pm deadline.
16. No paycheck will be released to anyone other than the employee without a signed, dated note from the employee authorizing another party to pick up the employee's check. The party picking up your check must have their picture ID with them. As an employee, you agree to accept your paycheck on the regularly scheduled payday regardless of when your assignment ends. To obtain a replacement check for one that has been lost or stolen, you must contact Personnel Plus & complete an affidavit for its replacement. 14-30 days may be required to replace the check. Details can be obtained at the Personnel Plus office. Payroll debit cards & direct deposit are also available.
17. This document serves as a written warning for any terminable offense outline above & for violation of company code of conduct.

Employee (Print)

Employee Signature

Date



NON-COMPETE AGREEMENT

EXHIBIT A: AGREEMENT AND WAIVER

In consideration of my assignment to PERSONNEL PLUS CLIENT COMPANIES by PERSONNEL PLUS, INC., I agree that I am solely an employee of PERSONNEL PLUS, INC. for benefits plan purposes and that I am eligible only for such benefits as PERSONNEL PLUS, INC. may offer to its employees. I further understand and agree that I am not eligible for or entitled to participate in any benefit plan offered by PERSONNEL PLUS CLIENT COMPANIES, its parents, affiliates, subsidiaries, or successors to any of its direct employees, regardless of the length of my assignment to PERSONNEL PLUS CLIENT COMPANIES by PERSONNEL PLUS, INC. and regardless of whether I am held to be a common-law employee of PERSONNEL PLUS CLIENT COMPANIES for any purpose, and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

EXHIBIT B: ASSIGNED EMPLOYEE CONFIDENTIALITY AGREEMENT

As a condition of my assignment by PERSONNEL PLUS, INC. to PERSONNEL PLUS CLIENT COMPANIES, I hereby acknowledge and agree as follows: I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at PERSONNEL PLUS CLIENT COMPANIES or that I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to PERSONNEL PLUS CLIENT COMPANIES or its operating methods and procedures that come to my attention as a result of this assignment. Under no circumstances shall I remove copies or documents from the premises of PERSONNEL PLUS CLIENT COMPANIES. I understand that I shall be responsible for any direct or consequential damages resulting from any violation of this agreement. The obligations of this Agreement shall survive my employment by PERSONNEL PLUS, INC.

EXHIBIT C: ASSIGNMENT OF COPYRIGHTS AND PATENTS

In connection with my assignment to provide services to PERSONNEL PLUS CLIENT COMPANIES, I agree that any and all discoveries and/or inventions (which shall include improvements and modifications) relating to work I perform while providing services to PERSONNEL PLUS CLIENT COMPANIES, or relating to matters disclosed to me by PERSONNEL PLUS CLIENT COMPANIES in connection with work to be performed, or suggested by such matters, whether or not patentable, which discoveries and/or inventions are made or conceived by me, solely or jointly with others, during the term of my assignment (regardless of whether conceived or developed during work hours) or during a period of one

(1) year thereafter, shall be the property of PERSONNEL PLUS CLIENT COMPANIES as "work made for hire" to the extent provided by sections 101 and 201(b) of the Copyright Act, 17 U.S.C. 101 *et seq.*, and such discoveries and/or inventions shall be promptly disclosed to PERSONNEL PLUS CLIENT COMPANIES. PERSONNEL PLUS CLIENT COMPANIES shall have the right to file and prosecute, at its own expense, all patent applications, whether U.S. or foreign on said discoveries and/or inventions. I shall, during any assignment to PERSONNEL PLUS CLIENT COMPANIES or at any time thereafter, provide to PERSONNEL PLUS CLIENT COMPANIES all documents, information, and assistance requested for the filing or prosecution of any such patent application, for the preparation, prosecution, or defense of any legal action or application pertaining to such discoveries and/or inventions and for the assignment or conveyance to PERSONNEL PLUS CLIENT COMPANIES of all right, title, and interest in and to such discoveries and/or inventions, patent applications, and letters patent issuing thereon.

I certify by my signature below that I have reviewed the agreements above, understand the policies and I am willing to comply with each policy set forth herein.

Employee (Print)

Employee Signature

Date

PERSONNEL
YOUR TOTAL STAFFING SOLUTION **PLUS**
UNEMPLOYMENT NOTICE

Below is a summary of current legislation in Idaho affecting unemployment:

A benefit claimant:

1. Who has been assigned to work for one or more customers of a staffing service and,
2. Who at the time of hire by the staffing service, signed a written notice informing him/her that completion or termination of an assignment for a customer would not, of itself, terminate the employment relationship with the staffing service, will not be considered unemployed upon completion or termination of an assignment until such time that he/she contacts the staffing service to determine if further suitable work is available. If the claimant:
 - a. Contacts the staffing service and refuses a suitable work assignment that they offer him/her at that time, he/she will be considered to have voluntarily quit that employment; or
 - b. Contacts the staffing service and they do not have a suitable work assignment for him/her, he/she will be considered unemployed due to lack of work; or
 - c. Accepts new employment without first contacting the staffing service for additional work, he/she will be considered to have voluntarily quit the employment with the staffing service.
 - d. The term "staffing service" means any person who assigns individuals to work for its customers, and includes but is not limited to professional employers as defined in chapter 24, title 44, Idaho Code, and the employers of temporary employees as defined in section 44-2403(7) of Idaho Code.

EMPLOYEE (PRINT)

EMPLOYEE SIGNATURE

DATE

Below is a summary of Personnel Plus Policies & Procedures regarding unemployment:

- 1 Any person paid for a work assignment by Personnel Plus is an employee of Personnel Plus & not of the client company.
- 2 Any employee who refuses suitable work or accepts other work without first contacting Personnel Plus following the end of an assignment will be considered to have voluntarily quit.
- 3 Personnel Plus can make no guarantee as to the length of assignments or the number of hours an employee can expect to work. Additionally, it is essential that Personnel Plus maintain an accurate daily list of employees available for new assignments. For these reasons, it is the responsibility of the employee to maintain contact with Personnel Plus. It is Personnel Plus policy that upon the end of an assignment, or upon the reduction of hours at an assignment, the employee must contact our office between 8am-5pm on the next business day following the end of the assignment or reduction of hours, speak to a Personnel Plus representative, & report his/her availability for work. Failure to do so may be considered misconduct, & may result in the employee's immediate termination from Personnel Plus with no further warning.
- 4 An employee may also be terminated for misconduct, with no further warning, for reasons including, but not limited to: quitting an assignment without good cause or for personal reasons, failure to report for work without calling Personnel Plus prior to the start of the shift; refusing or failing a drug test; provoking, instigating or participating in a fight; obtrusive or detrimental language or behavior; unauthorized possession, use, or removal of Personnel Plus or client company property; dishonesty; sexual harassment, insubordination; repeated &/or excessive tardiness or absenteeism; failure to comply with safety rules/regulations, reporting to a work assignment under the influence of alcohol or drugs or in possession of alcohol, drugs, or weapons; violation of other Personnel Plus Policies & Procedures; violation of client company policy; or violation of previous warning(s).
- 5 This document serves as a written warning for any terminable offense outlined in policies 3 & 4 above.

The undersigned acknowledges that the Idaho State legislation & Personnel Plus policies, as outlined on this document, will apply to his/her employment with Personnel Plus & acceptance of such is a condition of employment with Personnel Plus:

EMPLOYEE (PRINT)

EMPLOYEE SIGNATURE

DATE



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><td></td><td></td><td></td><td></td><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: _____

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)*

3-D Barcode
Do Not Write in This Space

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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div>3-D Barcode Do Not Write in This Space</div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print 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
1. U.S. Passport or U.S. Passport Card		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		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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
10. School record or report card				
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		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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.

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.

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: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• 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 _____
• 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.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$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 \$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. <table><tr><td>• 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.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2015		
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 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Name _____ Date _____

SKILLS EVALUATION

Math A. Solve each problem.

						14.02	
						4.86	
27	813	1326	551	431	213.01	97.32	5/1455
<u>x9</u>	<u>+509</u>	<u>-851</u>	<u>x.03</u>	<u>x16</u>	<u>-17.85</u>	<u>+165.01</u>	

15% of 75=_____

Math B. Solve the following problems.

1. Add 4 feet 8 inches, + 5 feet 4 inches, + 7 inches, + 2 feet 8 inches. _____
2. Add 9 minutes 14 seconds, + 37 minutes 10 seconds, + 45 seconds. _____
3. If you had to load 490 boxes into crates, and each crate holds 7 boxes, how many crates would you need? _____
4. If you lived 1 mile from the grocery store and you decided to walk how long would it take you to get there if you walked 4 miles per hour? _____
5. At Albertson's, chicken costs \$1.15per pound. If you bought 2 pounds and paid for it with a \$20 bill, how much change would you get? _____

Filing.

In the space provided, write the alphabetical section in which each company should be filed.

ALPHABETICAL SECTIONS

Aa-Bb	Fa-Hz	Na-Oz
Bc_Cf	Ia-Kz	Pa-Rz
Cg-Dz	La-Md	Sa-Uz
Ea-Fz	Me-Mz	Va-Zz

Example: Sa-Uz Smith & Baker

_____ Personnel Plus	_____ Becon Bakery
_____ Holiday Paradise	_____ Landscape Pro's
_____ Smith and Company	_____ Kaiser Medical Center
_____ Morris Fertilizer	_____ Nomads Truck Stop
_____ Eaton Testing Laboratory	_____ Valley Shopping Center

Ruler A. Find the following measurements of locations A, B, C, in inches.

A= _____ B= _____ C= _____



Ruler B. Draw arrows pointing to the following measurements on the ruler below.

2 ¹/₄ inches

3 ⁵/₈ inches

4 ¹/₂ inches

9/16 inches



Comparison A. Put an X in the space if the two lists are NOT the same.

_____ 1. Ethan Jacobson	Ethan Jacobsen
_____ 2. Larry Smith	Larrie Smith
_____ 3. Troy Cooper	Troy Cooper
_____ 4. Hank Williams	Hank Wiliams
_____ 5. Pat Paterson	Pat Peterson
_____ 6. Paul O'rion	Paul O'Rion
_____ 7. Edward D. English	Edward B. English
_____ 8. Angie Walker	Angy Walker
_____ 9. Sean W. Baker	Sean W. Baker
_____ 10. Mary Ann Gold	Mary Ann Gold

Comparison B. Put and X in the Space if the sets are NOT the same.

__ 1. 2481	2481	_____ 11. 6966536	3996653
__ 2. 1096	1051	_____ 12. 84728476	84725476
__ 3. 1157	1175	_____ 13. 6524867	6524867
__ 4. 13569	13569	_____ 14. 142568	142568
__ 5. 19765	19765	_____ 15. 654987	654987
__ 6. G11560	G1560	_____ 16. J568894	J56894
__ 7. 365877	366587	_____ 17. X156T9	X156T9
__ 8. 79562K	79562K	_____ 18. 56847	56847
__ 9. 17715563	17715563	_____ 19. 872315	8723315
__ 10. 5683	5683	_____ 20. 1568797	1568779

Spelling. Mark each Misspelled word.

_____ attention	_____ argument	_____ cordially	_____ difinitely
_____ repition	_____ occurrence	_____ priviledge	_____ separate
_____ comparative	_____ beginning	_____ extraordianry	_____ favorite
_____ dispair	_____ alltogether	_____ hazardus	_____ representative
_____ availability	_____ conscience	_____ assistance	_____ miscelaneous
_____ absense	_____ similar	_____ occasion	_____ conferred
_____ desription	_____ suggestion	_____ numerical	_____ accomodate
_____ misspell	_____ maintenance	_____ responsible	_____ embarass
_____ ready	_____ garantee	_____ sincerely	_____ gracious
_____ suitable	_____ incidental	_____ analyze	_____ unnecesary

GRAMMAR, PUNCTUATION and SPELLING

1. Circle the correct word or words:

- a) acomodate - accommodate - acomadate - accomadate - accommadate - acomidate - accomidate
- b) judgment - judgement - jugment - jugdement - jugment
- c) supersede - supercede - superseed - superceed - supersead - suppersede
- d) alright - all right - al right - all rite - alrite - allrite - allright

2. Spell the past tense of the verb to *cancel*: _____

3. Spell the plural of *Attorney General*: _____

4. Cross out the incorrect word if any, within the (parentheses):

- a) The city needs (**fewer - less**) critics and (**fewer - less**) criticism.
- b) Don't forget the (**affect-effect**) it will have on people.
- c) She didn't mean to (**imply - infer**) that he is a crook.
- d) Their (**principal - principle**) business is manufacturing widgets.
- e) It might have an (**adverse - averse**) impact on sales.

5. Distinguish between:

- a) Council and counsel:
- b) Peace and piece:
- c) They're, their and there:



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION

NON-CRIMINAL JUSTICE CRIMINAL HISTORY RECORDS CHECK REQUEST of the Idaho Central Repository of Criminal History Records



A separate form must be used for each request. Do not use staples on the forms. A \$10 processing fee must be included. Make checks payable to the Idaho State Police. A \$20.00 fee will be charged for any returned checks. Please Print clearly in **blue** or **black** ink only.

REQUEST					
Please provide an Idaho Criminal History on the individual named below.					
Last Name	First	Name	Middle	Name	
Alias Names (Include Maiden/prior Married Names)		Date of Birth (Month/day/year)	Sex	Race	Social Security Number (optional)
		/ /			- -
Address City State Zip					
WAIVER					
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency.					
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.					
Signature			Date		
The signature date on the waiver must be within 180 days of the name check submission.					

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Requesting Person or Company Personnel Plus, Inc.	Address of Requester (Results will be mailed to this address)
Signature of Requester or Representative of Requesting Company	Request Date

Results of Non-Certified Record Search

Record attached <input type="checkbox"/>	No Record Found <input type="checkbox"/>	BCI Initials _____	Date _____
--	--	--------------------	------------

General Information:

Idaho law does **not** require a person to give consent, however, without a signed release from the subject of the record, any arrest more than 12 months old, **without** a disposition, cannot be given to a non-criminal justice agency.

Criminal history record information furnished as a result of a non-fingerprint based computerized search is based solely on a search of identifiers provided in the request. Be aware it is not uncommon for criminal offenders to use alias names and false dates of birth, which would adversely affect the completeness and accuracy of a non-fingerprint based search of the Idaho Central Repository of Criminal History Records. No other state or federal agency records can be searched under current law. The bureau does not telephone or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho code 67-3008 (6) states, "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

P.O. BOX 700 MERIDIAN, ID 83680-0700 - (208) 884-7130 - FAX 884-7193



SAFETY POLICY STATEMENT

Personnel Plus is dedicated to ensuring a safe workplace environment for all of our employees. Our goal is to have zero on-the-job injuries. As an employee of Personnel Plus, it is essential that you are aware of and understand this goal, as well as all other Personnel Plus and jobsite safety requirements. We are committed to your safety and well-being, and you must also take personal responsibility for always conducting yourself in a safe and responsible manner. You should always think "safety first" before initiating any task. We expect you to always perform your duties in a manner that is consistent with this "zero injuries" goal. We ask that you read and understand the following safety policy. You are responsible for seeking clarification with us if any part of this policy is unclear. As an employee with our company, you will be required to acknowledge this policy and conform to its requirements.

EMPLOYEE SAFE WORK PROCEDURES

Personnel Plus strives to ensure a safe workplace for all employees and has established a goal of zero on-the-job injuries. As such, you must adhere to all workplace safety requirements. Following are general safety guidelines that you will be expected to follow:

- You should never perform a task that you believe to be unsafe, or that is beyond your physical capability. Always ask for help if needed.
- You will be required to comply with all safety policies and procedures in place at your jobsite. If any jobsite policy or procedure is unclear to you, it is your responsibility to seek clarification from your jobsite supervisor.
- Appropriate PPE (personal protective equipment) will be issued to you as needed for your assignment. You are required to use PPE correctly and at all times necessary for the task being performed.
- You may operate vehicles, equipment, or tools only if specifically authorized and trained to do so. Safety guards and devices must always be operable and in place while equipment is in use. Never use equipment, tools, or vehicles that are not in safe operating condition.
- If at any time you are asked to perform work in an unsafe manner, you are required to:
 - STOP and inform your jobsite supervisor of your safety concern
 - if asked to continue, you should request a modification to ensure safe work conditions
 - if no modification is made, you should request alternative work that you can safely perform
 - if no alternative work is available, you should immediately request to contact your Personnel Plus supervisor to discuss your safety concern
 - if no resolution is determined, you may leave your work area only after receiving authorization from your Personnel Plus or jobsite supervisor
- If you witness or experience a "near-miss incident," you must report it immediately to your jobsite and Personnel Plus supervisors so that any existing hazard can be eliminated.
- You may always contact your Personnel Plus office if you have any question or concern related to the safety of your jobsite.

INJURY OR ILLNESS REPORTING – RETURN-TO-WORK POLICIES

1. If you are injured in any jobsite incident, or have incurred a work-related illness at a jobsite, you must:
 - Immediately report the incident to your direct jobsite supervisor (not a co-worker).
 - Report the incident to your Personnel Plus office no later than the end of your shift that day. Go to: <http://www.personnelplus-inc.com/include/content/contact.asp> for Personnel Plus office contact information. In any non-emergency situation, you must contact Personnel Plus before seeking medical treatment. You can reach a representative at any time outside business hours by calling the local Personnel Plus on-call phone number.
 - Anyone experiencing a medical emergency should be immediately transported to and treated at the nearest hospital emergency room.
 - You are required to complete an incident report with the Personnel Plus office, and may be required to submit to a post-accident drug test.
2. Any safety incident or injury that is reported after the end of your scheduled shift on the day of occurrence may be deemed a violation of this policy and could result in your claim being denied. Personnel Plus reserves the right to investigate any claim of injury.
3. If you require medical care, you must be treated by a Personnel Plus-designated medical provider. You are required to view the designated medical providers for your area [available here: <http://www.personnelplus-inc.com/include/content/medproviders/>]. If you seek treatment from any unapproved provider, you may be responsible for payment of any unauthorized treatment costs.
4. If you have sought treatment from a designated provider, you should be given a form indicating your return-to-work status. You are required to provide that form to the Personnel Plus office immediately following your treatment. If your designated provider has deemed that you are unable to return to your regular work duties, you will be offered modified work if available. You should remain in contact with your Personnel Plus office on a weekly basis until released to full duty by your treating physician.
5. You must inform Personnel Plus in advance of all medical appointments. You are required to keep all appointments as scheduled. If you must reschedule any appointment, it must be approved in advance by Personnel Plus, unless the reschedule is a result of a medical emergency. Personnel Plus reserves the right to attend any medical visit.

I have read and understand the above policy and agree that I have viewed the list of designated medical providers for my area. I acknowledge that any failure to comply with this policy or with any client company jobsite safety requirement may be deemed a violation of this policy and may result in disciplinary action up to and including termination and can also result in the denial of worker's compensation benefits. I understand that by my compliance with safety policies and procedures and my effort to always work in a safe manner, I can help ensure my own well-being and my success at any client company jobsite and with Personnel Plus.

Print Name

Employee Signature

Date

PERSONNEL
YOUR TOTAL STAFFING SOLUTION **PLUS**
DRUG-FREE WORKPLACE POLICY

Policy Statement It is the policy of Personnel Plus to maintain an alcohol and drug free workplace in accordance with the standards set by the Idaho Employers Alcohol and Drug-Free Workplace Act and it is a condition of employment with Personnel Plus that all employees comply with this policy. Personnel Plus will not hire, rehire, or retain any individual who tests positive for illegal drugs or alcohol; or who uses illegal or controlled drugs in any amount, regardless of frequency, without a medically acceptable prescription or admits use of illegal drugs or alcohol. Idaho law stipulates conditions for which an employee may be discharged for misconduct or denied employment due to testing positive for illegal drugs or alcohol. In accordance with Idaho law Personnel Plus will discharge any current employee for misconduct or deny employment to any prospective employee who tests positive or admits use to the use of illegal drugs or alcohol.

Adulterated test: The sample will be thrown away of anyone giving an adulterated test and the next test will be viewed.

Conditions for testing: All current Personnel Plus employees, or prospective employees, may be required to undergo a drug/alcohol test for any of the following reasons which may include, but are not limited to, the following:

- | | | |
|-------------------------|-------------------|------------------|
| A. Baseline | B. Pre-employment | C. Post-Accident |
| D. Random | E. Return to Duty | F. Follow Up |
| G. Reasonable Suspicion | | |

Requirements: You will be required to submit a urine specimen of greater than 30 ml or 80 strands of hair under reasonable and sanitary conditions for drug testing. Alcohol testing shall be done by saliva device or breath device or urine alcohol. Results of greater than .00 blood alcohol content shall be grounds for discharge. If you fail or refuse to submit a specimen within two hours, and unless you have a documented medically acceptable reason, alteration or attempt to alter a test sample, admitting use or submitting a sample that is not his/her own will be deemed in violation of this policy and discharged for misconduct or denied employment.

Collection: Upon returning the specimen to the technician it will be checked for contamination, dilution and correct temperature. Reasonable quality assurance standards will be maintained throughout the collection, assay, and shipping process to ensure non-adulteration of specimens, containers or devices. The specimen will be initially tested utilizing a scientifically accepted one-step in vitro immunoassay device for qualitative determination of the presence of the following drugs of abuse in concentrations greater than:

THC	50ng/ml	Amphetamine	1000ng/ml
Phencyclidine	25ng/ml	Barbiturates	300 ng/ml
Opiate	300ng/ml	Benzodiazepine	300 ng/ml
Cocaine	300ng/ml	Methadone	300 ng/ml
Methamphetamine	1,000ng/ml	Tricyclic antidepressant	1000 ng/ml

The device will be labeled with donor name, time and date and will be photocopied on the face of the results form to record the results. Personnel Plus routinely tests for the preceding drugs and threshold levels, and depending on employment situations that may arise, reserves the right to test for other drugs and/or quantities as necessary. The employee will be advised of the nature of such other tests at the time of testing.

Positive Immunoassay Result: Positive immunoassay results will be interpreted as presumed positive. Confirmatory testing is required unless the donor admits use. The assayed specimen will be packaged and sealed for shipment to a SAMSHA certified laboratory in accordance with acknowledged chain of custody standards. Employees presenting presumed positive results will be removed from active duty pending confirmatory test results. In the event of a presumed positive assay, the donor will be given the test result, including the type of substance involved and will be given an opportunity to decline confirmatory testing due to admitted use or accept sending specimen for confirmatory testing at a certified lab.

Confirmatory Lab Test: A SAMSHA certified laboratory will perform a Gas chromatography/mass spectrometry (CG/MS) test to confirm or disprove the in-vitro result. The employee will have an opportunity to discuss positive test results with the laboratory's medical review officer or other qualified person. The employee or prospective employee who has a positive test result may request that the same sample be retested by a mutually agreed laboratory. A request for a retest must be done within (7) working days from the date of the first confirmed positive test notification and may be paid for by the employee or prospective employee requesting the test. If the retest results in a negative test outcome, the private employer will reimburse the cost of the retest, compensate the employee for his time if suspended without pay, or if terminated solely because of the positive test, the employee shall be reinstated with back pay.

Negative test: Negative immunoassay results will be accepted as negative. No action will be taken.

Confidentiality: Personnel Plus will only use information obtained from a substance abuse test in a lawful manner to assure confidentiality of donor records.

Acknowledgement: By signing this form, the undersigned acknowledges that he/she understands the Alcohol and Drug-Free Workplace Policy of Personnel Plus Inc. and agrees to comply with the terms of this policy.

EMPLOYEE (PRINT)

EMPLOYEE SIGNATURE

DATE

PERSONNEL
YOUR TOTAL STAFFING SOLUTION **PLUS**
SEXUAL HARASSMENT POLICY

1. Introduction

Employees of Personnel Plus have the right to expect a workplace and work environment free from sexual harassment. Employees are expected to conduct themselves in a manner that does not constitute sexual harassment of a fellow employee, client or resident.

2. Coverage

- a. This sexual harassment policy covers all persons employed by Personnel Plus, regardless of classification or employment status. Any complaint against an employee or agent of the company is covered by this policy.
- b. A complaint against an employee is subject to compliance with Personnel Plus Policies and Procedures. (Policy 2. and 12.)

3. Definition

Requests for sexual favors and/or other unwelcome verbal or physical conduct of a sexual nature by an employee constitute sexual harassment when:

- A. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or
- B. Submission to or rejection of such conduct by an individual is used as the basis for employment or decisions affecting that individual, or
- C. Such conduct has the purpose or effect of creating an intimidating, offensive, or hostile environment, or
- D. Such conduct has the purpose or effect of unreasonably interfering with an individual's performance.

4. Consequences

In determining whether alleged conduct constitutes sexual harassment, the record as a whole will be considered, as well as the totality of the circumstances, such as the nature of the alleged conduct and the context in which it occurred. Any employee found to be in violation of this policy will be disciplined in accordance with Personnel Plus Policy 12 - Disciplinary Action, Suspension, and Dismissal.

5. Retaliation

Retaliation by any employee of Personnel Plus against an employee for responsibly using this policy and its procedures is grounds for appropriate disciplinary action.

6. False Allegations

Failure to substantiate a complaint is not equivalent to a false allegation. However, a false allegation brought forth with malicious intent or without regard for truth, will subject the complainant to disciplinary action.

The undersigned acknowledges that they have read and fully understands this policy:

EMPLOYEE (PRINT)

EMPLOYEE SIGNATURE

DATE

PERSONNEL
YOUR TOTAL STAFFING SOLUTION **PLUS**
PAYROLL DEPOSIT NOTICE

Dear fellow employee:

We would like to welcome you to our Personnel Plus family and would like to call to your attention the (3) available options to receive your pay. These are:

Preference

- ☐ 1. **Direct Deposit** — this is the most convenient and preferred form of payment. Your paycheck is directly deposited into your checking account on your payday. Please provide us with a voided check with your social security number clearly written on your check.
- ☐ 2. **Standard paycheck** — your paycheck is available for you to pick up at our office.
- ☐ 3. **Global Cash Card debit card** — your pay is deposited directly into your Debit Card account on our payday. You can access these funds from any ATM, or any store or bank that accepts debit cards. IPAY cards are available on request from any Personnel Plus office.

As indicated above, you have several options to receive your pay from Personnel Plus. We encourage you to take full advantage of the option that best suites you, as we wish to make your payday experience as smooth as possible.

Please indicate your preference by checking the box to the left of the above options; and call, mail, or drop this notice off at your nearest Personnel Plus office.

EMPLOYEE (PRINT)

EMPLOYEE SIGNATURE

DATE



Dear employer: We are requesting a reference check on the following employee. All replies will be kept strictly confidential. We thank you in advance for your prompt response!

Date: _____

To: _____

Name of Applicant: _____

SS#: _____

			Comments
Verify dates worked:	____ Yes	____ No	_____
Verify ending wages:	____ Yes	____ No	_____
Verify job duties/job title:	____ Yes	____ No	_____
Was the employee reliable?	____ Yes	____ No	_____
Did he/she demonstrate excessive tardiness or absenteeism?	____ Yes	____ No	_____
Did the employee work well with others?	____ Yes	____ No	_____
Did he/she perform the essential functions of the job?	____ Yes	____ No	_____
Is the employee rehireable through your company?	____ Yes	____ No	_____

Comments: _____

Would you be interested in learning more about our staffing and payroll services? We can (circle all that apply):

[Mail literature] **[contact you via telephone or email @ _____]**

Thank you for your time!

Please return and mail this completed form to:

Or fax to:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies, rules and regulations of the employer.

EMPLOYEE (PRINT)

EMPLOYEE SIGNATURE

DATE

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 _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
---------------------	-------	--------------------	-------	--------------	-------	----------------	-------

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►**Title****Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

**Learning about the law
or the form** 30 min.

**Preparing and sending this form
to the SWA** 37 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 the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



**Individual Characteristics Form (ICF)
Work Opportunity Tax Credit**

1. Control No. (For Agency use only)		APPLICANT INFORMATION (See instructions on reverse)		2. Date Received (For Agency Use only)	
EMPLOYER INFORMATION					
3. Employer Name		4. Employer Address and Telephone		5. Employer Federal ID Number (EIN)	
APPLICANT INFORMATION					
6. Applicant Name (Last, First, MI)		7. Social Security Number		8. Have you worked for this employer before? Yes ____ No ____ If YES, enter last date of employment: _____	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION					
9. Employment Start Date		10. Starting Wage		11. Position	
12. Are you at least age 16, but under age 40? Yes ____ No ____ If YES, enter your <i>date of birth</i> _____					
13. Are you a Veteran of the U.S. Armed Forces? Yes ____ No ____ If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? Yes ____ No ____ If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? Yes ____ No ____ If YES, were you discharged or released from active duty within a year before you were hired? Yes ____ No ____ OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes ____ No ____					
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? Yes ____ No ____ OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes ____ No ____ If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city</i> _____ And <i>state</i> where benefits were received _____. _____					
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ____ No ____ OR, by an Employment Network under the Ticket to Work Program? Yes ____ No ____ OR, by the Department of Veterans Affairs? Yes ____ No ____					

16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes___ No___ OR , are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes___ No___ OR , did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes___ No___ If NO , are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? Yes___ No___ If YES, to any question , enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____.		
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes___ No___ If YES , enter <i>date of conviction</i> _____ and <i>date of release</i> _____. Was this a Federal _____ or a State conviction _____? (Check one)		
18. Do you live in a Rural Renewal County? Yes___ No___		
19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes___ No___		
20. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes___ No___		
21. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes___ No___		
22. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.)		
I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.		
23(a). Signature: (See instructions in Box 23.(b) for who signs this signature block)	23. (b) Indicate with a ✓ mark who signed this form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)	24. Date:

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification. Every certification request must include an IRS Form 8850 and an ETA Form 9061 or 9062, if a Conditional Certification was issued to the individual pre-certifying the new hire as "eligible" under the requested target group.

Boxes 1 and 2. **SWA.** For agency use only.

Boxes 3-5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. **Applicant Information.** Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the "48-hour" reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of "qualifying rehires" during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 408) during the first year of employment.

Boxes 12-21. **Applicant Characteristics.** Read questions carefully, answer each question, and provide additional information where requested.

Box 22 **Sources to Document Eligibility.** The applicant or employer is requested to provide documentary evidence to substantiate the **YES answers** in Boxes 12 through 21. List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate SNAP (formerly Food Stamp) agency stating to whom SNAP benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs will use this box to document the sources used when verifying target group eligibility, followed by their initials and the date the determination was completed.

Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered **YES**.)

QUESTION 12

- Birth Certificate
- Driver's License
- School I.D. Card¹
- Work Permit¹
- Federal/State/Local Gov't I.D.¹
- Copy of Hospital Record of Birth

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- Letter of Separation or other agency documents issued only by the Department of Veterans Affairs (DVA) on DVA Letterhead certifying the Veteran has a service-connected disability and signed by the individual who verified this information.

QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History
- Signed statement from Authorized Individual with specific description of the months benefits were received
- Case number identifier

QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration for Disabled Veterans
- Signed letter of separation or related document from authorized Individual on DVA letter head or agency stamp with specific description of months benefits were received.
- **For SWAs:** To determine *Ticket Holder* (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS at: 703-683-1051 to verify if applicant: 1) is a TH, and 2) has an Individual Work Plan from an Employment Network.

QUESTION 17

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTION 18

- To determine if a Designated Community Resident lives in a RRC, visit the site: www.usps.com. **Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information**, then compare the county of the address to the list in the January 2012 Instructions to IRS 8850.

QUESTION 19

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

Notes:

1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.

2. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. **Therefore, the I-9 is no longer a valid piece of documentary evidence.**

QUESTIONS 20 and 21

- Unemployment Insurance (UI) Claims Records
- UI Wage Records

Box 23.(a) **Signature.** The person who completes the form signs the signature block. **Options:** (a) Employer or Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (If applicant is a minor, the parent or guardian must sign).

Box 24. **Date.** Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

.....✂.....
(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*

