


LAST NAME						FIRST NAME						INIT.		PHONE #								MESSAGE #						SOCIAL SECURITY #						DATE				SKILLS																																																																																	
ADDRESS						CITY						STATE						COUNTY								ZIP						DO NOT WRITE IN SHADED AREAS																																																																																							
PERMANENT ADDRESS (if different)						CITY						STATE						COUNTY								ZIP						OSHA						POLICIES						WC-R						STATE IDAHO						PQA						DRUG TEST						I9						W4						EVALUATION RESULTS																																							
																																YES						RESULTS						MATH I						MATH II						FILING						CLERICAL						COMPARISON						GRAMMAR/PUNCT						SPELLING						DATA ENTRY						WINDOWS						WORD						BOOKKEEPING I						BOOKKEEPING II						TYPING			
Are you currently employed?						<input type="checkbox"/> yes <input type="checkbox"/> no						Ever Bonded?						<input type="checkbox"/> yes <input type="checkbox"/> no						TYPE OF WORK APPLYING FOR:																		What form of transportation will you use to get to your job(s)?																																																																													
Employment desired?						<input type="checkbox"/> Temporary <input type="checkbox"/> Full Time						Are you at least 18 years old?						<input type="checkbox"/> yes <input type="checkbox"/> no						<input type="checkbox"/> Clerical / Office <input type="checkbox"/> Professional / Technical <input type="checkbox"/> General Labor / Industrial <input type="checkbox"/> Foodservice / Healthcare <input type="checkbox"/> Sales / Management																		Do you have a valid drivers license? <input type="checkbox"/> yes <input type="checkbox"/> no																																																																													
Salary Requirements:						Circle shifts you can work:						Minimum Acceptable:						1st 2nd 3rd Part Time						Rotating Midnight 12 Hour						Circle days you can work: <input type="checkbox"/> Summer Only M TU W TH F SA SU						State: _____ Class: _____ Number: _____ Expir. Date: _____ Auto Liability Insurance: <input type="checkbox"/> yes <input type="checkbox"/> no Company: _____ How far are you willing to commute?																																																																																			
Smoker?						<input type="checkbox"/> yes <input type="checkbox"/> no						Have you been convicted of a crime or been released from jail as a result of a prior conviction? <input type="checkbox"/> yes <input type="checkbox"/> no																		ATTITUDE <input type="checkbox"/> FLEXIBLE & CONFIDENT <input type="checkbox"/> POLITE <input type="checkbox"/> NERVOUS <input type="checkbox"/> IRRITATED <input type="checkbox"/> UNCOOPERATIVE																																																																																									
Have you ever worked for a temporary service before?						<input type="checkbox"/> yes <input type="checkbox"/> no						If yes, what service (s)? _____																		PERSONALITY <input type="checkbox"/> OUTGOING & PLEASANT <input type="checkbox"/> LIKEABLE <input type="checkbox"/> OBJECTIONABLE																																																																																									
Which companies did the service send you to?						Comments:																		INITIATIVE <input type="checkbox"/> ASSERTIVE <input type="checkbox"/> CONTRIBUTES WILLINGLY <input type="checkbox"/> NEEDS PROMPTING <input type="checkbox"/> INDECISIVE																																																																																															
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.																																																																																			
<input type="checkbox"/> Landscaping _____						<input type="checkbox"/> Gen. Labor-light _____						<input type="checkbox"/> Assembly/Packaging _____						<input type="checkbox"/> Receptionist _____						<input type="checkbox"/> Accts. Receivable _____						<input type="checkbox"/> Computer Tech. _____						<input type="checkbox"/> Accounting _____																																																																																			
<input type="checkbox"/> Delivery _____						<input type="checkbox"/> Gen. Labor-Med. _____						<input type="checkbox"/> Machine Operator _____						<input type="checkbox"/> Switchboard #lines _____						<input type="checkbox"/> Accts Payable _____						<input type="checkbox"/> Copier Tech _____						<input type="checkbox"/> CPA _____																																																																																			
<input type="checkbox"/> Janitorial _____						<input type="checkbox"/> Gen. Labor-Heavy _____						<input type="checkbox"/> Injection _____						<input type="checkbox"/> Clerical _____						<input type="checkbox"/> Payroll _____						<input type="checkbox"/> Telecom Tech _____						<input type="checkbox"/> Human Resources _____																																																																																			
<input type="checkbox"/> Warehouse _____						<input type="checkbox"/> Machine Operator _____						<input type="checkbox"/> Molding _____						<input type="checkbox"/> Telephone #lines _____						<input type="checkbox"/> Bank Reconciliation _____						<input type="checkbox"/> Electronics Tech _____						<input type="checkbox"/> Purchasing _____																																																																																			
<input type="checkbox"/> Inventory _____						<input type="checkbox"/> Forklift Operator _____						<input type="checkbox"/> Maintenance _____						<input type="checkbox"/> Word processing _____						<input type="checkbox"/> Posting _____						<input type="checkbox"/> CAD Drafting _____						<input type="checkbox"/> Public Relations _____																																																																																			
<input type="checkbox"/> Security _____						<input type="checkbox"/> Packaging _____						<input type="checkbox"/> Customer Service _____						<input type="checkbox"/> Dictation _____						<input type="checkbox"/> Trial Balance _____						<input type="checkbox"/> Engineer _____						<input type="checkbox"/> Information Systems _____																																																																																			
<input type="checkbox"/> Shipping/Receiving _____						<input type="checkbox"/> Palletizing _____						<input type="checkbox"/> Quality Assurance _____						<input type="checkbox"/> Speed Writing _____						<input type="checkbox"/> Financial Stmtnt Prep _____						<input type="checkbox"/> Type: _____						<input type="checkbox"/> Sales _____																																																																																			
<input type="checkbox"/> Cleanup _____						<input type="checkbox"/> Sanitation _____						<input type="checkbox"/> Prep Room _____						<input type="checkbox"/> Typing word/min _____						<input type="checkbox"/> Month End Close _____						<input type="checkbox"/> Certificate: _____						<input type="checkbox"/> Technical _____																																																																																			
<input type="checkbox"/> Farm <input type="checkbox"/> Field _____						<input type="checkbox"/> Lab _____						<input type="checkbox"/> Glue Room _____						<input type="checkbox"/> Statistical Typing w/m _____						<input type="checkbox"/> Accounting _____						<input type="checkbox"/> Telecommunications _____						<input type="checkbox"/> Quality Assurance _____																																																																																			
<input type="checkbox"/> Dairy _____						<input type="checkbox"/> Quality Assurance _____						<input type="checkbox"/> Other (list): _____						<input type="checkbox"/> Legal office _____						<input type="checkbox"/> Tax _____						<input type="checkbox"/> Computer Network _____						<input type="checkbox"/> Construction _____																																																																																			
<input type="checkbox"/> Sprinkler _____						<input type="checkbox"/> Maintenance _____						FOODSERVICE						<input type="checkbox"/> Medical office _____						SOFTWARE USED:						SOFTWARE USED (list):						<input type="checkbox"/> Farm _____																																																																																			
<input type="checkbox"/> Floral _____						<input type="checkbox"/> Electrical _____						<input type="checkbox"/> Waitress _____						<input type="checkbox"/> Cashier _____						<input type="checkbox"/> Quicken _____						<input type="checkbox"/> _____						<input type="checkbox"/> Engineering _____																																																																																			
<input type="checkbox"/> Yards & Grounds _____						<input type="checkbox"/> Electronics _____						<input type="checkbox"/> Line cook _____						<input type="checkbox"/> 10-Key _____						<input type="checkbox"/> Peachtree _____						<input type="checkbox"/> _____						<input type="checkbox"/> Other (list): _____																																																																																			
<input type="checkbox"/> Housekeeping _____						<input type="checkbox"/> Hydraulics _____						<input type="checkbox"/> Chef _____						<input type="checkbox"/> Teller _____						<input type="checkbox"/> Other (list) _____						<input type="checkbox"/> _____						<input type="checkbox"/> _____																																																																																			
CONSTRUCTION						<input type="checkbox"/> Shipping/Receiving _____						<input type="checkbox"/> Dishwasher _____						<input type="checkbox"/> Data entry _____						HEALTHCARE						SALES						<input type="checkbox"/> Outside Sales _____																																																																																			
<input type="checkbox"/> General Labor _____						<input type="checkbox"/> Fish Processing _____						<input type="checkbox"/> Hostess _____						<input type="checkbox"/> Mortgage _____						<input type="checkbox"/> CNA _____						<input type="checkbox"/> Retail Sales _____						<input type="checkbox"/> OTHER SKILLS (list):																																																																																			
<input type="checkbox"/> Concrete Rough _____						SKILLED LABOR						<input type="checkbox"/> Supervisor _____						<input type="checkbox"/> Filing _____						<input type="checkbox"/> LPN _____						<input type="checkbox"/> Route Sales _____						<input type="checkbox"/> _____																																																																																			
<input type="checkbox"/> Concrete Finish _____						<input type="checkbox"/> Diesel Mechanic _____						<input type="checkbox"/> Banquet _____						<input type="checkbox"/> Fax/Copier _____						<input type="checkbox"/> CMA _____						<input type="checkbox"/> Telemarketing _____						<input type="checkbox"/> _____																																																																																			
<input type="checkbox"/> Carpenter Rough _____						<input type="checkbox"/> Auto Mechanic _____						<input type="checkbox"/> Sanitation _____						<input type="checkbox"/> Medical Term. _____						<input type="checkbox"/> Ward Clerk _____						<input type="checkbox"/> Marketing _____						<input type="checkbox"/> _____																																																																																			
<input type="checkbox"/> Carpenter Finish _____						<input type="checkbox"/> Small Engine Mech. _____						<input type="checkbox"/> Warehouse _____						<input type="checkbox"/> Credit/Collection _____						<input type="checkbox"/> Lab Technician _____						<input type="checkbox"/> Product Demo _____						<input type="checkbox"/> _____																																																																																			
<input type="checkbox"/> Framing _____						<input type="checkbox"/> Machinist _____						DRIVING						<input type="checkbox"/> Customer Service _____						<input type="checkbox"/> General Labor _____						<input type="checkbox"/> Survey _____						<input type="checkbox"/> _____																																																																																			
<input type="checkbox"/> Read Blueprints _____						<input type="checkbox"/> Tool & Die _____						<input type="checkbox"/> Class (CDL) _____						<input type="checkbox"/> Title/Escrow _____						<input type="checkbox"/> Housekeeping _____						<input type="checkbox"/> Other (list): _____						<input type="checkbox"/> COMMENTS:																																																																																			
<input type="checkbox"/> Roofing _____						<input type="checkbox"/> Mill/Lathe																																																																																																																	

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									

<b>EDUCATION / TRAINING SUMMARY:</b> 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 _____				

<b>APPLICANT AGREEMENT</b>	
I affirm that the statements made on this application are true and complete. I authorize Personnel Plus to investigate any statement contained in any part of this application, and I understand that any false statement, omission of fact, or misrepresentation of facts on this application or other forms provided to Personnel Plus will be grounds for termination and recovery of potential damages from me. I hereby authorize Personnel Plus and also authorize and request each former Employer, (except as indicated) and any person, firm or corporation given as a reference, to answer all questions that may be asked and to give all information that maybe sought concerning me, my work, habits, character, skills, or actions in any transaction.	
I understand that completing this application does not constitute an employment agreement between me and Personnel Plus. If I am accepted for employment with Personnel Plus, I agree to submit to a drug/alcohol screening test.	
NOTICE: This employment application form will remain effective for one month.	
Signature _____ Date _____	

<b>CONDITIONAL OFFER OF EMPLOYMENT</b>				<b>POST-OFFER ELIGIBILITY DETERMINATION</b>			
This person is eligible for Job assignments in the following categories: <input type="checkbox"/> Clerical I <input type="checkbox"/> Light Labor <input type="checkbox"/> Medical <input type="checkbox"/> Sales <input type="checkbox"/> Clerical II <input type="checkbox"/> Medium Labor <input type="checkbox"/> Management <input type="checkbox"/> Technical /Professional <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Heavy Labor <input type="checkbox"/> CDL <input type="checkbox"/> Other _____				This person is eligible for Job assignments in the following categories: <input type="checkbox"/> Clerical I <input type="checkbox"/> Light Labor <input type="checkbox"/> Medical <input type="checkbox"/> Sales <input type="checkbox"/> Clerical II <input type="checkbox"/> Medium Labor <input type="checkbox"/> Management <input type="checkbox"/> Technical /Professional <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Heavy Labor <input type="checkbox"/> CDL <input type="checkbox"/> Other _____			
Conditional job offer not extended due to: <input type="checkbox"/> Availability <input type="checkbox"/> Skills <input type="checkbox"/> Other _____							
Personnel Plus _____ Date _____		Applicant _____ Date _____		Personnel Plus _____ Date _____		Applicant _____ Date _____	
ORIENTATION: During my orientation with the Personnel Plus representative. I received the following: Initial _____ <input type="checkbox"/> Policies & Procedures Statement <input type="checkbox"/> Welcome brochure <input type="checkbox"/> OSHA Orientation <input type="checkbox"/> Time Card <input type="checkbox"/> Drug & Alcohol Testing Policy Statement							
<b>EMPLOYEE AGREEMENT</b> I agree that my employment with Personnel Plus may be terminated at any time without liability to me for wages or salary except such as may have been earned at the date of such termination. I understand that my compensation from Personnel Plus shall be limited to the duration of any temporary assignment hereunder. I agree that if at any time I sustain a work-related injury, I will submit myself to a drug/alcohol test and to an examination by a physician of the company's selection.							
Signature _____ Date _____							
PERSONNEL PLUS IS AN EQUAL OPPORTUNITY EMPLOYER.				<b>EMPLOYMENT APPLICATION</b>			



## 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 relationship with Personnel Plus is of an "at will" nature, which means that you may resign at any time and Personnel Plus may discharge you at any time with or without cause. This "at will" employment relationship may not be changed by any written document or conduct unless 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 should call the Personnel Plus office every day that you are available to 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. Do not leave your phone 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 In the event of an emergency or illness, or if for 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 If you "walk off the job" (i.e., you leave before the end of the shift without the approval of your jobsite supervisor) you will be paid minimum wage for the hours worked that day. It is your responsibility to obtain a jobsite supervisor-approved timesheet indicating actual hours worked before you will be paid.
- 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 8am-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 reasons including, but not limited to: provoking, instigating or participating 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 so 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 the Tuesday** 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 to 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 outlined above.

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EMPLOYEE (PRINT)

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EMPLOYEE SIGNATURE

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DATE



### **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.

***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:***

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EMPLOYEE (PRINT)

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EMPLOYEE SIGNATURE

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DATE

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

# Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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 #) \_\_\_\_\_
- ☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

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

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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

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

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

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

## Section 3. Updating and Reverification (To be completed and signed by employer.)

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		
4. Employment Authorization Document that contains a photograph (Form I-766)	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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	3. School ID card with a photograph	
	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. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	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)**



# Form W-4 (2009)

**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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. 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 may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. 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. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners 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. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____				
<b>B</b>	Enter "1" if: <table border="0"><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>B</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.						
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____				
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____				
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.	<b>G</b> _____				
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____				
For accuracy, <b>complete all worksheets that apply.</b> <table border="0"><tr><td>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.						
• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.						
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.						

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2009</b>
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>				
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number		
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> _____				

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

**Employee's signature**

(Form is not valid unless you sign it.) ▶

**Date** ▶

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

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction.

- 1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,350 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$  **2** \$ \_\_\_\_\_
- 3** Subtract line 2 from line 1. If zero or less, enter "-0-" **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ \_\_\_\_\_
- 5** Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet **5** \_\_\_\_\_
  - 6** Subtract line 5 from line 4 **6** \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ \_\_\_\_\_
  - 8** Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ \_\_\_\_\_
  - 9** Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

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

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	$5\overline{)1455}$
<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 \$1.15 per 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

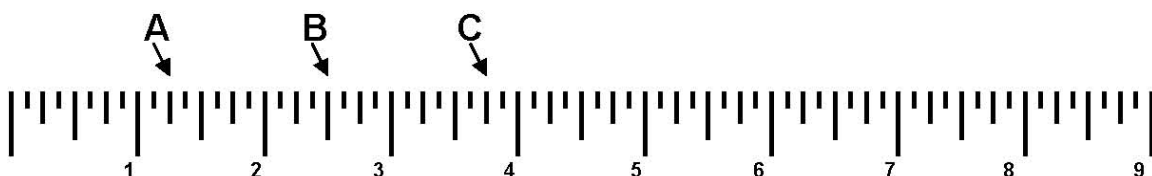
Aa-Bb	Fa-Hz	Na-Oz
Bc_Cf	Ia-Kz	Pa-Rz
Cg-Dz	La-Md	Sa-Uz
Ea-Fz	Me-Mz	Va-Zz

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 <sup>1</sup>/<sub>4</sub> inches

3 <sup>5</sup>/<sub>8</sub> inches

4 <sup>1</sup>/<sub>2</sub> 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	_____ miscellaneous
_____ absense	_____ similar	_____ occasion	_____ conferred
_____ desription	_____ suggestion	_____ numerical	_____ accomodate
_____ misspell	_____ maintenance	_____ responsible	_____ embarass
_____ ready	_____ garantee	_____ sincerely	_____ gracious
_____ suitable	_____ incidental	_____ analyze	_____ unnecesary



# 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					
<b>WAIVER</b> Idaho law does <b>not</b> require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, <b>without</b> 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 <i>The signature date on the waiver must be within 180 days of the name check submission.</i>					

### TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Requesting Person or Company	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**

As a Condition of employment with Personnel Plus, all applicants must read and fully understand the following safety policy, if any statement is unclear please ask your Personnel Plus supervisor for clarification.

### **Employee Safe Work Procedures:**

It is the goal of Personnel Plus to ensure a safe workplace for all employees. If at any time you are requested to work in an unsafe work area or asked to perform an unsafe act, you must do the following:

- 1 Stop and inform your supervisor of your safety concern.
- 2 If you are requested to continue, request a modification to ensure a safe condition so that you may safely perform your work duties.
- 3 If no modification is made, you are to request alternative work that you deem as safe to perform.
- 4 If no alternative safe work is available, immediately request to leave the work area and call your Personnel Plus supervisor.
- 5 If you experience a "near miss" accident you are encouraged to immediately report the incident to your on-site Supervisor. Forms are available at your local Personnel Plus office to report the "near miss" occurrence.

### **On-the-Job Accidents:**

- **All** on the job injuries **must** be reported to your supervisor **by the end of your scheduled shift** and an **accident report completed**. **Injuries not reported** by the end of your scheduled shift, but reported at a later date will be deemed a violation of Company Policy and **may be grounds for termination**.
- **All** injuries requiring **medical treatment** must be treated at the following facilities:

**St Lukes Occupational Health**  
**630 Addison Ave W.**  
**(208) 737-2906**  
**Twin Falls, ID**  
**Mon-Fri 8am-6pm**

**Physician Center**  
**630 Addison Ave W.**  
**(208) 733-4343**  
**Twin Falls, ID**  
**Saturday 9am- 4pm**

**St Lukes MVRMC Emergency Dept.**  
**650 Addison Ave W.**  
**(208) 737-2111**  
**Twin Falls, ID**  
**Nights after 6pm,**  
**Sat after 4pm, all day Sunday**

### **Return-To-Work:**

Injured workers will be offered modified work that is within the scope of any medical restrictions issued by our company doctor. Injured workers are required to accept work offered them that is within the scope of their physical limitations. Failure to accept modified work will result in the immediate termination of any further worker compensation benefits.

### **Acknowledgement of OSHA Orientation**

I have read and fully understand the supplied handout on OSHA Orientation.

I have read the above Policy regarding **Employee Safe Work Procedures**, **On-the- Job Accidents**, **ReturnTo-Work**, and **Acknowledgement of OSHA Orientation** and agree to follow them in the course of my employment. I agree to follow these procedures and I understand that non-adherence may result in appropriate discipline and/or termination of my employment with Personnel Plus.

---

EMPLOYEE (PRINT)

---

EMPLOYEE SIGNATURE

---

DATE



## DRUG TESTING POLICY

**Policy Statement** It is the policy of Personnel Plus to maintain 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 abide by this policy. Personnel Plus will not hire, rehire, or retain any individual who tests positive for any illegal drug or alcohol in their system; or who uses illegal drugs or a controlled drug in any amount, regardless of frequency, without a medically acceptable prescription. 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. Personnel Plus will discharge any current employee for misconduct and deny employment to any prospective employee who submits a specimen resulting in a confirmed positive test for illegal drugs or alcohol.

**Conditions for testing:** All current Personnel Plus employees, prospective employees or applicants, may be required to undergo a drug/alcohol screening test for any of the following reasons:

- Condition of initial employment (pre-employment)
- Condition of continuation of employment
- Routine or random screening
- Reasonable suspicion by Personnel Plus or its Clients
- Critical events (workplace accidents, unusual behavior, etc.)

**Requirements:** You will be required to submit a specimen under reasonable and sanitary conditions for use in the drug/alcohol screening test. If you fail or refuse to supply a specimen within a reasonable time period, and unless you have a documentable medically acceptable reason, you will be presumed in violation of our drug testing policy and discharged for misconduct or denied employment.

**Collection:** You will be supplied an approved container to submit your specimen and asked to place it in a secure area. A trained technician will check the sample for contamination and proper temperature; and then proceed with conducting the drug screen. The specimen will be labeled with donor name, timed and dated. Reasonable quality assurance standards will be maintained throughout the collection, storage and transportation and testing process to ensure non-contamination or adulteration of the specimen. In the event of a specimen yielding a positive result, the resulting specimen will be sealed and processed in accordance with acknowledged chain of custody standards.

**Test:** The Preliminary test utilizes a scientifically accepted Redi-Screen™ or similar quick drug/alcohol screening test. This is a one-step invitro immunochromatographic test for qualitative determination of common drugs of abuse and their metabolites including: THC, PCP, Opiates, Cocaine, and Methamphetamine. The test detects drug metabolite present in the specimen and will present a positive result when the concentration exceeds the following threshold limits or levels. Other tests may also be used:

THC	50ng/ml	other:
PCP	25ng/ml	
Opiates	300ng/ml	
Cocaine	300ng/ml	
Methamphetamine	1,000ng/ml	

**Test result:** The submitted specimen will be screened for one or more of the substances stated above and the result available in about 5 minutes. Depending on the test outcome, the following actions will be taken:

**Negative test:** No action taken other than recording the test result on the official drug test log. **Positive test:** An immediate recheck will be performed utilizing a separate Redi-Screen™ media to verify the positive result. If the recheck confirms the positive result, then the original sample will be immediately sealed, labeled and prepared according to Chain of Custody Standards. The donor must sign and acknowledge submitting the sealed specimen.

**Explanation:** The donor will be shown the test result and will be given an opportunity to explain, admit, or question it.

**Confirmation lab test:** All disputed tests will be forwarded to an independent lab utilizing a chromatographic technique to confirm the preliminary result. In any event, the confirmatory independent lab test result will be used in the application of this policy. The donor will be notified of the final result in writing by Personnel Plus or by the laboratory. The employee will be given an opportunity to discuss and explain the positive test result with a medical review officer or other qualified individual. The employee has the right to request a retest (at their expense) of the same sample which will be performed within (7) working days. The employee will be reimbursed for incurred expenses in the event of a reversed disputed test result. Any Personnel Plus employee who has a confirmed positive test will be in violation of this policy and will be suspended or discharged for misconduct.

**Written Copy:** The donor will be provided a copy of all test results including the type of substance involved.

**Confidentiality:** Reasonable care will be maintained by all parties involved to assure confidentiality and privacy of donor records.

**Acknowledgement:** By signing this form, the undersigned acknowledges that they understand the drug-free policy of Personnel Plus and understand that a confirmed positive drug test will result in discharge or denial of employment. The undersigned acknowledges that they understand the requirements of the test, the type of test used, and their opportunity to explain, admit or dispute the preliminary Redi-Screen™ or similar preliminary test result. The undersigned further acknowledges that the specimen involved in a disputed result will be sealed and handled in accordance with acknowledged chain of custody standards and sent to an independent lab for confirmation, and that the final results will be used for determination and implementation of any disciplinary action arising from application of this policy.

---

EMPLOYEE (PRINT)

---

EMPLOYEE SIGNATURE

---

DATE





## **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



## **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. **IPAY 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 suits 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 rehirable 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 this completed form to fax# (208) 733-7362, or mail to:  
PERSONNEL PLUS, 111 Filer Ave., Twin Falls, ID 83301.**

**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

## PLEASE NOTE...

If NONE of the items 1 through 5 on the next form apply to you then ...

Form 8860 (Rev. 10/07)

Page **2**

For Employer's Use Only

**8850**

Form **8850**  
Jan. 2008

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

OMB No. 1545-0040

Use the reverse side.

**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 \_\_\_\_\_

Telephone number \_\_\_\_\_

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

1 ☐ Check here if you are completing this form before August 28, 2007, and you live in the area impacted by Hurricane Katrina on August 28, 2005. If yes, please enter the address, including county or parish and state where you lived at that time.

2 ☐ Check here if you received a conditional certification from the state workforce agency (DWA) or a participating local agency for the work opportunity credit.

3 ☐ 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 6 months during the past 18 months.
- I am a veteran and a member of a family that received food stamps for at least a 3-month period during the past 18 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 food stamps for the past 3 months, or
  - A received food stamps for at least 2 of the past 6 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.

4 ☐ Check here if you are a veteran: entitled to compensation for a service-connected disability and, during the past year, you were

- Discharged or released from active duty in the U.S. Armed Forces, or
- Unemployed for a period or periods totaling at least 6 months.

5 ☐ 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, 1987, and the earliest 14-month period beginning after August 5, 1997, ended during the past 2 years, or
- Wasn't 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**

I declare under penalty of perjury that I am the job applicant named on this application and I believe the data I have entered is true, and I am at least 18 years old.

Job applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

For Privacy Act and Payments Reduction Act Notice, see page 2.

(Use 1040, 2008)

Form **8860** (Rev. 8/07)

... you do not need to  
complete this form.

15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR, if not, how did you find the job? 16. Are you a full-time or part-time employee? 17. Were you hired by the employer? 18. Do you have any other employment? 19. Did you receive any training or education while working for the employer? 20. Social Security Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">           Yes _____ No _____         </td> </tr> </table> <div style="text-align: center; margin-top: 20px;"> <b>Individual Characteristics Form (ICF)</b>  <b>Work Opportunity Tax Credit</b> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="width: 65%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px; vertical-align: top;">           1. Control No. (For Agency use only)         </td> <td style="width: 35%; padding: 5px; text-align: center;"> <b>APPLICANT INFORMATION</b>            (See instructions on reverse)         </td> <td style="width: 35%; padding: 5px; vertical-align: top;">           DMB No. 1205-0371            Expiration Date: November 30, 2011            2. Date Received (For Agency Use only)         </td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;"> <b>EMPLOYER INFORMATION</b> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;">           3. Employer Name         </td> <td style="padding: 5px; vertical-align: top;">           4. Employer Address and Telephone         </td> <td style="padding: 5px; vertical-align: top;">           5. Employer Federal ID Number (EIN)         </td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;"> <b>APPLICANT CHARACTERISTICS</b> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;">           6. Applicant Name (Last, First, MI)         </td> <td style="padding: 5px; vertical-align: top;">           7. Social Security Number:         </td> <td style="padding: 5px; vertical-align: top;">           8. Have you worked for this employer before? Yes _____ No _____             If YES, enter last date of employment:         </td> </tr> </table> </div> <div style="width: 35%; padding: 5px; text-align: center;"> <b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%; padding: 5px; vertical-align: top;">           9. Employment Start Date         </td> <td style="width: 33%; padding: 5px; vertical-align: top;">           10. Starting Wage         </td> <td style="width: 33%; padding: 5px; vertical-align: top;">           11. Position         </td> </tr> </table> </div>	Yes _____ No _____		1. Control No. (For Agency use only)	<b>APPLICANT INFORMATION</b> (See instructions on reverse)	DMB No. 1205-0371 Expiration Date: November 30, 2011 2. Date Received (For Agency Use only)	<b>EMPLOYER INFORMATION</b>			3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)	<b>APPLICANT CHARACTERISTICS</b>			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:	9. Employment Start Date	10. Starting Wage	11. Position
Yes _____ No _____																					
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9. Employment Start Date	10. Starting Wage	11. Position																			

12. Are you, at least age 18, but under age 40? If YES, enter your date of birth:	Yes _____ No _____
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Food Stamps for at least 3 months during the 18 months before you were hired? If YES, enter name of primary recipient _____ and _____ city and state where benefits were received _____ OR, are you a veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within a year before you were hired? OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?	Yes _____ No _____  Yes _____ No _____  Yes _____ No _____  Yes _____ No _____
14. Are you a member of a family that received Food Stamps for the 6 months before you were hired? OR, received Food Stamps for at least a 3-month period within the last 6 months (but you are no longer receiving them)? If YES to either question, enter name of primary recipient _____ and city and state where benefits were received _____	Yes _____ No _____  Yes _____ No _____

F-14 Form (2011) - (Supplementary 2010)

## 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 \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

- 1 ☐ Check here if you are completing this form **before** August 28, 2007, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.  
\_\_\_\_\_
- 2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 ☐ 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 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 food stamps for the past 6 months, **or**
    - b** Received 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.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, **or**
  - Unemployed for a period or periods totaling at least 6 months.
- 5 ☐ 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	Was	Was	Started
	information	offered	hired	job
	/ /	/ /	/ /	/ /

**Complete Only If Box 1 on Page 1 is Checked**State and  
county or  
parish of  
job \_\_\_\_\_
☐ Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed 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.

<b>Employer's signature ▶</b>	<b>Title</b>	<b>Date</b> / /
-------------------------------	--------------	-----------------

**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** . . . . . 5 hrs., 30 min.

**Learning about the law or the form** . . . . . 24 min.

**Preparing and sending this form to the SWA** . . . . . 30 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:T:SP, 1111 Constitution Ave. NW, IR-6406, 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**

**U.S. Department of Labor**  
Employment and Training Administration

1. Control No. (For Agency use only)	<b>APPLICANT INFORMATION</b> (See instructions on reverse)		OMB No. 1205-0371 Expiration Date: November 30, 2011 2. Date Received (For Agency Use only)
<b>EMPLOYER INFORMATION</b>			
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)	
<b>APPLICANT INFORMATION</b>			
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: _____	
<b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>			
9. Employment Start Date	10. Starting Wage	11. Position	
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____			Yes ____ No ____
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Food Stamps for at least 3 months during the 15 months before you were hired? 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? If YES, were you discharged or released from active duty within a year before you were hired? OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?			Yes ____ No ____  Yes ____ No ____  Yes ____ No ____  Yes ____ No ____
14. Are you a member of a family that received Food Stamps for the 6 months before you were hired? OR, received Food Stamps for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.			Yes ____ No ____  Yes ____ No ____

