

LAST NAME		FIRST NAME		INIT.	PHONE #		MESSAGE #		SOCIAL SECURITY #		APPLIED	PRINTED								
PHYSICAL ADDRESS				CITY			STATE		COUNTY		ZIP									
Employment desired? <i>(indicate all applicable)</i> <input type="checkbox"/> Temporary <input type="checkbox"/> Temp-to-Hire <input type="checkbox"/> Permanent <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal Only Hourly Salary Requirements: Minimum Acceptable: Smoker? <input type="checkbox"/> yes <input type="checkbox"/> no Are you authorized to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have proof of your authorization with you today? <input type="checkbox"/> yes <input type="checkbox"/> no Have you EVER been convicted of misdemeanor or felony crime(s)? A prior conviction is not necessarily a bar to employment. <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: How did you hear about Personnel Plus? Have you ever worked for a temporary service before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what service (s)? Which companies did the service send you to?				Indicate shifts you can work: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> 12 Hour			Indicate days you can work: <input type="checkbox"/> Spring <input type="checkbox"/> Summer Only <input type="checkbox"/> Winter MO TU WE TH FR SA SU <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no										
										Are you at least 18 years old? <input type="checkbox"/> yes <input type="checkbox"/> no										
										TYPE OF WORK APPLYING FOR: <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 your OWN transportation for work? <input type="checkbox"/> yes <input type="checkbox"/> no If no, what form of transportation will you use? Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no State: _____ Class: _____ Number: _____ Expir. Date: _____ Auto Liability Insurance: <input type="checkbox"/> yes <input type="checkbox"/> 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.
<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"/> Construction		_____
<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"/> Production		_____
<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"/> Shift Supervisor		_____
<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"/> Food Processing		_____
<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"/> Office		_____
<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"/> Transportation		_____
<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"/> Customer Service		_____
<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"/> Warehouse		_____
<input type="checkbox"/> Dairy		_____	<input type="checkbox"/> Quality Assurance		_____	<input type="checkbox"/> Other:		_____	<input type="checkbox"/> Legal office		_____	<input type="checkbox"/> Tax		_____	<input type="checkbox"/> Computer Network		_____	<input type="checkbox"/> Education		_____
<input type="checkbox"/> Sprinkler		_____	<input type="checkbox"/> Maintenance		_____	FOODSERVICE		_____	<input type="checkbox"/> Medical office		_____	<input type="checkbox"/> Light		_____	SOFTWARE USED (list):		_____	<input type="checkbox"/> Call Center		_____
<input type="checkbox"/> Floral		_____	<input type="checkbox"/> Electrical		_____	<input type="checkbox"/> Waitress		_____	<input type="checkbox"/> Cashier		_____	<input type="checkbox"/> Full Charge		_____	<input type="checkbox"/> _____		_____	<input type="checkbox"/> Food Service		_____
<input type="checkbox"/> Yards & Grounds		_____	<input type="checkbox"/> Electronics		_____	<input type="checkbox"/> Line cook		_____	<input type="checkbox"/> 10-Key		_____	SOFTWARE USED:		_____	<input type="checkbox"/> _____		_____	<input type="checkbox"/> CPA		_____
<input type="checkbox"/> Housekeeping		_____	<input type="checkbox"/> Hydraulics		_____	<input type="checkbox"/> Chef		_____	<input type="checkbox"/> Teller		_____	<input type="checkbox"/> Quicken		_____	<input type="checkbox"/> _____		_____	<input type="checkbox"/> Human Resources		_____
CONSTRUCTION		_____	<input type="checkbox"/> Shipping/Receiving		_____	<input type="checkbox"/> Deli		_____	<input type="checkbox"/> Data entry		_____	<input type="checkbox"/> Peachtree		_____	SALES		_____	<input type="checkbox"/> Purchasing		_____
<input type="checkbox"/> General Labor		_____	<input type="checkbox"/> Fish Processing		_____	<input type="checkbox"/> Dishwasher		_____	<input type="checkbox"/> Mortgage		_____	<input type="checkbox"/> Other:		_____	<input type="checkbox"/> Management		_____	<input type="checkbox"/> Public Relations		_____
<input type="checkbox"/> Concrete Rough		_____	SKILLED LABOR		_____	<input type="checkbox"/> Hostess		_____	<input type="checkbox"/> Filing		_____	HEALTHCARE		_____	<input type="checkbox"/> Outside Sales		_____	<input type="checkbox"/> Information Systems		_____
<input type="checkbox"/> Concrete Finish		_____	<input type="checkbox"/> Teacher		_____	<input type="checkbox"/> Supervisor		_____	<input type="checkbox"/> Fax/Copier		_____	<input type="checkbox"/> CNA		_____	<input type="checkbox"/> Retail Sales		_____	<input type="checkbox"/> Sales		_____
<input type="checkbox"/> Carpenter Rough		_____	<input type="checkbox"/> Diesel Mechanic		_____	<input type="checkbox"/> Banquet		_____	<input type="checkbox"/> Medical Term.		_____	<input type="checkbox"/> LPN		_____	<input type="checkbox"/> Route Sales		_____	<input type="checkbox"/> Technical		_____
<input type="checkbox"/> Carpenter Finish		_____	<input type="checkbox"/> Auto Mechanic		_____	<input type="checkbox"/> Sanitation		_____	<											

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 Electronically Signed by Richard Nida DN: cn=Richard Nida,username=derf2719 Date: 8/27/2012 7:08:42 PM					Date 5/6/2013					
INTERNAL ASSOCIATE USE ONLY										
<div><div>PERSONNEL PLUS YOUR TOTAL STAFFING SOLUTION</div><div>EMPLOYMENT APPLICATION</div></div>										
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 your employment with Personnel Plus &/or your client company work assignment is terminated due to your violation of this obligation, Personnel Plus serves notice that any remaining un paid wages or compensation due to you may be reduced from any previously agreed upon rate to the lawful minimum wage in effect at the time of occurrence.
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, of 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 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. 14-30 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.

Richard Nida
Employee (Print)

Electronically Signed by Richard Nida
DN: cn=Richard Nida,username=derf2719
Date: 8/27/2012 7:08:42 PM
Employee Signature

5/6/2013
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.

Richard Nida

Electronically Signed by Richard Nida
DN: cn=Richard Nida,username=derf2719
Date: 8/27/2012 7:08:42 PM

5/6/2013

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:

Richard Nida

Electronically Signed by Richard Nida
DN: cn=Richard Nida,username=derf2719
Date: 8/27/2012 7:08:42 PM

5/6/2013

EMPLOYEE (PRINT)

EMPLOYEE SIGNATURE

DATE

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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 2013. 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 \$1,900 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 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 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 \$40,000 (\$10,000 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 \$40,000 (\$10,000 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 \$40,000 (\$10,000 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.		2013	
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 2013, 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.) ► Date: 8/27/2012 7:08:42 PM					
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 2013 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	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or surviving spouse} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2013 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 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2013 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 \$3,900 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 2013. 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 2013. 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 LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 13,000	1	8,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 30,000	3
26,001 - 30,000	4	30,001 - 40,000	4
30,001 - 42,000	5	40,001 - 50,000	5
42,001 - 48,000	6	50,001 - 70,000	6
48,001 - 55,000	7	70,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 75,000	9	95,001 - 120,000	9
75,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$72,000	\$590	\$0 - \$37,000	\$590
72,001 - 130,000	980	37,001 - 80,000	980
130,001 - 200,000	1,090	80,001 - 175,000	1,090
200,001 - 345,000	1,290	175,001 - 385,000	1,290
345,001 - 385,000	1,370	385,001 and over	1,540
385,001 and over	1,540		

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.



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.					
Electronically Signed by Richard Nida DN: cn=Richard Nida,username=derf2719 Date: 8/27/2012 7:08:42 PM			5/6/2013		
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	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 ☐ No Record Found ☐ 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.

Electronically Signed by Richard Nida
DN: cn=Richard Nida,username=derf2719
Date: 8/27/2012 7:08:42 PM

Richard Nida

5/6/2013

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.

Richard Nida

EMPLOYEE (PRINT)

Electronically Signed by Richard Nida
DN: cn=Richard Nida,username=derf2719
Date: 8/27/2012 7:08:42 PM

EMPLOYEE SIGNATURE

5/6/2013

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:

Richard Nida

EMPLOYEE (PRINT)

Electronically Signed by Richard Nida
DN: cn=Richard Nida,username=derf2719
Date: 8/27/2012 7:08:42 PM

EMPLOYEE SIGNATURE

5/6/2013

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.

Richard Nida

EMPLOYEE (PRINT)

Electronically Signed by Richard Nida
DN: cn=Richard Nida,username=derf2719
Date: 8/27/2012 7:08:42 PM

EMPLOYEE SIGNATURE

5/6/2013

DATE



**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: