

EMPLOYMENT APPLICATION

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

Form I-9, Employment Eligibility Verification

Please 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 eligible 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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____		

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification.

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

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 eligible 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 eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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)

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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 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 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.

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 dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
	• You are single and have only one job; or		
B	Enter "1" if:	B	_____
	• You are married, have only one job, and your spouse does not work; or		
	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.		
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of 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 \$1,500 of child or dependent care expenses for which you plan to claim a credit	F	_____
	(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.	G	_____
	• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.		
	• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	_____
	For accuracy, complete all worksheets that apply.		
	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.		
	• If you 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 (\$25,000 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.		

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

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		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.		2008
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <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 2008, 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 (Form is not valid unless you sign it.)				
Date				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

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 OnlyEmployer's name Personnel Plus, Inc. Telephone no. (208) 733 7300 EINStreet address 111 Filer Ave NorthCity or town, state, and ZIP code Twin Falls, Idaho 83301

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

Street address _____

City or town, state, and ZIP code _____

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

Date applicant:	Gave information	Was offered job	Was hired	Started job
	/ /	/ /	/ /	/ /

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.

Employer's signature _____

Title _____

Date / / _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

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

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

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

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

Recordkeeping 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.

**IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION**

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

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

REQUEST				
Please provide an Idaho Criminal History on the individual named below.				
Last Name	First Name	Middle Name		
Alias Names (Include Maiden/prior Married Names)	Date of Birth (Month/day/year) / /	Sex	Race	Social Security Number (optional) - -
Address City State Zip				
WAIVER				
Idaho law does not require a waiver. However, without a signed waiver from the subject of the record, any arrest more than 12 months old, without a disposition, cannot be given to a non-criminal justice agency.				
I hereby give permission for the requester, named below, to receive any information maintained by the Idaho Bureau of Criminal Identification concerning myself.				
Signature		Date		
<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 Personnel Plus, Inc.	Address of Requester (Results will be mailed to this address)
Signature of Requester or Representative of Requesting Company	Request Date

Results of Non-Certified Record Search

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

State of Idaho
Industrial Commission
State House Mail
P.O. Box 83720
Boise, Id. 83720-0041

Attention Records Department:
Fax: 208-334-2321

Consent Release

I, _____ also known as _____
(Print full name) (Include maiden / prior married)

Date of Birth: _____, Social Security Number: _____,

hereby authorize Personnel Plus, Inc. to receive any and all information
(Company name)

concerning myself during the past five years, contained within the files of the
State of Idaho Industrial Commission.

(Signature)

(Date)

Please remit to:

Personnel Plus
Tony Mayer
111 Filer Ave.
Twin Falls, Id. 83301
Phone: (208) 733-7300
Fax: (208) 733-7362

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 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 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** Subtract line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **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 2008 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 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. 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 - \$4,500	0	\$0 - \$6,500	0
4,501 - 10,000	1	6,501 - 12,000	1
10,001 - 18,000	2	12,001 - 20,000	2
18,001 - 22,000	3	20,001 - 27,000	3
22,001 - 27,000	4	27,001 - 35,000	4
27,001 - 33,000	5	35,001 - 50,000	5
33,001 - 40,000	6	50,001 - 65,000	6
40,001 - 50,000	7	65,001 - 80,000	7
50,001 - 55,000	8	80,001 - 95,000	8
55,001 - 60,000	9	95,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 100,000	12		
100,001 - 110,000	13		
110,001 - 120,000	14		
120,001 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 - \$65,000	\$530	\$0 - \$35,000	\$530
65,001 - 120,000	880	35,001 - 80,000	880
120,001 - 180,000	980	80,001 - 150,000	980
180,001 - 310,000	1,160	150,001 - 340,000	1,160
310,001 and over	1,230	340,001 and over	1,230

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, and the District of Columbia 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.

AUTHORIZATION TO RELEASE CLAIMS HISTORY



In accordance with the provisions of Idaho Code § 9-340B(9)(c), the undersigned worker hereby authorizes the release of a copy of a computer claims history search of the last five (5) years of their workers' compensation claims from the records of the Idaho Industrial Commission to the employer, prospective employer or employer's agent identified below. The employer, prospective employer or agent, by their signature below, agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.



Worker's Full Name:*

Other Names Used:

Worker's Address:*

Worker's Home Phone #: () _____

Worker's Social Security Number:* _ _ _ - _ - _ _ _

I.C. RESPONSE/NOTE AREA:

Authorizing Individual Worker's Signature:*

Date Signed: _____

Employer/Prospective Employer or Agent:*

Mailing Address:

Employer's Representative or Agent's Signature:*

Printed Name & Title:

Representative's or Agent's Phone Number: () _____

(* = Completion mandatory)

**SEND COMPLETED REQUEST TO: IDAHO
INDUSTRIAL COMMISSION, ATTN: RECORDS
MANAGEMENT, PO BOX 83720, BOISE, ID
83720-0041**

State of Idaho
Industrial Commission
State House Mail
P.O. Box 83720
Boise, Id. 83720-0041

Attention Records Department:
Fax: 208-334-2321

Consent Release

I _____, also known as _____
(Print full name) (Include maiden / prior married)

Date of Birth: _____, Social Security Number: _____,

hereby authorize _____ to receive any and all information
(Company name)

concerning myself during the past five years, contained within the files of the
State of Idaho Industrial Commission.

(Signature)

(Date)

Please remit to:

Personnel Plus
Tony Mayer
111 Filer Ave.
Twin Falls, Id. 83301
Phone: (208) 733-7300
Fax: (208) 733-7362



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION

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



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

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

TO BE COMPLETED BY COMPANY OR PERSON REQUESTING BACKGROUND INFORMATION

Requesting Person or Company	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 _____
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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

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 CheckedState 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.

Employer's signature ▶ _____ Title _____ Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

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

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

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

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

Recordkeeping 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
Work Opportunity Tax Credit

U.S. Department of Labor
Employment & Training Administration

1. CONTROL NO. (For Agency Use Only)	Individual Information (Instructions on the Back)	OMB No. 1205-0371 Expires: 8/31/09
		2. DATE RECEIVED (For Agency Use Only)

3. EMPLOYER NAME/ADDRESS:	4. EMPLOYER FEDERAL ID NO.	5. EMPLOYMENT START DATE:: Starting Wage: \$ _____ per hour POSITION:
	6. Have you worked for the above employer before? Yes _____ No _____ If Yes, enter date and year: _____	

7. NAME OF INDIVIDUAL (Last, First, Middle):	8. SOCIAL SECURITY NUMBER:
--	----------------------------

The above named individual is determined to have the following characteristics for WOTC target group certification:

9. Is your age between 18 but <u>not</u> yet 40? Yes _____ No _____ If YES, indicate your "Date of Birth" below: Date of Birth: _____	10. Is a veteran and a member of a family that received Food Stamps for a period of at least 3 months in the last 15 months. Yes _____ No _____ If YES, also complete Box 17.	11. Is a member of a family that received TANF benefits for any 9 months in the last 18 months. Yes _____ No _____ If YES, also complete Box 17.
12. Is a member of a family that received Food Stamps for the last 6 months. Yes _____ No _____, or for at least a 3-month period within the last 5 months, BUT is no longer receiving them. Yes _____ No _____ If YES to either, also complete Box 17.	13. In the past year, individual has been <u>convicted</u> of a felony or <u>released</u> from prison after a felony conviction. Yes _____ No _____ If YES, complete below: Date of Conviction _____ Date of Release _____	14. Lives and plans to continue living in a federal Empowerment Zone, Enterprise Round II or Renewal Community. Yes _____ No _____ 16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days. Yes _____ No _____
15. Is receiving or has received Rehabilitation Services through a State Rehabilitation Services' program or the Veterans' Administration. Yes _____ No _____		17. If individual is not a primary recipient of benefits, please provide the following: Name of Primary Recipient _____ City/State of Benefits _____
18. Is a "ticket holder" under the Ticket to Work Program Yes _____ No _____	19. The "ticket holder" has an Individual Work Plan (IWP) from an Employment Network (EN). Yes _____ No _____	

20. Is a member of a family that::

- Has received/is receiving TANF payments for at least the last 18 consecutive months; Yes _____ No _____ or
- Has received/is receiving TANF payments for any 18 months starting after August 5, 1997; and the earliest 18-month period beginning after August 5, 1997, and ended within the last 2 years; or Yes _____ No _____ or
- Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made, and having a hiring date not more than 2 years after the date of cessation of TANF benefits. Yes _____ No _____

21. SOURCES USED TO DOCUMENT ELIGIBILITY:

Note: I certify that the Information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below. If applicant is a minor, the parent or guardian should sign this box.

22. SIGNATURE:	23. DATE:
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INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help SWAs determine eligibility for the consolidated Work Opportunity Tax Credit Program. The form may be completed by the applicant, the employer or employer representative/consultant, the SWA/DLA or the Participating Agency and signed by the person or agency filling out this form. This form is required to be used, without modification, by all employers and/or their representatives seeking the WOTC.

- Box 1: Control Number (for agency use only).** The SWA/DLA or participating agency determines the Control Number. It may be a Social Security Number, case number, or other appropriate designation which permits easy filing, identification and retrieval of forms. Enter this number here.
- Box 2: Date (for agency use only).** Enter the month, day, and year when the form is received.
- Box 3: Employer Name/Address.** Enter the name and address including zip code and telephone number of the employer applying for a WOTC Employer Certification.
- Box 4: Employer Federal ID No.** Enter employer's federal taxpayer identification number.
- Box 5: Employment-Start Date/Wage/Position or Title.** Enter the employment start date, the starting hourly wage, that the employee will be paid. If not known, enter an estimated wage. Also, enter the job or position title, under which the individual or prospective employee will be performing for this employer.
- Box 6: Previous Employment for This Employer.** This requires a YES or NO answer. Enter a check mark (✓) in the corresponding blank. If Yes, enter date and year.
- Box 7: Name of Individual.** Enter full name of Individual or prospective employee.
- Box 8: Social Security Number.** Enter individual's social security number here.
- Boxes 9 through 20 (Read each box carefully).** Enter a check mark (✓) to indicate If your answer is a YES or a NO. Provide additional information where requested for the WOTC target group eligibility.

Box 21. Sources to Document Eligibility. List or describe the documentary* evidence or sources of collateral contacts that are attached to the ICF form or that will be provided. Indicate in parentheses, next to each document listed, whether it is attached or forthcoming. Some examples are provided below. Employers may also obtain a letter from the agency that administers a relevant program, stating that the employee or a member of his/her household meets one of the eligibility requirements.

Examples of Documentary Evidence or Collateral Contacts:

AGE/BIRTHDATE: (Required for High-Risk Summer Youth & Food Stamp)

- Birth Certificate
- Driver's License
- School I.D. Card*
- Work Permit
- Federal/State/Local Gov't I.D.*
- Hospital Record of Birth

FAMILY INCOME: (Required for Ex-felon)

- Pay Stubs
- Employer Contacts
- W-2 Forms
- UI Documents
- Public Assistance Records of No. of Months Benefits Were Received.
- Family Members' Statements
- Parole Officer's Name
- Parole Officer's Statements

SSI RECIPIENT:

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

EX-FELON STATUS:

- Parole Officer's Name
- Correction Institution Records
- Court Record, Extracts

TANF (IV-A) RECIPIENT:

- TANF Benefit History
- Signed Statement from Authorized Individual w/ Specific Description of Months Benefits Were Received.
- Case Number Identifier

NUMBER IN FAMILY

- Public Assistance
- Social Services Agencies

VETERANS' STATUS:

- DD-214
- Reserve Unit Contacts
- Discharge Papers*

VOCATIONAL REHABILITATION REFERRAL:

- Voc. Rehab. Agency Contact

VOC REHAB (Continued)

- Signed statement from authorized individual w/specific description of months benefits received
- Veterans Administration Records

LONG-TERM FAMILY ASSISTANCE RECIPIENT

- TANF Benefits History
- Signed Statement from authorized individual with specific description of months benefits received
- Case Number Identifier

EMPOWERMENT ZONES/ENTERPRISE/RENEWAL COMMUNITIES:

- Driver's License
- Work Permit
- Utility Bills
- Signed Statement From Authorized Individual w/ Specific Description
- Lease Document
- Voter Registration Card
- Food Stamp Award

EZ/EC/RCs (Continued) Letter

- Social Security Agency Letter
- Library Card**
- Landlord's Statement
- Letter From Social Service Agencies
- School Records
- Medicaid/Medicare Card
- Property Tax Record
- Public Assistance Record
- Rent Receipts
- School I.D. Card**
- W-4
- Selective Service Registration Card

TICKET HOLDER (Ticket to Work Program)

- SWAs must establish applicant's eligibility by calling MAXIMUS to verify if applicant: 1) is a ticket holder and 2) has and IWP from an Employment Network (EN).

NOTE: This list is not an exhaustive list. For more information, contact your WOTC public State Workforce Agency.

*Where any item of documentation such as a Federal I.D. Card does not contain age or birth date, the SWA/DLA must obtain another documentary source to verify the individual's age.

**Where any item of documentary evidence, such as library card does not contain the holder's address, the SWA/DLA must obtain documentary evidence issued in the jurisdiction where the EZ/EC or RC is located showing the holder's address.

22. Signature. Affix your signature.

23. Date. Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of Information unless it displays a currently valid OMB Control number. Respondent's obligation to reply to these requirements is required to obtain and retain benefits per P.L. 104'184. Public reporting burden for this collection of information is estimated to average .33 minutes per response, including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed; and completing and reviewing the intonation. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Division of Adult Services, Room C-4514, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

.....
(Cut along doted line and keep in your files)

TO THE JOB APPLICANT OR EMPLOYEE:

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM —OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM— WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE WORKFORCE AGENCY (SWA) [ENTER CORRESPONDING SWA NAME BELOW:

IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT, PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.



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 12pm (noon) on the Monday following the end of the pay period. If your timesheet is turned in late, it may 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 within the 12pm 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 usually available.
17. This document serves as a written warning for any terminable offense outlined above.

EMPLOYEE (PRINT)

EMPLOYEE SIGNATURE

DATE



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**, **Return-To-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

Date:

Personnel Plus Representative (Witness)

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: Buy 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.

Signed: _____

Dated: _____



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)

Signed: _____ Dated: _____



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:

(EMPLOYEE'S PRINTED NAME)

(SOCIAL SECURITY NUMBER)

(EMPLOYEE'S 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 |
|--|--------------------------|
| • <u>Standard paycheck</u> — you can pick up your paycheck at our office, have it delivered to your workplace, or mailed to your home address. | <input type="checkbox"/> |
| • <u>Direct Deposit</u> — your paycheck is directly deposited into your checking account on or before payday. | <input type="checkbox"/> |
| • <u>IPAY debit card</u> — your pay is deposited directly into your Debit Card account on or before 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. | <input type="checkbox"/> |

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 go as smooth as possible.

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

Employee Signature

Date

Printed Name

111 Filer Avenue.
Twin Falls, ID. 83301
tel: 208-733-7300
fax: 208-733-7362
twinn@nsrsonnel.com

5900 Overland Ave
Burley, ID. 83318
tel: 208-678-4040
fax: 208-678-5655
burley@nsrsonnel.com

1116 Caldwell Blvd.
Nampa, ID. 83651
tel: 208-466-6800
fax: 208-466-6850
nampa@nsrsonnel.com

735 Overland Ave
Boise, ID. 83709
tel: 208-378-8700
fax: 208-378-8750
boise@nsrsonnel.com



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: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Verify ending wages: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Verify job duties/job title: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Was the employee reliable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Did he/she demonstrate excessive tardiness or absenteeism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Did the employee work well with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Did he/she perform the essential functions of the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Is the employee rehirable through your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Comments: _____

.....
Would you be interested in learning more about our staffing and payroll service? ☐ *Yes ☐ No

* ☐ Mail literature: or * ☐ contact: _____ @ 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.**

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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.

Signature of Applicant

Date

Name: _____ Date: _____

SKILLS EVALUATION

Math A. Solve each problem.

$\begin{array}{r} 27 \\ \times 9 \\ \hline \end{array}$	$\begin{array}{r} 813 \\ +509 \\ \hline \end{array}$	$\begin{array}{r} 1326 \\ -851 \\ \hline \end{array}$	$\begin{array}{r} 551 \\ \times 0.03 \\ \hline \end{array}$	$\begin{array}{r} 431 \\ \times 1 \\ \hline \end{array}$	$\begin{array}{r} 213.01 \\ -17.85 \\ \hline \end{array}$	$\begin{array}{r} 14.02 \\ 4.86 \\ 97.32 \\ +165.01 \\ \hline \end{array}$	$\overline{5/1455}$
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15% of 75 = _____

Math B. Solve the following problems.

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

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

ALPHABETICAL SECTIONS

Aa-Bb	Ga-Hz	Na-Oz	Example: Sa-Uz Smith & Baker
Bc-Cf	Ia-Kz	Pa-Rz	
Cg-Dz	La-Md	Sa-Uz	
Ea-Fz	Me-Mz	Va-Zz	

_____ Personnel Plus	_____ Beacon 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 B and C in inches.

A= _____ B= _____ C= _____



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

2 ¹/₄ inches

3 ⁵/₈ inches

4 ¹/₂ inches

9/16 inches



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

- | | |
|---|-------------------|
| <input type="checkbox"/> 1. Ethan Jacobson | Ethan Jacobsen |
| <input type="checkbox"/> 2. Larry Smith | Larrie Smith |
| <input type="checkbox"/> 3. Troy Cooper | Troy Cooper |
| <input type="checkbox"/> 4. Hank Williams | Hank Wiliams |
| <input type="checkbox"/> 5. Pat Paterson | Pat Peterson |
| <input type="checkbox"/> 6. Paul O'rion | Paul O'Non |
| <input type="checkbox"/> 7. Edward D. English | Edward B. English |
| <input type="checkbox"/> 8. Angie Walker | Angy Walker |
| <input type="checkbox"/> 9. Sean W. Baker | Sean W. Baker |
| <input type="checkbox"/> 10. Mary Ann Gold | Mary Ann Gold |

Comparison B. Put an X in the box if the sets are NOT the same.

- | | |
|---|--|
| <input type="checkbox"/> 1. 2481 2481 | <input type="checkbox"/> 11. 6966536 3996653 |
| <input type="checkbox"/> 2. 1096 1051 | <input type="checkbox"/> 12. 84728476 84725476 |
| <input type="checkbox"/> 3. 1157 1175 | <input type="checkbox"/> 13. 6524867 6524867 |
| <input type="checkbox"/> 4. 13569 13569 | <input type="checkbox"/> 14. 142568 14256 |
| <input type="checkbox"/> 5. 19765 19765 | <input type="checkbox"/> 15. 1654987 654987 |
| <input type="checkbox"/> 6. G11560 G1560 | <input type="checkbox"/> 16. J568894 J56894 |
| <input type="checkbox"/> 7. 365877 366587 | <input type="checkbox"/> 17. X156T9 X156T9 |
| <input type="checkbox"/> 8. 79562K 79562K | <input type="checkbox"/> 18. 56847 56847 |
| <input type="checkbox"/> 9. 17715563 17715563 | <input type="checkbox"/> 19. 872315 8723315 |
| <input type="checkbox"/> 10. 5683 5683 | <input type="checkbox"/> 20. 1568797 1568779 |

Spelling. Mark each MISSPELLED word.

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> attention | <input type="checkbox"/> argument | <input type="checkbox"/> cordially | <input type="checkbox"/> definitely |
| <input type="checkbox"/> repition | <input type="checkbox"/> occurrence | <input type="checkbox"/> priviledge | <input type="checkbox"/> separate |
| <input type="checkbox"/> comparative | <input type="checkbox"/> beginning | <input type="checkbox"/> extraordinry | <input type="checkbox"/> favorite |
| <input type="checkbox"/> dispair | <input type="checkbox"/> alltogether | <input type="checkbox"/> hazardus | <input type="checkbox"/> representative |
| <input type="checkbox"/> availability | <input type="checkbox"/> conscience | <input type="checkbox"/> assistance | <input type="checkbox"/> miscellaneous |
| <input type="checkbox"/> absense | <input type="checkbox"/> similar | <input type="checkbox"/> occasion | <input type="checkbox"/> conferred |
| <input type="checkbox"/> description | <input type="checkbox"/> suggestion | <input type="checkbox"/> numerical | <input type="checkbox"/> accommodate |
| <input type="checkbox"/> misspell | <input type="checkbox"/> maintenance | <input type="checkbox"/> responsible | <input type="checkbox"/> embarass |
| <input type="checkbox"/> ready | <input type="checkbox"/> garantee | <input type="checkbox"/> sincerely | <input type="checkbox"/> gracious |
| <input type="checkbox"/> suitable | <input type="checkbox"/> incidental | <input type="checkbox"/> analyze | <input type="checkbox"/> unneccesary |