



Company _____	Address _____	Phone _____
Supervisor _____	Position _____	
From-To (date) _____	Reason for Leaving _____	

**SKILLS**

Please fill in the blank next to each skill with the **amount of experience you have** in that skill.

PLEASE **DO NOT LIST** ANY SKILL YOU ARE NOT WILLING TO DO.

- |                              |                              |                           |                            |
|------------------------------|------------------------------|---------------------------|----------------------------|
| Journeyman Carpenter _____   | Landscaping Labor _____      | Janitorial _____          | Bartender (Full Svc) _____ |
| Finish Carpentry _____       | Gen. Con. Labor _____        | Hotel/Motel Clerk _____   | * Computer Literate _____  |
| Basic Carpentry Skills _____ | Heavy Equip. Operator _____  | Hotel/Motel Maid _____    | Office Admin. _____        |
| Roofing _____                | Carpet/Installation _____    | Breakfast Cook _____      | Sec./Reception _____       |
| Painter _____                | Hardwood Floor/Install _____ | Short Order Cook _____    | Typing (WPM) _____         |
| Siding _____                 | (Certified) Flagger _____    | Dinner Cook _____         | Gen. Office/Clerical _____ |
| Drywall/Hanger _____         | (Certified) Welder _____     | Prep Cook _____           | Bookkeeper/Acct. _____     |
| Drywall/Tape & Text. _____   | Tow Truck Driver _____       | Dishwasher/Busser _____   | Cashier _____              |
| Concrete/Forms _____         | Shipyard Worker _____        | Waiter/Waitress _____     | Retail Sales _____         |
| Concrete/Finish _____        | Auto Mechanic _____          | Cocktail Waitress _____   | Retail/Stock/Inv. _____    |
| Excavation _____             | Carpet Cleaning _____        | Bartender (limited) _____ | Moving/Packing _____       |

\* **Computer software:** \_\_\_\_\_

Please list any skills you have that are not listed above:

# Form W-4 (2007)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 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.

**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/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.

**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 2007. 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 <b>yourself</b> if no one else can claim you as a dependent	A	
	<ul style="list-style-type: none"> <li>● You are single and have only one job; or</li> </ul>		
B	Enter "1" if:	B	
	<ul style="list-style-type: none"> <li>● You are married, have only one job, and your spouse does not work; or</li> <li>● Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul>		
C	Enter "1" for <b>your spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above)	E	
F	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.		
	<ul style="list-style-type: none"> <li>● If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.</li> <li>● If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li> </ul>	G	
H	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.)	H	
	<ul style="list-style-type: none"> <li>● If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>● If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>● If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

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

Form <b>W-4</b>	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074 <b>2007</b>
Department of the Treasury Internal Revenue Service		© <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>
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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 <b>If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</b> <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6	5 \$
6 Additional amount, if any, you want withheld from each paycheck	7 I claim exemption from withholding for 2007, and I certify that I meet <b>both</b> of the following conditions for exemption.	
<ul style="list-style-type: none"> <li>● Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>● This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul>		
If you meet both conditions, write "Exempt" here <input type="checkbox"/>		
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.		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		Date ©
9 Office code (optional)		10 Employer identification number (EIN)

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 2007 tax return.

1 Enter an estimate of your 2007 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 2007, you may have to reduce your itemized deductions if your income is over \$156,400 (\$78,200 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) \_\_\_\_\_ 1 \$ \_\_\_\_\_

2 Enter: \$10,700 if married filing jointly or qualifying widow(er) \_\_\_\_\_ 2 \$ \_\_\_\_\_  
 \$ 7,850 if head of household \_\_\_\_\_

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" { \$ 5,350 if single or married filing separately \_\_\_\_\_ 3 \$ \_\_\_\_\_

4 Enter an estimate of your 2007 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 2007 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 \$3,400 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/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 2007. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2006. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck \_\_\_\_\_ \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are-	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are-	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are-	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are-	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$510	\$0 - \$35,000	\$510
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	850	35,001 - 80,000	850
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 170,000	950	80,001 - 150,000	950
18,001 - 22,000	3	19,001 - 26,000	3	170,001 - 300,000	1,120	150,001 - 340,000	1,120
22,001 - 26,000	4	26,001 - 35,000	4	300,001 and over	1,190	340,001 and over	1,190
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

**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.

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

# 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 of a future expiration date may also constitute illegal discrimination.**

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

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

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

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

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

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

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

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is 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		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

**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)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center; margin: 5px 0;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>
	AND	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)</li> </ol>

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



Contractor's Clearing House, Inc. *d.b.a.*

**COASTAL EMPLOYMENT SERVICES**  
1609 NW Hwy 101, Lincoln City, OR 97367  
Phone: (541) 996-2800 Fax: (541) 994-7129

## Employment Agreement

The following is an employee agreement between Coastal Employment Services and \_\_\_\_\_, executed on \_\_\_\_\_. Coastal Employment Services and \_\_\_\_\_ (herein after referred to as the employee) agree to the following:

Coastal Employment Services is an employee staffing company. Coastal Employment Services hires employees who will then be assigned to clients and placed for work on job sites of said clients. Coastal Employment Services will not be liable for any employee in transit to or from any job. **The employee shall be deemed to be an employee of Coastal Employment Services, not an employee of the client utilizing our services.**

### Employee Responsibilities (YOU)

You are responsible for:

(Initial)

- \_\_\_\_\_ 1. Advising Coastal Employment Services of ANY change in Name, Address, Telephone or Tax Deduction.
- \_\_\_\_\_ 2. Notifying Coastal Employment Services of any Medical Problems so that we can place you on suitable job assignments. Do you currently have any Medical Problems?  
Yes  No  If "Yes", explain \_\_\_\_\_
- \_\_\_\_\_ 3. Reporting all accidents in the workplace immediately to Coastal Employment Services.
- \_\_\_\_\_ 4. Consenting to substance abuse testing in the event of a Worker's Compensation injury.
- \_\_\_\_\_ 5. Following all safety policies and procedures.
- \_\_\_\_\_ 6. Abiding by all Coastal Employment Services policies and procedures - in the event that the client's company policies conflict with Coastal Employment Services policies and procedures, the employee is required to contact and inform Coastal Employment Services IMMEDIATELY.
- \_\_\_\_\_ 7. Notifying Coastal Employment Services of Any Grievances, Conflicts, Problems or Concerns in the workplace.
- \_\_\_\_\_ 8. **After any job assignment ends you are required to notify Coastal Employment Services immediately to be reactivated for more assignments.**
- \_\_\_\_\_ 9. **If you Do Not report to our office a minimum of once a week you will not be contacted for assignments and will be considered a Voluntary Quit. If you Do Not have a home telephone you are required to report to our office daily, if you fail to report you will be considered not available for work and a Voluntary Quit. If you are considered a Voluntary Quit, your unemployment benefits will be affected.**

\* **Nothing in this agreement constitutes a contract of employment for any specific or given period of time.** Employment shall be entirely at will, which means that either party may terminate the employment agreement at any time for any reason with or without prior notice.

\* **Contractor's Clearing House, Inc. d.b.a. Coastal Employment Services reserves the right to terminate employment at any time for any reason.**



## Employment Agreement Page 2

### Client Responsibilities (Client of Coastal Employment Services)

1. Client will set the work schedule.
2. Client will train, instruct, and supervise all processes and procedures used in the workplace.
3. Client will evaluate the performance of an employee and determine raises in pay or bonuses.
4. Client will advise Coastal Employment Services of any problems with performance, issues of work-related conduct or any violations in company policies that may require disciplinary action or discipline.

### Employer's Responsibilities (Coastal Employment Services)

1. Coastal Employment Services will issue payroll as authorized by the client.
2. Deposit all payroll related taxes.
3. Provide Worker's Compensation Insurance.
4. Contribute to the State & Federal Unemployment Insurance Fund.
5. Process Federal and State mandated leave of absence, claims or complaints under employment law, or other legal issues.
6. Process all legally mandated garnishments.

**Agreed to by:**

**Employee:**

**Coastal Employment  
Services:**

---

Signed (Employee)

---

(Coastal Employment Services Representative)

---

Name

---

Date



Employee Name \_\_\_\_\_

**It is extremely important that you read and understand the following.**

You will be ***terminated immediately*** for violating ***any*** of the following policies.

**After reading each policy initial the line after it stating that you understand the policy. If you do not understand the policy do not initial it until it is explained and you do understand it completely.**

Initials

Use of any drugs, narcotics or alcohol while on the job is strictly forbidden. \_\_\_\_\_

Physical and/or mental abuse of any fellow employee or client is forbidden. \_\_\_\_\_

Sexual Harassment of any fellow employee or client is forbidden. \_\_\_\_\_

Stealing of any kind is forbidden. \_\_\_\_\_

Criminal Behavior of any type will not be tolerated. \_\_\_\_\_

Forged entries on time cards or falsification of any information is unacceptable. \_\_\_\_\_

No employee shall accept any payment, advances or "under the table" work from any client. \_\_\_\_\_

Accepting "under the table" work or side jobs offered by any client of Coastal Employment Services is against company policy. ("Under the table" work is any work for a client that you are not paid for by Coastal Employment Services and/or you are not approved for by Coastal Employment Services.) \_\_\_\_\_

Accepting work for partial hours from a client or reporting only partial hours to Coastal Employment Services is grounds for immediate termination. \_\_\_\_\_

You may not go onto a client's payroll for a minimum of 90 days after your first day with that client. \_\_\_\_\_

**By signing below I state that I have read and completely understand all of the policies on this page and agree to abide by each and every one of them. I also understand that if I violate any of these policies, I will be Terminated immediately in accordance with the Coastal Employment Services policy.**

**Employee Signature** \_\_\_\_\_



Employee Name \_\_\_\_\_

You will be ***disciplined according to our disciplinary procedures*** for violation of ***any*** of the following policies.

After reading each policy initial the line after it stating that you understand the policy. If you do not understand the policy do not initial it until it is explained and you do understand it completely.

Initials

After accepting a job assignment you are required to contact our office immediately if you cannot make it. If you do not you will be considered a NO CALL / NO SHOW. **Two NO CALL / NO SHOWs are grounds for termination.**

\_\_\_\_\_

Walking off any job site without good cause is unacceptable. Example of Good Cause is an unsafe work site.

\_\_\_\_\_

You are required to notify Coastal Employment Services of any unsafe work site conditions, or practices.

\_\_\_\_\_

Repeated unsatisfactory reviews by clients are considered unacceptable.

\_\_\_\_\_

Violation of any safety policy listed in our safety manual are grounds for termination.

\_\_\_\_\_

**Disciplinary procedures are as follows:**

***1st violation - Verbal Warning***

***2nd violation - Signed Written Warning***

***3rd violation - Termination***

By signing below, I state that I have read and completely understand all of the policies on this page and agree to abide by each and every one of them. I also understand that if I violate any of these policies I will be reprimanded in accordance with the Coastal Employment Services company policy.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



## Employee Responsibilities Regarding On-the-Job Injuries/Accidents

1. Report any on-the-job injuries to your supervisor and Coastal Employment Services immediately and fill out an incident report form. Failure to do so could result in the delay or denial of your Workers' Compensation claim.
2. If it is necessary for you to see a physician, except in an emergency situation, you must complete an 801 Form (Report of Occupational Injury or Disease) prior to going to a physician. A **Return-to-Work Form** will be attached to the 801. You must ask your physician to complete this form during your initial visit. Return the **Return-to-Work Form** to Coastal Employment Services immediately after the visit.
3. Inform your physician that Coastal Employment Services has a transitional work program and will attempt to provide light duty designed to accommodate your physical restrictions (*subject to regular and normal business fluctuations*). While transitional work may include those portions of your duties you can do, it may also include other duties that you may not normally do, but are capable of doing.
4. If you are not released for either regular or light duty, you must remain in weekly contact with Coastal Employment Services and your on-site supervisor. Contact must be kept on a weekly basis for the entire time you are off as a result of an on-the-job injury. **You must call Ben King every Monday between 9:00 - 11:00 AM.**
5. If you are released for either regular or light duty (*whether part-time, temporary, modified or regular work*) you must report for your next regularly scheduled shift.
6. Transitional work is temporary in duration and will incorporate restrictions specified by your physician. Such tasks will be outlined in a written light or modified duty job offer. Failure to accept transitional work may result in the denial of your time loss benefits.
7. Upon receiving new or additional information about your claim or status, Coastal Employment Services will re-evaluate transitional tasks available and may reassign duties based on restrictions outlined by your physician.

**I have read the above responsibility requirements. I have been given the opportunity to ask questions about my responsibilities. I agree to comply with these responsibilities as a condition of my employment with Coastal Employment Services. I understand that failure to do so may result in my termination, and / or may adversely affect my workers' compensation benefits.**

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# Unemployment Policy

**If you apply for unemployment benefits you must meet all of the below conditions.**

Initials

1. **You must report to our office once a week or you will be considered a voluntary quit.** \_\_\_\_\_
2. **If you are referred to Coastal Employment Services by a client** then you must report to our office if you leave your job for any reason, i.e. lay-off, quit or fired. \_\_\_\_\_
3. You must notify Coastal Employment Services when your job assignment ends. You must be available for work. \_\_\_\_\_
4. You must be available for future assignments. You must be available for work. \_\_\_\_\_
5. You must be an active employee. You are *not* considered an active employee unless payroll has been called in for you in the last 35 days or you contact our office once a week. \_\_\_\_\_
6. You must be in contact with Coastal Employment Services a minimum of once a week. If you do not have a home telephone you are required to contact our office daily. \_\_\_\_\_

**By signing below I state that I have read and completely understand all of the above unemployment policies and agree to abide by each and every one of them.**

**Employee Name (Print)** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I authorize any doctor, hospital, employer, or any other person to whom a copy of this signed copy or photocopy of the authorization is delivered, to furnish any information, reports or copies of any records which may be requested by any member of Contractor's Clearing House, Inc. d.b.a. Coastal Employment Services. This authorization is valid for up to one year after my final date of Employment with Contractor's Clearing House, Inc. d.b.a. Coastal Employment Services.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness to Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Employee Policies & Safety Manual Receipt and Acknowledgement

I have received a copy of the Coastal Employment Services Safety Manual and a copy of the Termination and Discipline Policies. I have read and understand the Safety Manual and agree to abide by the policies and procedures it contains as well as the site and industry-specific policies and procedures that have been explained to me as a condition of my employment.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Safety Orientation Checklist

As you read the Coastal Employment Services Safety Manual, initial and date next to each category.

	<u>Initials</u>	<u>Date</u>
Blood Borne Pathogens	_____	_____
Hazards Communications	_____	_____
Hazard Identification	_____	_____
First Aid & Accident Investigation	_____	_____
Lockout / Tag out Procedures	_____	_____
Fire Safety	_____	_____
Emergency Response	_____	_____
Preventing Back Injuries	_____	_____
Fall Protection	_____	_____
Personal Protective Equipment	_____	_____
Ladders & Scaffolding	_____	_____
Hand & Power Tools	_____	_____
How to Report an Accident	_____	_____
Termination & Discipline Policies	_____	_____

**I have read and understand all of the above information. I understand that if I have any questions I can ask my on site supervisor and / or the Coastal Employment Services Safety Coordinator.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



## Testing Consent Form

As an employee of CONTRACTORS CLEARING HOUSE INC. DBA/COASTAL TEMPS., I understand that it is my responsibility to maintain a drug free workplace as a condition of employment. In the event of a Worker's Compensation claim, I hereby consent to submit to testing to determine the presence or absence of alcohol or illegal substances in my body.

I have been informed that refusal to submit to testing may result in denial of claim and disciplinary actions up to and including discharge. I also understand that all test results are confidential.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date



Permission to Procure an Investigative Consumer Report
Contractor's Clearing House, Inc.

\*\*\*\*\*

\*\*\*\*\* PLEASE PRINT OR TYPE LEGIBLY \*\*\*\*\*

Applicant: Last First Middle

Please list other names used and dates of name change in the last ten (10) years:

Name Date of Change Name Date of Change
Name Date of Change Name Date of Change

DATE-OF-BIRTH: SOCIAL SECURITY NUMBER:

DRIVER'S LICENSE NUMBER: STATE:

LIST ALL RESIDENCES IN THE LAST 10 YEARS:

State: City: County: Years:
State: City: County: Years:
State: City: County: Years:
State: City: County: Years:

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records, both Civil and Criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I also understand that I may: (1.) Request in writing the nature of the information obtained and (2.) Request a written summary of my rights under the Fair Credit Reporting Act.

I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above.

I also understand the results of this Consumer report may be shared with co-employers.

Signed: Date:

Witnessed: Date: