

Staffing Solutions

enterprises

Explanation of Packet

Staffing Solutions Enterprises, Inc will be processing your pay while you work temporary for Dental One or Dental Care Partners. Attached you will find the necessary documents that need to be completed with an explanation for each below. If any of the forms are incomplete, your pay maybe delayed.

Payrolled Employee Application and Agreement (Mandatory)

- Complete, sign and date the agreement

Federal Tax Form (W-4) (Mandatory)

- Complete the bottom of the form as indicated and sign and date at the bottom where indicated

State Tax form (if applicable in your state)

- Complete per instructions and sign and date the bottom where indicated

Employment Eligibility Verification Form (I-9) (Mandatory)

- Complete Section 1 only and sign and date the bottom of the section *within 3 (three) business days of the first day you work*

BE SURE TO HAVE TWO FORMS OF IDENTIFICATION. (SEE THE LIST OF ACCEPTABLE DOCUMENTS) AND, PROVIDE COPIES OF THE DOCUMENTS IN THE RETURNED PACKET

Background Release (Mandatory)

- Complete all applicable fields, sign and date the bottom. Staffing Solutions Enterprises does not check your credit. This form is strictly used to check criminal background history.

Time Sheet (Mandatory)

- Complete per instructions, record and total your hours
- Ensure both yourself and the practice manger sign the bottom
- Time sheets can be e-mailed to payroll@staffsol.com or faxed to 440-461-5570 no later than Monday at noon, Eastern Standard Time for the previous week.
- Timesheets are available online at www.staffsol.com (click on time connect icon, the stub is located under the Time Ticket Button. Print supplemental time ticket, use on-line system only if instructed to complete prior.

Please fax the completed packet to 440-461-5570 if you have any questions, call 440-461-1652

Payroll is processed Tuesday afternoon. A live check will be mailed to the address indicated on your paperwork. If you are interested in enrolling in direct deposit, please call the office at 440-461-1652 for more information or e-mail payroll@staffsol.com to request the forms.

Staffing Solutions

enterprises

PAYROLLED EMPLOYEE APPLICATION & AGREEMENT (page 1 of 3)

I, _____, acknowledge and agree that I am applying for employment with Staffing Solutions Enterprises as a Payrolled Employee. I understand that, if hired, Staffing Solutions Enterprises, Inc. will be my employer.

I give Staffing Solutions Enterprises the authority to conduct, if required by their client, a pre-employment investigation of my competence, character, general reputation and personal characteristics. Also, I authorize that any information concerning such matters will be obtained through contacts or interviews with former employees, friends, associates or other persons with whom I am acquainted or who may have knowledge concerning the attributes referred to. I release Staffing Solutions Enterprises and employees and any other persons from all liability in connection with any investigation. I understand drug screens or other background information may be required as a condition of continued employment.

I understand and authorize all statements contained in my application for employment to be available for investigation in arriving at an employment decision, as well as any credit, criminal checks, social media or drug tests that may be done by the employer or by a service hired by the employer. The background check may include a consumer credit report. If Staffing Solutions Enterprises takes an adverse employment action based in whole or in part of any report caused by the Fair Credit Reporting Act, a copy of the report and a summary of your rights under the Fair Credit Reporting Act will be provided as well as any other documents required by law. You have the option to request the findings from a credit, background or drug test. You also understand the findings of a credit, drug or background check may be released to a client prior to or while you are working at that location.

I also agree that if at any time I make claims against Staffing Solutions Enterprises for personal injuries, upon request, I will submit myself to examination(s) by a physician(s) selected by Staffing Solutions Enterprises.

I understand that employment with Staffing Solution Enterprises is an employment at will; where, if employed with Staffing Solutions Enterprises, I may sever my employment for any reason, and Staffing Solutions may terminate my services on the same basis. Further; I understand and agree that nothing said to me or contained in any written materials is intended to be an offer or promise or agreement by Staffing Solutions Enterprises or its clients to employ me for any specified period of time, or limitation on the right of both me and Staffing Solutions Enterprises to end employment at any time for any reason. I agree that, if employed, such employment may be terminated at any time without liability to me for wages or salary except as may have been earned at the date of such termination.

If employed, I agree to observe all of Staffing Solutions Enterprises' rules and regulations (found in Important Information) and those of any client (published or communicated) to which I am assigned (i.e. safety, confidential, etc).

Staffing Solutions

enterprises

Page 2 of 3

Staffing Solutions Enterprises expect all employees to conduct themselves in an honorable fashion. Honesty is an important company attribute. Therefore, any misrepresentation of facts or falsification of records, including personnel records, medical records, leaves of absence documentation or the like will not be tolerated. The same honesty standard applies to any company investigation. Any violations may result in corrective action, up to and including termination. I understand that falsification, misrepresentations or material omissions in this or any data presented throughout the hiring process or during my employment (i.e. given in my application, other documents or interview(s), time tickets, ect) may result in discharge.

I certify that all information given is true to the best of my knowledge and belief. I certify that information given on my application or during the interview process are true and complete to the best of my knowledge and I understand that I will be subject to dismissal if I have made any misrepresentation herein.

I understand and agree that, if hired as a Payrolled Employee, upon completion of the Payrolled Assignment, I will contact Staffing Solutions Enterprises in order for them to more thoroughly evaluate my background and skills in order for Staffing Solutions Enterprises to utilize me on other assignments. My failure to comply will, in effect, serve as my voluntary termination from Staffing Solutions Enterprises without cause.

I understand that Staffing Solutions Enterprises will require a post-drug screen and/or alcohol test under the workers compensation policy, whenever I am involved in an on-the-job accident or injury under circumstances that suggest possible involvement or influence of drugs or alcohol in the accident or injury event and I agree to submit to any such test. Information on the responsibility of the employee is located in your important information, for the responsibilities of the employer can be furnished upon request.

I also understand that as a Payrolled Employee, I do not qualify for holiday pay, vacation pay, health care coverage or other benefits that are not specifically stated in the Payrolled Employee Information. However, I may be eligible to participate in other programs outlined in the Payrolled Employee Information.

Date _____ Signature _____

Staffing Solutions Enterprises recruits, hires, trains, assigns personnel, promotes and compensates employees without regard to race, color, religion, national origin, age, sex, marital status, disability or sexual orientation. All employment decisions at Staffing Solutions Enterprises are made on the basis of merit and job requirements. Applications for employment are accepted through all delivery methods including but not limited to in person, by fax, by mail, by e-mail, or over the internet (applications are kept for one year prior to purge (12 months)).

Staffing Solutions

enterprises

Page 3 of 3

Last	First	M	Social Security Number		
Street		City	State	Zip code	
Home Phone Number		Cell Phone Number		Date of Birth	
Emergency Phone Number			Emergency Contact Name		
High School	College	Other (Indicate Highest Level of Education with an X)			
Name of Institution: _____					
Most Recent Employer: _____					

From(mo/yr)	Desc. of Major Duties/Titles	Reason for Leaving
-------------	------------------------------	--------------------

Have you ever been convicted of a felony involving fraud, embezzlement, theft of property of any other like crime?

_____ Yes _____ No

Form W-4 (2011)

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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you 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 Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. 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 _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-2159 <div style="font-size: 2em; font-weight: bold; margin: 0;">2011</div>
---	---	--

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 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		

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

Employee's signature (This form is not valid unless you sign it.) ▶	Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)
10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 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 \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

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

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

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

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

Instructions

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 United States) 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

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 or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including 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 authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

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 in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

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

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three 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:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form 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 Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

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 authorized officials of the Department of Homeland Security, 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.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

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

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

Preparer's/Translator's Signature	Print Name
-----------------------------------	------------

Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
---	-----------------------

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

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

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

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

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Applicant Release for Background Investigation or Drug Testing

I hereby authorize **Staffing Solutions Enterprises, Inc** (hereafter referred to as "Company") or its agent, Verifications Inc. (hereafter referred to as "VI Inc."), Corporate Screening, Pembroke, Asurint or Sterling Infosystems to investigate my background in order to process my application for employment.

I understand the consumer reporting agency will conduct an investigation to obtain information as deemed necessary to fulfill the requirements of the job. *The information obtained may include investigation into the lifetime of my credit background regarding my past employment, work habits, salary history, education, criminal background, motor vehicle, Social Media history, workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living, and general reputation.*

I understand direct or indirect contact from former employers, schools, financial institutions, landlords, public agencies, and through personal interviews with my associates, friends, acquaintances, neighbors, or other persons who may have such knowledge may be made to obtain such information.

I forever release and discharge the Company, VI Inc., Corporate Screening Pembroke, Asurint or Sterling Infosystems, their respective employees and agents, my past employers, schools, persons named in my employment application or resume from any claims, damages, losses, liabilities, and expenses arising out of gathering and reporting information.

I also understand that before being denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period after the completion of the investigation.

I authorize investigation of all statements contained in my application for employment as may be necessary in arriving at an employment decision as well as any credit, criminal checks or drug tests that may be done by the employer or by a service hired by the employer. The background check may include a consumer credit report. If Staffing Solutions Enterprises takes an adverse employment action based in whole or in part of any report caused by the Fair Credit Reporting Act, a copy of the report and a summary of your rights under the Fair Credit Reporting Act will be provided as well as any other documents required by law. You have the option to request the findings from a credit, background or drug test.

I understand the findings of a credit, drug or background check may be released to a client prior or while I am at working at that location.

I hereby agree, upon request made under the drug/alcohol testing policy of Staffing Solutions Enterprises, inc, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, hair and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the drug testing procedures, I will be subject to immediate termination. I understand that the company will require a drug screen and/or alcohol test under this policy whenever I am involved in an on-the-job accident or injury under circumstances that suggest possible involvement or influence of drugs or alcohol in the accident or injury event, and I agree to submit to any such test.

PLEASE FILL IN EACH BLANK SPACE:	
NAME:	PHONE
FORMER NAME:	SOCIAL SECURITY #:
CURRENT ADDRESS:	PREVIOUS ADDRESS:
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:
COUNTY:	COUNTY:

LENGTH OF RESIDENCE: Years:___ Months:___	LENGTH OF RESIDENCE: Years:___ Months:___
DRIVER'S LICENSE #:	STATE:
EMAIL ADDRESS:	
DATE OF BIRTH:	HAVE YOU EVER BEEN CONVICTED OF A FELONY AND/OR MISDEMEANOR?
MAY WE CONTACT YOUR CURRENT EMPLOYER? ___ YES ___ NO	___ YES ___ NO IF YES, APPROX. DATE: _____ CITY: _____ STATE: _____
	ANY ADDITIONAL FELONIES AND/OR MISDEMEANORS, PLEASE LIST ON 2ND PAGE BELOW PREVIOUS ADDRESS INFORMATION.

Do you have any additional prior addresses other than those listed above? If yes, please complete the 2nd page of this release.

In addition to authorizing the background investigation or drug/alcohol test, I certify that the information I have provided is true and complete, and I understand that if I am employed, false or incomplete statements of material fact on this authorization shall be sufficient cause for dismissal.

SIGNATURE

DATE

Staffing Solutions Enterprises is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, **Staffing Solutions Enterprises** does not discriminate against qualified individuals with disabilities.

PLEASE FILL IN EACH BLANK SPACE:	
NAME:	PHONE
FORMER NAME:	SOCIAL SECURITY #:
CURRENT ADDRESS:	PREVIOUS ADDRESS:
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:
COUNTY:	COUNTY:
LENGTH OF RESIDENCE: Years:___ Months:___	LENGTH OF RESIDENCE: Years:___ Months:___

PLEASE LIST ADDITIONAL FELONIES AND/OR MISDEMEANORS:

APPROXIMATE DATE: _____

CITY/STATE: _____

APPROXIMATE DATE: _____

CITY/STATE: _____

Client: _____
 Work Address: _____
 Timesheet Summary
 Week End Date (Sunday): _____

Employee Name: _____
 Supervisor: _____
 Dept: _____
 SSN: _____
 Job Order #: _____

XXX-XX-

I certify that I have verified the total hours as indicated to be correct, and agree to the terms as stated below the time ticket. I authorize Staffing Solutions Enterprises to bill my company for the same. I hereby certify that I sustained no injuries during the assignment.
 Employment: Execution of this time ticket is your responsibility. You cannot be paid unless the time ticket is signed by you and the client. Emailing this time ticket to Staffing Solutions Enterprises substitutes the signature for an electronic signature VIA EMAIL for the employee and the approving manager of the customer.
 If using as a supplemental ticket in lieu of 4 part ticket, please ensure to give copy to immediate supervisor. Keep a copy for your records and submit to SSE either via USPS or fax to (440) 461-5570. YOU MUST CALL TO ENSURE SSE HAS RECEIVED YOUR TICKET. FAILURE TO ENSURE RECEIPT OF YOUR TICKET WILL RESULT IN A DELAY IN PAYROLL PROCESSING. IT IS YOUR RESPONSIBILITY TO ENSURE YOUR TIME TICKET IS RECEIVED EACH BY TUESDAY AT 11 A.M.
 Please remember to enter the time in the following format: 6:00 AM (you must type every number and space, and choose AM or PM). *Use the nearest quarter hour.

WEEKLY TIME SUMMARY						
Days	In	Out	In	Out	Total	Weekly
Monday						T
Tuesday						O
Wednesday						T
Thursday						A
Friday						L
Saturday						
Sunday						
Total Hours for the Week:						

Employee Signature _____
 Supervisor Signature _____

For Customer: Thank you for your confidence in Staffing Solutions Enterprises ("SSE"). For the services of our employee, whose name appears at the top of this document next to "Employee Name", we will invoice your company as verbally agreed. The billing rate charged is determined on a basis of the amount of experience necessary to do the assignment. Should you wish to use our employee for other assignments, please contact your SSE representative. Call your local SSE office for any adjustments in the hourly billing rate. Our employee is assigned to you under the following conditions on Assignment:


1. SSE incurs considerable expense to recruit, evaluate and retain its Associates. To offset these expenses and any further revenue loss, SSE reserves the right to charge you a fee in the event that you hire the employee named on this card before, during, or after an assignment with your company. The fee will be calculated at 1% per \$1,000 of salary with a minimum of one thousand dollars (\$1,000) to a maximum of 30%. This fee is in addition to any service hours billed to you up to the date of hire. The conversion fee is payable if you hire our employees assigned to you regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six months after the last day assigned to your company. You also agree to pay a conversion fee as a result of your referral of our employee to that company.
2. SSE will bill you for the hours listed on the front of this time card. Overtime hours will be billed at time-and-a-half. The customer is responsible for maintaining a copy of the time card and providing it to SSE if disputing an invoice. You have thirty days from invoice date to dispute any amounts on invoices.
3. Each invoice will evidence a separate and distinct contract. Unless otherwise prohibited by law of the state where this placement occurred, in the event that you fail to pay the charges of SSE when due, then you agree to pay all costs of collection, including reasonable attorney's fees, whether or not a suit is initiated.
4. SSE employees are assigned based on a particular job description and may not change job duties without SSE's prior approval. SSE requires a four-hour per work day minimum for each employee assigned.
5. SSE employee will present a time card to you or your representative for verification and signature at the end of each week. Your signature thereon indicates your acknowledgement of all conditions of assignment. Our compensation to our assigned employee is on a weekly basis, and you will be billed weekly. Because SSE invoices reflect payroll we have already paid, our invoices are due upon receipt.
6. SSE associates may not operate or drive any motorized vehicle, travel on behalf of the customer or operate any machinery (except office machinery) without prior written consent. The insurance furnished by SSE does not cover physical loss, damage or any liability of the operation of the client's equipment.
7. You represent that your work site and company complies with EEO, OSHA, and other applicable rules and regulations.
8. SSE assumes no responsibility if employee handles cash, securities or other valuables.

9. IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, SPECIAL, OR PUNITIVE DAMAGES OR EXPENSES OR LOST PROFITS UNDER OR IN CONNECTION WITH THE SERVICE RENDERED BY SSE.

For Associates: Thank you for your commitment to Staffing Solutions Enterprises ("SSE") and our clients. Notify your SSE office immediately if your job duties differ substantially from those originally described to you by your SSE representative.

1. Be certain to complete your time card neatly and correctly. Errors and omissions may cause delay in payment. You must maintain a copy of your time card as a record of your proof of work. Your time card must be completed and sign.
2. The length of any SSE assignment is not guaranteed. It is important to notify SSE at the end of each assignment whether or not you are available for other assignments. Failure to do so may cause you to be ineligible for unemployment benefits.
3. You may not operate or drive any motorized vehicle, travel on behalf of the customer or operate any machinery (except office machinery) or handle cash, securities, or other valuables without SSE's prior written consent.
4. See your Employee Handbook for instructions on completing your time card and other company policies and procedures, if you do not have an Employee Handbook, please call your SSE branch office to obtain one.

You have two convenient options:

<input type="checkbox"/> AccelaPay Card 	With the AccelaPay Card, your pay will be deposited onto a prepaid Visa card. The AccelaPay Card can be used to make purchases everywhere Visa debit cards are accepted worldwide. (Your AccelaPay Card will arrive in 5-7 business days)
<input type="checkbox"/> Direct Deposit	By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday.

Employee Information

First Name:	Last Name:
Address:	
City:	State / Zip:
Home Phone:	Work Phone:
Social Security #:	Date of Birth:

Only fill out if choosing Direct Deposit. You can use up to 2 separate accounts.

Bank Name	ABA Routing/Transit #	Account #	Deduction Amount	Type of Account
			<input type="checkbox"/> Flat amount \$ _____ <input type="checkbox"/> Full deposit	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
			<input type="checkbox"/> Flat amount \$ _____ <input type="checkbox"/> Full deposit	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

PLEASE ATTACH A VOIDED CHECK OR COPY OF CHECK HERE
If choosing direct deposit to your checking account, do not attach a deposit slip, the routing number is not always correct.

I authorize Staffing Solutions Enterprises to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize Staffing Solutions Enterprises to assign an AccelaPay Card and initiate credit entries and any correcting entries to my assigned AccelaPay Card account. The direct deposit(s) will be made on each payday, unless I notify Staffing Solutions Enterprises in writing of my intent to cancel. Upon Staffing Solutions Enterprises' receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize Staffing Solutions Enterprises to debit my account(s) not to exceed the original amount of the credit.

I understand that Staffing Solutions Enterprises reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

I also understand that my bank has up to 48 hours from the date of processing to make my funds available.

Signature: _____ Date: _____

