

Company Name: \_\_\_\_\_ Employee Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Comp Code: \_\_\_\_\_ Pay Rate: \_\_\_\_\_



(Professional Business Solutions dba Employee Professionals herein after referred to as "Employee Pro")

### APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

#### SI USTED NO SABE LEER EN INGLES, SOLICITE UNA APLICACION EN ESPANOL

The information contained in the Employment Application is vital to your employment with Employee Pro. All documents must be filled out completely and signed by you **BEFORE** employment can be considered. You will be considered for employment without regard to race, color, religion, sex, national origin or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respects to individuals who are at least 40 but less than 65 years of age.

#### ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY QUIT CONNECTED WITH THE WORK AND UNEMPLOYMENT BENEFITS MAY BE DENIED:

- 1.) Failure to call Employee Pro within 24 hours of each assignment end, regardless of the reason of separation with the client, with notification of your availability.
- 2.) Failure to call three (3) times weekly when not on assignment. Phone number to call for this requirement is: (281) 398-1955.
- 3.) Failure to notify Employee Pro with your change of address or phone number.
- 4.) Refusal or failure to accept a suitable work assignment based upon pay, qualification or location.
- 5.) The company's receipt of an unemployment claim from you without prior notification of your availability is also a notice of a voluntary quit.

Initialing of the following area verifies that the above named individual has received a copy of Employee Pro's handbook, has read, fully understands, and agrees to adhere to these policies incorporated herein and made a part of the employment application process.

**Initial:**

- \_\_\_\_\_ I understand this is not for payroll purposes only
- \_\_\_\_\_ I understand I will be an employee of Employee Pro working for one of its clients
- \_\_\_\_\_ I have received an Employee Pro Accident Procedure information sheet and handbook
- \_\_\_\_\_ I understand Employee Pro has a zero drug tolerance policy.

#### Medical Authorization

By signing below I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury/illness to Employee Pro. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.

#### Payroll Deduction Authorization

By signing below I authorize deductions when applicable to be made out of my paycheck for tools, uniforms, health insurance, errors in payroll, overpayments and any other work related deductions.

**In signing below I acknowledge the above listed policies and conditions of employment with Employee Pro.**

Applicant Signature

Date of Application

Phone Number

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

### Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2010**

► 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.

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 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 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.		7

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

Employee's signature

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

Date ►

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

**Form I-9, Employment Eligibility Verification**

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

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: _____	OR	_____	_____	_____
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	
<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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)**

## AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.  If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Print your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License State: License Number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Race: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Other or Former Names: \_\_\_\_\_

Professional License: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Employee Handbook & Safety Manual Acknowledgment of Receipt**

I have received, and it is my sole obligation to read (or had the opportunity to read) and agree to abide by the Company's Employee handbook & Safety Manual. I understand that the company retains the right to change, alter, suspend, cancel and interpret all personnel policies and practices of the Company without advance notice and at its sole discretion, and without having to give cause, justification or consideration to any employee of their rights.

---

Employee Name (Print)

---

Date

---

Employee Signature

---

Client Name

---

Social Security Number



## No Work Comp Injury Form

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Employee: \_\_\_\_\_ SS#: \_\_\_\_\_

(Circle One):      New Hire Employee                      Rehired Employee

\_\_\_\_\_ has not had any workers compensation injuries  
(Employee Name)

occur from the employee start date of \_\_\_\_\_ to today's date \_\_\_\_\_.

\_\_\_\_\_  
Authorized Client Signature

\_\_\_\_\_  
Today's Date

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

\_\_\_\_\_  
Today's Date

<p><b>Internal Office Use Only:</b> Received application by fax/email on _____, with a start date of _____</p>
--



**Employee Payroll Direct Deposit Authorization**

**Section I: Type of Enrollment Action**  
(Select one of the following)

New Direct Deposit

Change Direct Deposit

Cancel Direct Deposit

**Section II: Employee Information**

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

Social Security Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

- ◆ I hereby authorize my employer to directly deposit my pay into the bank account (s) specified.
- ◆ I am attaching a **voided check** for the account (s) specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.
- ◆ Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

**Section III: Financial Institution Information**  
(Please complete for New / Change in Direct Deposit Only)

**Checking or Savings Account 1:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Account No.: \_\_\_\_\_

Type of Account: (circle one)    Checking    Savings

Percentage Amount: \_\_\_\_\_ %    Dollar Amount: \$ \_\_\_\_\_

Routing and Transit No.: \_\_\_\_\_

**Checking or Savings Account 2:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Account No.: \_\_\_\_\_

Type of Account: (circle one)    Checking    Savings

Percentage Amount: \_\_\_\_\_ %    Dollar Amount: \$ \_\_\_\_\_

Routing and Transit No.: \_\_\_\_\_

**Section IV -- Important Information Relating to Direct Deposits**

1. It can take *two or three pay cycles* after receipt of your authorization form for your Direct Deposit to become effective. All direct deposit will be run on a prenote status first to verify correct banking information. Employees are responsible for verifying that their funds have been direct deposited to his/her account.
2. The undersigned hereby agrees that their final check will not be direct deposited.
3. Funds transferred by electronic transmission normally post to the account 1 to 3 banking days after payroll is processed. Employees remain responsible for verifying that their funds are deposited and available prior to writing checks or debiting their account (s).

Signature of Employee (All Authorizations Must Be Signed)

Date

Please return this form with a voided check by fax or mail to the information below:  
Mail: 6754 Willowbrook Park Drive, Suite 200, Houston, TX 77066    Fax: (281)398-1960



## ACCIDENTS / INJURIES PROCEDURES

### **\*EMPLOYEE - RETAIN FOR YOUR RECORDS\***

The following procedures must be followed for all work related injuries

1. ALL ACCIDENTS/INJURIES must be reported to your foreman or supervisor, even if no medical attention is required. The injured employee must complete a Report of Employee Injury/Accident whether or not medical attention is required. It will be placed in their medical file for future reference in case of problems.
2. The supervisor must complete a Supervisor's Reports of Accident, i.e. the person your report to on your assignment, at the same time the employee accident report is being filled out, regardless of whether medical attention is required. Both reports need to be faxed to Employee Pro office at (281) 398-1960.
3. If the injury requires medical attention and is not an emergency situation, have your supervisor **call (281) 398-1955** prior to going to a medical facility. In case of an emergency, have your supervisor call and report which medical facility you are being transported to. We need to authorize treatment, arrange for proper billing, and determine that the facility follows proper procedures.
4. If an employee must be off on disability, he/she must notify their Supervisor. If off for an extended period of time, the employee must report to the office or call at least once a week to advise Employee Pro of their status. Upon receiving a release to return to work, you must call the office to report your availability.
5. Anytime an employee is on light duty the doctor's restrictions must be followed. The employee may return to regular duties only when released in writing by the doctor. It is your responsibility to tell the doctor that Employee Pro has all types of light duty work.
6. A drug screen is required for all injuries. A drug test is required to be taken within 24 hours after an injury has occurred. Refusal to submit to a drug test will result in the same consequences as a positive drug or alcohol test.
7. I understand and agree to abide by the above accident procedures. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of Employee Pro. In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings and documents of any kind relating to my past or present injury/illness to Employee Pro. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.