

APPLICATION FOR EMPLOYMENT

<b>Client Company Name:</b> _____	
Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</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.	
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 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here _____ ▶ 7 _____	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.	
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶ _____	
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) _____	
For Privacy Act and Paperwork Reduction Act Notice, see page 2. <span style="float: right;">Cat. No. 10220Q Form <b>W-4</b> (2010)</span>	
Date of Birth(Month/Day/Year): _____	Home Phone #: _____
Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact: _____	Emergency Contact Phone #: _____
Emergency Contact Relation: _____	
Check one of the following Race Categories: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or more Races	
Check one of the following Ethnic Groups/Veterans Status: Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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 EP within 24 hours of each assignments 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: 888-278-1150.
- 3.) Failure to notify EP with your change of address or phone number and refusal or failure to accept a suitable work assignment based upon pay, qualification or location.
- 4.) 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 EP's handbook, has read, fully understands, and agrees to adhere to these policies incorporated herein and made a part of the employment application process. I acknowledge the above listed policies and conditions of employment with EP

**Initial:** \_\_\_\_\_ I understand this is not for payroll purposes only & will be an employee of EP working for one of its clients  
 \_\_\_\_\_ I understand EP has a zero drug tolerance policy and I have received an EP handbook and Accident Procedure information sheet

**Medical Authorization**

By signing above 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 EP 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.

**\*\*\*\*\* To be completed by Client Company \*\*\*\*\***

Department Name	Department Number	Job Title	Original Hire Date
Pay Type: <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salary \$ _____ <input type="checkbox"/> Commission \$ _____		Employment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call	
Overtime Eligibility(* Must Meet FLSA Guidelines): <input type="checkbox"/> None (Exempt*) <input type="checkbox"/> Time & 1/2 (Non-exempt)		W/C Code: _____	
Payroll Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly		Client Signature: _____	

Equal Opportunity Employer

The information contained in the Employment Application is vital to your employment with EP. 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.