

**▶ PRE-APPLICATION QUESTIONNAIRE (CUESTIONARIO DE PRESPLICACION)**

- |   |   |  |   |
|---|---|--|---|
| <p>1) Are you telephone accessible?<br/>(¿Es accesible su teléfono?)</p> <p>2) Do you have reliable transportation?<br/>(¿Tiene un transporte confiable?)</p> <p>3) Do you have your I-9 information?<br/>(¿Tiene su información I-9?)</p> <p>4) Are you willing to take a drug and alcohol screen according to our policy? (¿Está dispuesto tomar una prueba de droga y alcohol según nuestra política?)</p> | <p>Yes (Si)    No</p> <p>Yes (Si)    No</p> <p>Yes (Si)    No</p> <p>Yes (Si)    No</p> | <p>5) Will you release your background information inclusive of criminal records?<br/>(¿Dara a conocer sus antecedentes inclusive los penales?)</p> <p>6) What job(s) are you applying for? (¿Qué trabajo(s) está solicitando?)</p> <p>7) For what pay rate? (¿Por que sueldo?) _____</p> <p>8) Have you ever been convicted of a felony? (¿Alguna vez ha sido declarado culpable de un delito mayor?)</p> | <p>Yes (Si)    No</p> <p>Yes (Si)    No</p> <p>Yes (Si)    No</p> |
|---|---|--|---|

**Signature (Firma del aspirante):** X **Date (Fecha):** \_\_\_\_\_

**▶ RELEASE AUTHORIZING CHECK OF APPLICANT'S BACKGROUND (ANTECEDENTES DEL ASPIRANTE)**

In consideration of Staff Unlimited, LP's evaluation of my suitability for employment, I hereby authorize Staff Unlimited, LP to perform all checks of my credentials as allowed by law including, but not limited to, discussions with: supervisors, co-workers, friends, business associates or other individuals that Staff Unlimited, LP, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize Staff Unlimited, LP to verify my educational and professional certifications, and other checks as Staff Unlimited, LP deems appropriate. I understand any falsification, omission, or misrepresentation made during the hiring process is grounds for not being hired, or for termination of employment. (En consideración de la evaluación de Staff Unlimited, LP de mi idoneidad para el empleo, por la present autorizo a Staff Unlimited, LP a realizar todos los controles de mis credenciales como es permitido por ley que incluye, pero no limitado a, discutir con: los supervisores, colaboradores, amigos, asociados empresariales u otros individuos que Staff Unlimited, LP, en su unica discreción, cree que puede tener la información pertinente con respecto a mi idoneidad para el empleo. Más aún, autorizo a Staff Unlimited, LP a compobar mis credenciales educacionales de grados otorgadas, profesionales y otros controles como Staff Unlimited considere apropiado. Comprendo que cualquier falsificación, omission o tergiversación hecha durante el proceso de contratacin es motivo para no ser contratado, o para la terminación del empleo.)

I acknowledge that Staff Unlimited, LP will also conduct an investigation of my criminal background. I understand that Staff Unlimited, LP may obtain criminal history information relating to all criminal convictions and all felony offenses resulting in a grant of deferred adjudication. (Admito que Staff Unlimited, LP realizará también una investigación de mis antecedentes criminales. Entiendo que Staff Unlimited, LP pueda obtener información de historia criminal en relación con todas las condenas criminales y todos los delitos que den lugar a una subvención de adjudicación diferida.)

I agree not to assert any claims or causes of action of any kind against Staff Unlimited, LP, its agents, its employees, and the individuals and companies contacted by Staff Unlimited, LP as part of its investigation. I further release and forever discharge Staff Unlimited, LP, its agents, its employees, and the individuals and companies contacted by Staff Unlimited, LP from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from Staff Unlimited's investigation of my credentials and background. I acknowledge that Staff Unlimited, LP has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation. (Acuerdo en no hacer ningún reclamo o derechos de acción de ninguna clase contra Staff Unlimited, LP, sus agents, sus empleados y el personal y las empresas contactadas por Staff Unlimited, LP como parte de su investigación. Admeás libero y para siempre el alta de Staff Unlimied, LP, sus agents, sus empleados y los individuos y empresas contactadas por Staff Unlimited, LP por cualquier clase o tipo de reclamo, exigencias, daños, acciones, derechos de acción o demandas de cualquier clase o naturaleza que surjan de la investigación de Staff Unlimited, LP de mis credenciales y antecedentes. Reconozco que Staff Unlimited, LP no ha hecho ninguna clase de representación de ningún tipo sobre si ofrecerá el empleo al concluir su investigación.)

**Signature (Firma del aspirante):** X **Date (Fecha):** \_\_\_\_\_

**▶ DRUG / ALCOHOL SCREEN CONSENT AND RELEASE (CONSENTIMIENTO DE PRUEBA ALCOHOL Y DROGAS)**

I hereby consent to a physical examination or a blood test, breathalyzer, hair sample, urinalysis test, or other procedure (a “drug screen”) for the purpose of determining the presence in my system of alcohol, illegal drugs, controlled substances, or any other substances prohibited by the Drug and Alcohol Policy of Staff Unlimited, LP. I understand that any offer of employment may be revoked by Staff Unlimited, LP if I refuse to submit to, or fail to pass, a drug test or if I fail to comply with the Staff Unlimited, LP’s Drug and Alcohol Policy. *(Por la presente consiento un examen físico o análisis de sangre, alcoholimetría, muestra de cabello, análisis de orina u otro procedimiento [una “prueba de drogas”] para la determinación en mi sistema de presencia de alcohol, drogas ilegales, sustancias controladas, u otras sustancias prohibidas por la Drug and Alcohol Policy de Staff Unlimited, LP. Comprendo que cualquier oferta de empleo puede ser revocada por Staff Unlimited, LP si yo me niego a someterme a, o no logro pasar una prueba de drogas p si no logro cumplir con Staff Unlimited, LP’s DRUG and Alcohol Policy.)*

If hired, I understand that if I am involved in an accident while performing duties related to my employment with Staff Unlimited, LP, Staff Unlimited, LP may require me to take a physical examination, including drug and alcohol screening, the results of which I agree can be reported to Staff Unlimited, LP. I understand that testing positive for controlled substances and/or alcohol may result in the termination of my employment with Staff Unlimited, LP, and denial of Workers’ Compensation Benefits. *(Si soy contratado, comprendo que si participo en un accidente mientras cumplo con los deberes relacionados con mi empleo con Staff Unlimited, LP, Staff Unlimited, LP puede requerir hacerme un examen físico, incluyendo cribado de drogas y alcohol, cuyos resultados estoy de acuerdo en que puedan ser informados a Staff Unlimited, LP. Entiendo que la prueba positiva para sustancias controladas y/o alcohol, puede dar lugar a la terminación de mi empleo por Staff Unlimited, LP y se me niegue el Beneficio de Indemnización del Trabajador [Workers’ Compensation Benefits].)*

I agree that the drug screen will be administered by a physician or medical facility selected by Staff Unlimited, LP and will be done on Company paid time, and a one-time **\$35.00** fee will be deducted from your next paycheck. I agree to go immediately to the physician or medical facility chosen by Staff Unlimited, LP and submit to a drug screen. I consent to the disclosure of the results of the drug screen to Staff Unlimited, LP. I hereby release Staff Unlimited, LP and all other parties concerned from any and all liability of any kind resulting from the testing procedure or the transfer of information obtained there from, including, but not limited to, possible clerical or laboratory errors. *(Estoy de acuerdo en que la prueba de drogas sera administrada por un medico o al establecimiento medico dirigido or Staff Unlimited, LP y a someterme una prueba de drogas. Un honorario de una sola vez \$35.00 será deducido de su cheque siguiente. Consiento la revelación de los resultados de la prueba de drogas a Staff Unlimited, LP y a someterme una prueba de drogas. Consiento la revelación de los resultados de la prueba de drogas a Staff Unlimited, LP. Por la present libero a Staff Unlimited, LP y todas las otras partes pertinentes de cualquier y toda responsabilidad de cualquier tipo, del resultado de la información obtenida de allí, incluyendo, pero no limitado a, los posibles errors de copia o de laboratorio.)*

A copy of this Consent and Release shall be as valid as the original. *(Una copia de esta Consentimiento y Liberación sera tan válida como el original.)*

My signature below indicates my acknowledgement that I have read the foregoing, or that it has been read to me, and I understand it fully. I understand that any offer of employment may be revoked by Staff Unlimited, LP if I refuse to submit to or fail to pass a drug test. *(Mi firma abajo indica mi reconocimiento de que lo he leído previamente, o que me ha sido leído y que lo comprendo plenamente. Entiendo que cualquier oferta de empleo puede ser revocada por Staff Unlimited, LP si yo me niego a presentarme a o no logro pasar una prueba de drogas.)*

**Signature (Firma del aspirante):** X \_\_\_\_\_ **Date (Fecha):** \_\_\_\_\_

**▶ DRUG FREE WORKPLACE POLICY ACKNOWLEDGEMENT (LA DROGA LIBERA EL LUGAR DE TRABAJO)**

I understand that any offer of employment by Staff Unlimited, LP is conditional upon my submitting to and passing a drug and/or alcohol test and that any offer of employment will be withdrawn should I fail to pass such test. *(Entiendo que cualquier oferta del empleo de Staff Unlimited, LP es condicional sobre mi someter a y pasando una prueba de la droga y/o de alcohol y que cualquier oferta del empleo será retirada debo no puedo pasar tal prueba.)*

I understand that Staff Unlimited, LP reserves the right to conduct searches of my person, locker, desk, work areas, clothing, baggage, and vehicle while on company premises to determine if I am in possession, use, transportation or concealment of any prohibited items or substances prohibited by law and the Staff Unlimited, LP Drug and Alcohol Policy. *(Yo entiendo que Staff Unlimited, LP reservar derecha para conducir búsqueda mi persona, armario, escritorio, trabajo área, ropa, bagaje, y vehículo mientras que en compañía premisa para determinar si yo ser en posesión, uso, transporte o ocultación cualquier prohibir artículo o sustancia prohibir por ley y Staff Unlimited, LP droga y alcohol política.)*

I acknowledge that I have read and agree to abide by these terms. *(Reconozco que he leído y acuerdo seguir estos términos.)*

**Signature (Firma del aspirante):** X \_\_\_\_\_ **Date (Fecha):** \_\_\_\_\_

**▶ PERSONAL INFORMATION (PERSONAL INFORMACIÓN)**

**First Name** (Nombre) \_\_\_\_\_ **Middle Initial** (Iniciales segundo nombre) \_\_\_\_\_ **Last Name** (Apellido) \_\_\_\_\_

**Current Address** (Dirección actual):

Street and Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Permanent Address, if different from above** (Dirección permanente, si es diferente de la anterior):

Street and Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
Teléfono

**E-mail:** \_\_\_\_\_  
Correo electrónico

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
No. Seguro Social

**Driver's License #:** \_\_\_\_\_ State: \_\_\_\_\_  
No. Licencia de manejo

**Current Source of Transportation** (Fuente actual del transporte):

Car (Coche)    Bus (Autobús)    Bike (Bici)    Carpool (Paseo de la parte)    Walk (Caminata)    None (Nada)

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis (Soy un ciudadano norteamericano o bien tengo la autorización para trabajar en los Estados Unidos sin ninguna restricción):

**Yes (Si)**                      **No**

If applicable, please list your visa type, visa # and expiration (Si es aplicable, indique el tipo, numero y fecha de expiración de la visa):

**Have you ever served in the U.S. Military?**

(¿Ha prestado alguna vez sus servicios en el Servicio Militar Estadounidense?)

**Yes (Si)**                      **No**

If yes, please provide the following information (Si su respuesta es afirmativa, proporcione por favor la siguiente información):

Branch of Service (Rama de servicio): \_\_\_\_\_ Rank (de prestar los servicios): \_\_\_\_\_

I served from (Preste mis servicios a partir del) \_\_\_\_\_ to \_\_\_\_\_.

**▶ POSTION INFORMATION (INFORMACIÓN DE POSTION)**

**Position Specifications** (Especificaciones del puesto)

**Desired Pay** (Dinero deseado): \_\_\_\_\_

**Position Applying For** (Posición para la que está aplicando): \_\_\_\_\_

**What hours are you willing to work?** (¿Qué horario está dispuesto(a) a trabajar?)

**Would you be able to work weekends?**    **Yes (Si)**    **No**  
(¿Estaría dispuesto(a) a trabajar fines de semana?)

**Are you willing to travel for the job?**    **Yes (Si)**    **No**  
(¿Está disponible para viajar por asuntos de trabajo?)

**When would you would you be able to start?** (¿Cuándo puede empezar?) \_\_\_\_\_

**Skills (Habilidades)**

Please describe your skills (Describa por favor sus habilidades):

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▶ **EMPLOYMENT HISTORY (HISTORIA DE TRABAJO)**

FROM (M/Y) \_\_\_\_\_ **Company Name** (Compañía) \_\_\_\_\_ **Tel No.** \_\_\_\_\_  
 \_\_\_\_\_ **Address** (Dirección) \_\_\_\_\_  
 TO (M/Y) \_\_\_\_\_ **Job Title** (Título Del Trabajo) \_\_\_\_\_  
 \_\_\_\_\_ **Supervisor' Name** (Nombre Del Supervisor) \_\_\_\_\_  
 \_\_\_\_\_ **Duties** (Deberes) \_\_\_\_\_  
 \_\_\_\_\_ **Reason For Leaving** (Razón De Irse) \_\_\_\_\_  
**May We Contact?** **EARNINGS (GANANCIAS):**  
 ¿Podemos Entrar en contacto con?  Yes (Si)  No **Start** (Comience) \_\_\_\_\_ **End** (Extremo) \_\_\_\_\_

FROM (M/Y) \_\_\_\_\_ **Company Name** (Compañía) \_\_\_\_\_ **Tel No.** \_\_\_\_\_  
 \_\_\_\_\_ **Address** (Dirección) \_\_\_\_\_  
 TO (M/Y) \_\_\_\_\_ **Job Title** (Título Del Trabajo) \_\_\_\_\_  
 \_\_\_\_\_ **Supervisor' Name** (Nombre Del Supervisor) \_\_\_\_\_  
 \_\_\_\_\_ **Duties** (Deberes) \_\_\_\_\_  
 \_\_\_\_\_ **Reason For Leaving** (Razón De Irse) \_\_\_\_\_  
**May We Contact?** **EARNINGS (GANANCIAS):**  
 ¿Podemos Entrar en contacto con?  Yes (Si)  No **Start** (Comience) \_\_\_\_\_ **End** (Extremo) \_\_\_\_\_

FROM (M/Y) \_\_\_\_\_ **Company Name** (Compañía) \_\_\_\_\_ **Tel No.** \_\_\_\_\_  
 \_\_\_\_\_ **Address** (Dirección) \_\_\_\_\_  
 TO (M/Y) \_\_\_\_\_ **Job Title** (Título Del Trabajo) \_\_\_\_\_  
 \_\_\_\_\_ **Supervisor' Name** (Nombre Del Supervisor) \_\_\_\_\_  
 \_\_\_\_\_ **Duties** (Deberes) \_\_\_\_\_  
 \_\_\_\_\_ **Reason For Leaving** (Razón De Irse) \_\_\_\_\_  
**May We Contact?** **EARNINGS (GANANCIAS):**  
 ¿Podemos Entrar en contacto con?  Yes (Si)  No **Start** (Comience) \_\_\_\_\_ **End** (Extremo) \_\_\_\_\_

**▶ EDUCATION (EDUCACIÓN)**

**High School (Preparatoria)**

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Name and Address (Nombre y dirección)

Did you graduate? (¿Se graduó?)  Yes (Si)  No      If you did not graduate, did you receive your GED? (Si no se graduó, ¿Recibió su diploma de GED?)  Yes (Si)  No

Special honors or awards (Honores especiales o premios): \_\_\_\_\_

**Technical or Vocational School (Escuela técnica o vocacional)**

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Name and Address (Nombre y dirección)

Did you graduate? (¿Se graduó?)  Yes (Si)  No

Degree or Certification (Titulo académico o Certificación): \_\_\_\_\_

Special honors or awards (Honores especiales o premios): \_\_\_\_\_

**College or University (Colegio o Universidad)**

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Name and Address (Nombre y dirección)

Did you graduate? (¿Se graduó?)  Yes (Si)  No

Degree: \_\_\_\_\_ Major (Tema): \_\_\_\_\_

**▶ GENERAL SAFETY RULES OF CONDUCT (REGLAS GENERALES DE SEGURIDAD DE LA CONDUCTA)**

Staff Unlimited, LP has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules of conduct, and other safety rules that apply to your job. (Staff Unlimited, LP ha desarrollado estas reglas de seguridad modeladas después de los requisitos federales del OSHA. Lea y haga familiar con estas reglas de la conducta, y otras reglas de seguridad que se apliquen a su trabajo.)

1. Report an injury to your supervisor immediately. (Notifique de inmediato a su supervisor una lesión.)
2. Report any observed unsafe condition to your supervisor. (Notifique a su supervisor cualquier condición insegura observada.)
3. Horseplay is prohibited at all times. (Se prohíben las bromas en todo momento.)
4. The drinking of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work. (No se permite beber bebidas alcohólicas en el trabajo. No se le permitirá trabajar a ningún empleado desabierto bajo la influencia de alcohol o drogas.)
5. If you do not have current First Aid Training, do not move or treat an injured person unless there exists the hazard of falling objects, an approved hard hat must be worn. (Si usted no tiene entrenamiento de los primeros auxilios de la corriente, no se mueva o tratar a una persona dañada a menos que exista el peligro de objetos que caen, un sombrero duro aprobado debe ser usado.)
6. Appropriate clothing and footwear must be worn on the job at all times. (La ropa y el calzado apropiados se deben usar en el trabajo siempre.)
7. Where there exists the hazard of falling objects, an approved hard hat must be worn. (Donde existe el peligro de objetos que caen, un sombrero duro aprobado debe ser usado.)
8. You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task. (Usted no debe realizar ninguna tarea a menos que le entrenen para hacer tan y esté enterado de los peligros asociados a esa tarea.)

9. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, be maintained in good condition, and worn when required. *(Usted puede ser asignado cierto equipo protector personal de seguridad. Este equipo debe estar disponible para el uso en el trabajo, se mantenga en buenas condiciones, y se usa cuando está requerido.)*
10. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training. *(Aprenda las prácticas seguras del trabajo. Cuando en duda sobre la ejecución de una tarea con seguridad, entre en contacto con a su supervisor para la instrucción y entrenar.)*
11. The riding of a hoist hook, or on other equipment not designed for such purposes, is prohibited at all times. *(El montar a caballo de un gancho del alzamiento, o en el otro equipo no diseñado para tales propósitos, se prohíbe siempre.)*
12. Never remove or bypass safety devices. *(Nunca quite o puentee los dispositivos de seguridad.)*
13. Do not approach operating machinery from the blind side; let the operator see you. *(No acerque a la maquinaria de funcionamiento del lado oculto; deje a operador verle.)*
14. Learn where the fire extinguishers and first aid kits are located. *(Aprenda dónde se localizan los extintores y los kits de primeros auxilios.)*
15. Maintain a general condition of good housekeeping in all work areas at all times. *(Mantenga una condición general de la buena economía doméstica en todas las áreas de trabajo siempre.)*
16. Obey all traffic regulations when operating vehicles on public highways. *(Obedezca todas las regulaciones de tráfico al funcionar los vehículos en las carreteras públicas.)*
17. When operating of riding in company vehicles or using your personal vehicle for business purposes, the vehicle's seatbelt shall be worn. *(Cuando el funcionamiento de montar en vehículos de la compañía o de usar su vehículo personal para los propósitos del negocio, el seatbelt del vehículo será usado.)*
18. Be alert to hazards that could affect you and your co-employees. *(Esté alerta a los peligros que podrían afectarle y a sus co-empleados.)*
19. Obey safety signs and tags. *(Obedezca las muestras y las etiquetas de seguridad.)*
20. Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is a leading cause of employee injury. *(Realice siempre su tarea asignada en una manera segura y apropiada; no tome los atajos. El tomar de atajos y de no hacer caso de las reglas establecidas de seguridad es una causa principal de lesión del empleado.)*

I certify that I have read, or been read to, and understand and will abide by the above listed safety rules. Failure to do so may be grounds for termination and may disqualify my insurance benefits. *(Certifico que he leído, o he leído a, y entiendo y seguiré las reglas arriba enumeradas de seguridad. La falta de hacer tan puede ser argumentos para la terminación y puede descalificar mis ventajas de seguro.)*

**Signature (Firma del aspirante):** X \_\_\_\_\_ **Date (Fecha):** \_\_\_\_\_

#### ▶ MEDICAL RELEASE (LANZAMIENTO MÉDICO)

If hired, I agree to authorize and give permission to all Healthcare providers who have provided or will provide medical care or related service to me, to give my employer, Staff Unlimited, LP and/or any person duly acting in its behalf with this written authorization, complete access to all medical records pertaining to diagnosis or treatment of any occupational injury, disease or medical condition I may suffer (including, but not limited to, prescription records). My permission is also given to all healthcare providers to fully discuss my diagnosis, treatment, condition, prognosis and any previous conditions that predisposed me to any injury/illness with Staff Unlimited, LP or its authorized representative. *(Si está empleado, acuerdo autorizar y dar el permiso a todos los abastecedores de Healthcare que me han proporcionado o proporcionen asistencia médica o servicio relacionado, de dar mi patrón, Staff Unlimited, LP y/o cualquier persona debido que actúa en su favor con esta autorización escrita, el acceso completo a todos los expedientes médicos que pertenecen a la diagnosis o el tratamiento de cualquier lesión ocupacional, enfermedad o condición médica que pueda sufrir (incluyendo, pero no limitado a, expedientes de la prescripción). Mi permiso también se da con a todos los abastecedores del healthcare cuando recibe el tratamiento médico o los servicios para un injury/illness ocupacional que ocurra durante mi empleo con Staff Unlimited, LP.)*

I also authorize a designated representative of Staff Unlimited, LP to accompany me to any healthcare provider when receiving medical treatment or services for an occupational injury/illness which occurs during my employment with Staff Unlimited, LP. *(También autorizo a representante señalado de Staff Unlimited, LP a acompañarme a cualquier abastecedor del healthcare cuando recibe el tratamiento médico o los servicios para un injury/illness ocupacional que ocurra durante mi empleo con Staff Unlimited, LP.)*

I acknowledge that I will be required to submit to a drug/alcohol screening for any occupational injury/illness which requires my medical treatment. *(Reconozco que me requerirán someter a una investigación de drug/alcohol para cualquier injury/illness ocupacional que requiera mi tratamiento médico.)*

I understand that Staff Unlimited, LP will utilize the information requested to evaluate and authorize treatment for my alleged injury while working at Staff Unlimited, LP to make a determination of applicable benefits, if any, and to assess the potential of my return to full or modified job duties. Further, by my signature, I hereby release all parties from all liabilities for any damages which may result from the furnishing or transfer of said information. *(Entiendo que Staff Unlimited, LP utilizará la información solicitada para evaluar y para autorizar el tratamiento para mi lesión alegada mientras que trabaja en Staff Unlimited, LP para hacer una determinación de ventajas aplicables, si las hay, y para determinar el potencial de mi vuelta a por completo o de los deberes modificados del trabajo. Además, por mi firma, lanzo por este medio todos los partidos de todas las responsabilidades por cualquier daño que puedan resultar de equipar o de la transferencia de la información dicha.)*

A copy of this medical release shall be as valid as the original. *(Una copia de este lanzamiento médico será tan válida como la original.)*

My signature below indicates my acknowledgement that I have read the foregoing, or that it has been read to me, and that I understand it fully. *(Mi firma abajo indica mi reconocimiento que he leído el precedente, o que se ha leído a mí, y que lo entiendo completamente.)*

**Signature (Firma del aspirante):** X \_\_\_\_\_ **Date (Fecha):** \_\_\_\_\_

**► POLICIES AND PROCEDURES CHECKLIST (POLÍTICAS Y LISTA DE COMPROBACIÓN DE LOS PROCEDIMIENTOS)**

*(Iniciales)*  
Initials

- \_\_\_\_\_ 1. I understand to continue my employment with Staff Unlimited, LP I must be telephone accessible and have reliable transportation. *(Entiendo para continuar mi empleo con el personal ilimitado, LP debo ser teléfono accesible y tener transporte confiable.)*
- \_\_\_\_\_ 2. I understand that I am an employee of Staff Unlimited, LP and only I or Staff Unlimited, LP can terminate my employment. When an assignment ends I must report to Staff Unlimited, LP for my next job assignment by 8:00am on the next business day following the end of my assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and unemployment benefits may be denied. *(Entiendo que soy empleado del personal ilimitado, LP y solamente I o proveo de Staff Unlimited, LP puedo terminar mi empleo. Cuando una asignación termina debo divulgar al Staff Unlimited, LP para mi asignación siguiente del trabajo por los 8:00am en el día laboral próximo que sigue el final de mi asignación. La falta de hacer tan o de aceptar mi asignación siguiente del trabajo indicará que he parado voluntariamente y los subsidios de desempleo puede ser negado.)*
- \_\_\_\_\_ 3. I understand if for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact Staff Unlimited, LP prior to my assigned start time so Staff Unlimited, LP can call the client and/or find a replacement for me. My failure to do so will indicate that I have voluntarily quit, will not be eligible for rehire and my unemployment benefits may be denied. *(Entiendo si por una cierta razón inesperada, tal como una emergencia o una enfermedad, yo no puedo hacerla para trabajar ni será atrasado, yo entraré en contacto con el Staff Unlimited, LP de mi personal asignado de la hora de Staff Unlimited, LP puede llamar al cliente y/o encontrar un reemplazo para mí. Mi falta de hacer tan indicará que he parado voluntariamente, no será elegible para el rehire y mis subsidios de desempleo pueden ser negados.)*
- \_\_\_\_\_ 4. I understand once an assignment has been accepted, I must complete the entire assignment. Failure to do so will indicate I have voluntarily quit and my unemployment benefits may be denied. *(Entiendo una vez que se haya aceptado una asignación, yo debo terminar la asignación entera. La falta de hacer tan indicará que he parado voluntariamente y mis subsidios de desempleo pueden ser negados.)*
- \_\_\_\_\_ 5. I understand once an assignment has been accepted, Staff Unlimited, LP will not recognize nor pay for any hours worked in the absence of a time ticket signed by the Staff Unlimited, LP client and me. *(Entiendo una vez que se haya aceptado una asignación, Staff Unlimited, LP no reconoceré ni no pagaré por cualquier hora trabajada en ausencia de un boleto del tiempo firmado por el cliente y mí de Staff Unlimited, LP.)*
- \_\_\_\_\_ 6. I understand to be paid in a timely manner, my time ticket must be turned in each Monday by 12:00pm. Any late time tickets will not be paid until the following payroll. *(Entiendo para ser pagado de una manera oportuna, mi boleto del tiempo debo ser dado vuelta en cada lunes por 12:00pm. que ninguna última boletos del tiempo no serán pagada hasta la nómina de pago siguiente.)*
- \_\_\_\_\_ 7. I understand the only time I am to be on client premises is during my scheduled work hours. *(Entiendo la única vez que debo estar en cliente que las premisas son durante mis horas programar del trabajo.)*
- \_\_\_\_\_ 8. I understand I may not bring anyone on client premises without previous approval from both the client and Staff Unlimited, LP. *(Entiendo que puedo no traer cualquier persona en premisas del cliente sin la aprobación anterior del cliente y Staff Unlimited, LP.)*
- \_\_\_\_\_ 9. I understand Staff Unlimited, LP has a very strict "NO DRUG POLICY", and I signed a consent form to submit to drug and alcohol testing. Staff Unlimited, LP drug tests for the following reason: Pre-employment, cause, random, and injuries. Staff Unlimited, LP will deduct a fee of \$35.00 from next paycheck to cover the drug testing charges. I understand my failure to comply with this agreement will be grounds for my immediate termination. *(Entiendo que Staff Unlimited, LP tiene un muy terminante "NINGUNA POLÍTICA de la DROGA", y firmé una forma del consentimiento para someter a las pruebas de la droga de Staff Unlimited, LP por la razón siguiente: Pre-employment, causa, al azar, y lesiones. Staff Unlimited, LP deducirá un honorario de \$35.00 de la cheque siguiente para cubrir las cargas de prueba de la droga. Entiendo que mi falta de conformarse con este acuerdo será argumentos para mi terminación inmediata.)*
- \_\_\_\_\_ 10. I understand if I sustain an injury on the job, I will inform the client and Staff Unlimited, LP immediately after the accident. Staff Unlimited, LP will coordinate with the client and myself the proper procedure for treatment and reporting the accident. *(Entiendo si sostengo lesión en el trabajo, yo informaré al cliente y al Staff Unlimited, LP inmediatamente después del accidente. Staff Unlimited, LP coordinará con el cliente y mismo el procedimiento apropiado para el tratamiento y divulgar el accidente.)*
- \_\_\_\_\_ 11. I understand and will comply with Staff Unlimited safety rules, regulations and hazardous communication programs. *(Entiendo si sostengo lesión en yo entiendo y me conformo con reglas de la seguridad de Staff Unlimited, regulaciones y programas peligrosos de la comunicación.)*

- \_\_\_\_\_ 12. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that I may resign at any time and Staff Unlimited, LP may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Staff Unlimited, LP. *(Entiendo y reconozco que, a menos que sea definida de otra manera por ley aplicable, cualquier relación del empleo con esta organización está "en de una naturaleza de la voluntad", que significa que puedo dimitir en cualquier momento y Staff Unlimited, LP puede descargarme en cualquier momento con o sin causa. Se entiende más a fondo que esto "en relación del empleo de la voluntad" no se puede cambiar por cualquier documento escrito o por la conducta a menos que tal cambio sea reconocido específicamente en escribir por un ejecutivo autorizado de Staff Unlimited, LP.)*
- \_\_\_\_\_ 13. I understand that false or misleading information given in my application or interview(s) may result in termination. *(Entiendo que la información falsa o engañosa dada en mi uso o interview(s) puede dar lugar a la terminación.)*
- \_\_\_\_\_ 14. I understand the completion of the Policy and Procedure Checklist and enclosed application in no way implies nor constitutes a contract of employment. *(Entiendo que la terminación de la lista de comprobación de la política y del procedimiento y del uso incluido de ninguna manera implica ni que constituye un contrato del empleo.)*
- \_\_\_\_\_ 15. I have read and fully understand the above statements regarding the Staff Unlimited, LP policies and procedures and agree to the same. I further understand that failure to comply with these policies and procedures will indicate I have voluntarily quit and my unemployment benefits may be denied. *(He leído y entiendo completamente las declaraciones antedichas con respecto las políticas y a los procedimientos de Staff Unlimited, LP y convengo igual. Entiendo más lejos que la falta de conformarse con estas políticas y procedimientos indicará que he parado voluntariamente y mis subsidios de desempleo pueden ser negados.)*
- \_\_\_\_\_ 16. I understand if a physical or mental condition limits my ability to perform the assignment, I may request a job accommodation from a Staff Unlimited, LP representative. I understand Staff Unlimited, LP reserves the right to determine if any requested accommodation is reasonable. *(Entiendo si una condición física o mental limita mi capacidad de realizar la asignación, yo puedo solicitar una comodidad del trabajo de un representante de Staff Unlimited, LP. Entiendo reservas de Staff Unlimited, LP la derecha de determinarse si alguna comodidad solicitada es razonable.)*
- \_\_\_\_\_ 17. I understand if a disability limits my ability to perform the assignment, I may request a job accommodation from a Staff Unlimited, LP representative. I understand Staff Unlimited, LP reserves the right to determine if any requested accommodation is reasonable. By marking this application, applicant acknowledges that he/she is physically able to perform the job for which he/she has applied. If the Applicant has any questions whatsoever regarding the requirements for the job applied for, Applicant agrees to inquire during the interview process about those requirements. *(Entiendo si una inhabilidad limita mi capacidad de realizar la asignación, yo puedo solicitar una comodidad del trabajo de un representante de Staff Unlimited, LP. Entiendo reservas de Staff Unlimited, LP la derecha de determinarse si alguna comodidad solicitada es razonable. Marcando este uso, el aspirante reconoce que he/she puede físicamente realizar el trabajo el cual he/she ha solicitado. Si el aspirante tiene cualesquiera preguntas cualesquiera con respecto a los requisitos para el trabajo solicitado, el aspirante acuerda investigar durante el proceso de la entrevista sobre esos requisitos.)*

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history. Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law. *(Por medio de la presente certifico que mis respuestas y declaraciones, como se estipulan en esta solicitud son verdaderas y completas a mi leal saber y entender. Si soy empleado(a), entiendo que cualquier declaración falsa en esta solicitud será considerada como razón suficiente para mi despido. Doy mi autorización a la compañía por medio de la presente para que investigue cualquier aspecto relacionado con mi previa educación o historial de empleo. Además, entiendo que si soy contratado, el empleo con esta compañía será "sin plazo fijo", lo cual significa que ya sea la compañía o yo podemos terminar esta relación de empleo por cualquier razón que no este prohibida por estipulaciones de las leyes estatales o federales.)*

**ApplicantSignature**

**(Firma del aspirante):** X \_\_\_\_\_ **Date (Fecha):** \_\_\_\_\_

**Interviewer's Signature**

**(Firma Del Entrevistador) :** X \_\_\_\_\_ **Date (Fecha):** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		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. U.S. Social Security card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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 ( <i>Form FS-545 or Form DS-1350</i> )
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		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
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)		4. Voter's registration card		4. Native American tribal document
		5. U.S. Military card or draft record		5. U.S. Citizen ID Card ( <i>Form I-197</i> )
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States ( <i>Form I-179</i> )
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		7. Unexpired employment authorization document issued by DHS ( <i>other than those listed under List A</i> )
		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>			
		10. School record or report card		
		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)**

# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____		
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 5px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <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 \$1,500 or less.</li> </ul> </td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <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 \$1,500 or less.</li> </ul>	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <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 \$1,500 or less.</li> </ul>				
<b>C</b>	Enter "1" for your <b>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.) . . . . .	<b>C</b>	_____		
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____		
<b>E</b>	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) . . . . .	<b>E</b>	_____		
<b>F</b>	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>F</b>	_____		
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.				
	• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.				
	• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.	<b>G</b>	_____		
<b>H</b>	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.) ▶	<b>H</b>	_____		
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 5px;"> <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> </td> </tr> </table>	{	<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>		
{	<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> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <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></p>	OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2008</span>
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. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2008, 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 . . . . . ▶		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)

**Deductions and Adjustments Worksheet**

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

**1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,000 \text{ if head of household} \\ \$ 5,450 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . **4** \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) . . . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_

**7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_

**8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_

**10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

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

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

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” . . . . . **2** \_\_\_\_\_

**3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

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

**4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_

**5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_

**6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_

**7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_

**8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_

**9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**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 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

**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.

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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.