CORPORATE TEMPS
PROFESSIONAL TEMPORARY SERVICE

Date: _____

How did you hear about us?

☐ Internet ☐ Referral: _____
☐ Walk In ☐ Yellow Pages

Position Desired: _____

APPLICANT INFORMATION			
Last Name	**First**	**M.I.**	**DOB**
Street Address		**Apartment/Unit #**	
City	**State**	**ZIP**	
Phone	**E-mail Address**		
Date Available	**Social Security No.**		
Are you a citizen of the United States? YES ☐ NO ☐	**If no, are you authorized to work in the U.S.?** YES ☐ NO ☐		
Have you ever worked for this company? YES ☐ NO ☐	**If so, when?**		
Have you ever been convicted of a felony? YES ☐ NO ☐	**If yes, explain**		

EDUCATION					
High School			**Address**		
From	To	**Did you graduate?**	**YES** ☐	**NO** ☐	**Degree**
College			Address		
From	To	**Did you graduate?**	**YES** ☐	**NO** ☐	**Degree**
Other			**Address**		
From	To	**Did you graduate?**	**YES** ☐	**NO** ☐	**Degree**

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Address	
Full Name	Relationship
Address	

DO NOT WRITE BELOW THIS LINE

Transportation: _____

Hourly Pay: _____

Shift Desired: _____

Employment Status: _____

Attitude: 1 2 3 4 5 Best

Appearance: 1 2 3 4 5 Best

Notes: _____

_____

PREVIOUS EMPLOYMENT

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary $		Ending Salary $
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference?	YES ☐ NO ☐		

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary $		Ending Salary $
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference?	YES ☐ NO ☐		

Company		Phone ( )	
Address		Supervisor Me	
Job Title	Starting Salary $		Ending Salary $
Responsibilities			
From To	Reason for Leaving		
May we contact your previous supervisor for a reference?	YES ☐ NO ☐		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date

Employee Orientation Checklist

PLEASE INITIAL AFTER READING EACH STATEMENT

____ I understand that I must be professional as well as on time and dressed appropriate for work every day.

____ I understand this is a temporary position. While there is a possibility of this position to become a temporary-to-permanent position, Corporate Temps cannot guarantee a permanent position, regardless of my performance.

____ I understand, if the position does transition into a permanent position, I will be required to work at least twelve (12) weeks as a temporary employee.

____ Under no circumstances am I to request or accept employment from the client unless it has been approved by Corporate Temps.

____ I understand that failure to advise Corporate Temps of my resignation prior to 48 hours of my end- date constitutes a 'no-call-no show". Therefore, I will be paid at minimum wage for the hours I've completed within that particular pay period.

____ If you are injured on the job, please contact Corporate Temps immediately. We will provide instructions to you.

____ I understand that I am a Corporate Temps employee. I understand that I will be paid by Corporate Temps, weekly on Friday(s). I understand that my hours must be entered into the timekeeping system no later than noon on Mondays(s).

____ I understand that if I fail to enter my hours into the timekeeping system by noon on Monday(s), my payroll check will be delayed.

____ I understand, as a Corporate Temps employee, I'm required to enroll in Direct Deposit.

____ I understand if I'm terminated from an assignment due to performance/conduct issues, lack of professionalism and/or tardiness/absenteeism issues, my unemployment benefits may be affected.

____ I understand that I am eligible for Insurance Coverage after 90 Days of Employment.

____ If I am late or absent from the assignment, I am obligated to contact Corporate Temps. If I am calling outside of normal business hours, I will leave a message.

____ I understand that Corporate Temps' policy is to submit my availability twice per week via the company website (www.corporatetemps.com).

____ I understand that the only way for my availability to be submitted is thru (www.corporatetemps.com) **NO EXCEPTIONS**. If I fail to do so, I understand that my unemployment benefits may be affected.

____ I understand if I fail to submit my availability twice per week, Corporate Temps will consider that as a voluntary quit.

____ I understand that I will not solicit employment from the client in which Corporate Temps has assigned me to, or from other agencies on site at assignment location.

I, _____, have read and understood the above rules and regulations. I agree to abide by them as long as I am employed with Corporate Temps.

_____ _____

Signature **Date**

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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 boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that 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		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
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		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren't 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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

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: • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't 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 $2,000 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. • If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children. • If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.	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.

- 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 are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 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.

---------- **Separate 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

Employee's Withholding Allowance Certificate

► **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.**

OMB No. 1545-0074

2017

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ 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.** ► ☐	

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 2017, 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.

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 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widow(er); $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details . . . . . 1 $

2 Enter: { $12,700 if married filing jointly or qualifying widow(er) / $9,350 if head of household / $6,350 if single or married filing separately } . . . . . 2 $

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $

4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 $

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) . . . . . 5 $

6 Enter an estimate of your 2017 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 $4,050 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 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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

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
$0 - $7,000	0	$0 - $8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - $75,000	$610	$0 - $38,000	$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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 FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

A.☐ Single – enter 1 if your are claiming yourself
B.☐ Married Filing Joint, both spouses working – enter 1 if you claim yourself
C.☐ Married Filing Joint, one spouse working – enter 1 if your claim yourself or 2 if you claim yourself and your spouse
D.☐ Married Filing Separate – enter 1 if you claim yourself
E.☐ Head of Household – enter 1 if you claim yourself

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.
Failure to complete and submit the worksheet will result in automatic denial on your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3-5.

Line 8:

a)☐ Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld $500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was $100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld $500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was $0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you **qualify** to claim exempt.

b)☐ Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:

1.☐ The servicemember is present in Georgia in compliance with military orders;
2.☐ The spouse is in Georgia solely to be with the servicemember;
3.☐ The spouse maintains domicile in another state; and
4.☐ The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

1.☐ On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
2.☐ If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line 2D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

Do not complete Lines 3-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

Form G-4 (Rev. 7/14)

1511004011

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8

3. MARITAL STATUS
(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1 ..... [ ]
B. Married Filing Joint, both spouses working:
Enter 0 or 1 ..... [ ]
C. Married Filing Joint, one spouse working:
Enter 0 or 1 or 2 ..... [ ]
D. Married Filing Separate:
Enter 0 or 1 ..... [ ]
E. Head of Household:
Enter 0 or 1 ..... [ ]

4. DEPENDENT ALLOWANCES [ ]

5. ADDITIONAL ALLOWANCES [ ]
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING $_____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES
(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
Yourself: ☐ Age 65 or over ☐ Blind
Spouse: ☐ Age 65 or over ☐ Blind Number of boxes checked _____ x 1300 ..... $_____
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
A. Federal Estimated Itemized Deductions ..... $_____
B. Georgia Standard Deduction (enter one): Single/Head of Household $2,300
Each Spouse $1,500 $_____
C. Subtract Line B from Line A ..... $_____
D. Allowable Deductions to Federal Adjusted Gross Income ..... $_____
E. Add the Amounts on Lines 1, 2C, and 2D ..... $_____
F. Estimate of Taxable Income not Subject to Withholding ..... $_____
G. Subtract Line F from Line E (if zero or less, stop here) ..... $_____
H. Divide the Amount on Line G by $3,000. Enter total here and on Line 5 above ..... _____
(This is the maximum number of additional allowances you can claim. If the remainder is over $1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) 2
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

TOTAL ALLOWANCES (Total of Lines 3 - 5) 4

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**
a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here** ☐
b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.
If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS:

Corp Temps

EMPLOYER'S FEIN: _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

Employee Pay Selection Form

You have multiple options to receive your pay, as listed below. Please review them and make your selection by initialing your choice and signing below.

☐ _____ Initials	**DIRECT DEPOSIT** I select direct deposit for disbursement of my pay. I hereby authorize my employer ("Company") to initiate deposits of my net pay into the account at the financial institution shown on the attached personal check ("Financial Institution") and further authorize Financial Institution to credit the account indicated with the deposits. If funds to which I am not entitled are deposited to my account, I authorize debits from my account and the return of such funds. This authority is to remain in effect until Company or Financial Institution has received notification from me of termination of such authorization in such time and such manner as to afford Company and Financial Institution a reasonable opportunity to act on those instructions or until Company or Financial Institution cancels the direct deposit arrangement. I have attached a voided personal check. Account Type: ☐ Checking ☐ Savings
☐ _____ Initials	**MONEY NETWORK SERVICE** I select to use either of the following options: **Money Network Check.** The Money Network Check ("Check") is a paycheck that I can easily complete on or after each payday morning wherever I am, eliminating the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed. The Check can be deposited into my personal bank account or cashed for free at Money Network check-cashing partners. There is no fee for using Money Network Checks. **Money Network Payroll Debit Card.** The Money Network Payroll Debit Card ("Card") provides a dependable, safe, optional, and convenient way to receive and access my pay on and after each payday morning with the following features: (i) eliminates the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed; (ii) immediate, worldwide access wherever the [Card Brand] is accepted for ATM cash withdrawals, bank-branch withdrawals, and store purchases (including "cash back"); (iii) money transfers to a personal or joint checking account; and (iv) free balance inquiries by phone. I am automatically eligible for the Card and there is no application or approval process. There is no monthly service charge for the Card as long as I am employed by [Company Name]. Many Card transactions are free, but there are fees for other transactions, and Money Network Checks can be used to access funds free of charge. All of the transaction fees are listed in the Welcome Kit.

I authorize [Employer Name] to disburse my pay by direct deposit or Money Network Service ("Service") according to the selection I initialed above. If I don't make a selection within ____ days of employment, I agree that my pay will be disbursed using the Service. I understand that I can change my pay selection at any time in the future.

Signature	Employee Number	Date

Printed

5/12/2011

ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK

I understand that the Corporate Temps Employee Handbook is available online at www.corporatetemps.com and from time to time this manual will be updated with information regarding changes to Corporate Temps policy. It will be your responsibility to review these changes to policy.

I understand that it is my responsibility to read and fully understand the contents of this Employee Handbook. I also acknowledge that I have been given the opportunity to discuss any policies contained in this handbook with a company official. I agree to abide by the policies set forth in this handbook and understand that compliance with Corporate Temps' rules and regulations is necessary for continued employment. I understand that I will not solicit employment from the client in which Corporate Temps has assigned me to, or from other agencies on site at assignment location.

Furthermore, I understand that this handbook is neither a contract of employment nor a legally-binding agreement.

My signature below certifies my knowledge, acceptance and adherence to the company's policies, rules and regulations.

I acknowledge that the company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this company and its employees.

Signature _____ Date _____

Form **8850**
(Rev. March 2016)
Department of the Treasury
Internal Revenue Service

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► **Information about Form 8850 and its separate instructions is at *www.irs.gov/form8850.***

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
  a. Received SNAP benefits (food stamps) for the past 6 months; **or**
  b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► **Date**

1811110

Request for Verification

This company participates in various federal and state tax credit programs. The information you provide will be used to determine eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions. Your responses to the questions will only be shared with your employer's management and federal, state and local governmental agencies as needed in the administration of these programs. By completing the form, you knowingly and voluntarily waive any objection to providing your Social Security Number. Any information provided will be used in a manner consistent with the Americans with Disabilities Act (ADA).

2010 ADP Tax Credit Services
REV (Rev. 05/10)

Section 1: Please print carefully in black or blue ink

First Name _____ Job Title: _____

Last Name _____ Starting Hourly Wage: _____

Home Address: _____ City: _____ State: _____

Section 2: Provide the following information by completing the boxes and filling in the corresponding circles

Social Security Number: ___ - __ - ____ | Birth Date (mm-dd-yyyy) __ - __ - ____ | Zip Code: _____ | Job Start Date (mm-dd-yyyy) __ - __ - ____

Under penalty of perjury, I state that the information I provided is, to the best of my knowledge, true, correct and complete. I hereby authorize this company's management, and federal, state, Tribal, and local government agencies to provide information to ADP and/or State Workforce Agencies (SWA), to determine and document eligibility for federal and state tax credit programs.

Employee Signature _____ Date _____

Did you live in Alabama, Louisiana or Mississippi on 8/23/05? If yes, enter your address as it was on that date below: Street Address: _____ County/Parish: _____ City: _____ State: _____	Yes ☐ No ☐	K
Are you a veteran of the U.S. Armed Forces? Branch: _____	Yes ☐ No ☐	V
If yes: Are you entitled to receive monthly payments for a service-connected disability?	Yes ☐ No ☐	DV
Have you been discharged or released from active duty within the last five years?	Yes ☐ No ☐	DV
If yes: Have you been discharged or released from active duty within the last year?	Yes ☐ No ☐	DV
Were you unemployed for 6 or more months within the last year, whether or not consecutive?	Yes ☐ No ☐	DV
Have you received unemployment compensation under federal or state law for 4 or more weeks within the last year?	Yes ☐ No ☐	UV
If yes: In what state did you receive the benefits? _____		
Have you or a family member (while living in your household) received Food Stamps anytime within the last 15 months? If yes: Primary Recipient: _____ City: _____ State: _____	Yes ☐ No ☐	FS
Have you participated in a vocational rehabilitation program? If yes, select one: State/Local Agency: ☐ Veteran Administration: ☐ Ticket to Work: ☐ Counselor's Name: _____ City: _____ State: _____	Yes ☐ No ☐	VR
Are you a member of a family that received Welfare (AFDC or TANF) or Assistance (child care, housing or transportation) in the last 24 months or is no longer eligible for Welfare because you have collected for the maximum time period? If yes: Primary Recipient: _____ City: _____ State: _____	Yes ☐ No ☐	W
Did you receive Supplemental Security Income (SSI) within the last 90 days?	Yes ☐ No ☐	SSI
Have you been convicted of a felony or have you received deferred adjudication for a felony?	Yes ☐ No ☐	F
If yes: Were you released, or starting a work release program or a transition center within the past 12 months?	Yes ☐ No ☐	F
If yes, was this a Federal or State conviction? Federal: ☐ State: ☐ None: ☐ (Deferred Adjudication)		F
If yes: Conviction Date: _____ Release Date: _____ Inmate #: _____ City: _____ State: _____ Probation Officer: _____ Probation Officer Phone #: _____		F
Are you 16 to 24 years of age? If yes, please complete a Youth Self-Attestation Form and answer the following questions:	Yes ☐ No ☐	DY
Have you attended school, for an average of 10 hours a week, in the past six months, not counting holidays or vacations?	Yes ☐ No ☐	DY
Do you have a high school diploma or GED?	Yes ☐ No ☐	DY
If yes: Did you receive the diploma or GED during the last six months?	Yes ☐ No ☐	DY
Have you attended or been admitted to a technical or post-secondary school?	Yes ☐ No ☐	DY
Have you held a job (other than occasionally) since receiving your diploma or GED?	Yes ☐ No ☐	DY

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CORPORATE TEMPS
PROFESSIONAL TEMPORARY SERVICE

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www.corporatetemps.com

"Insurmountable Service"
Certified Minority Business

Corporate Temps
HEALTH INSURANCE ACKNOWLEDGEMENT

Please select your health care option below

☐ Please send info once eligible (after working 60 days Fulltime)

☐ WAIVE/DECLINE coverage once eligible

PRINT Name:_____

Last 4 SSN:_____

DATE:_____

Corporate Temps Management