



Metro Plex Staffing
"Staffing Made Easy"
metrostaffingnow.com
Call: 817-590-0136 / Fax: 817-590-9731
Address: 227 N.E. Loop 820, Ste. 191, Hurst, TX 76053

Note: We MUST have a copy of your driver's license and social security card.

Today's Date: _____ Social Security #: _____ - _____ - _____

Date of Birth: _____ Driver's License#: _____

Personal Information:

Position applying for: _____

Name: _____

First Middle Last

Address: _____

Number Street Apt. #

City State Zip

Best phone number to reach you at: (_____) _____

Alternate phone number: (_____) _____

Emergency Contact: _____

Name Relationship Phone

Have you ever been convicted of a crime? _____

Explain: _____

Do you have experience in Rent Roll, AMSI, or YARDI? Please list _____

Are you HVAC or EPA Certified? _____ Please attach certifications

Are you Bi-lingual? _____ If so, what languages? _____

What areas are you available to work in? _____



Employment History

Position: _____	Phone#: _____
Starting Salary: _____	End Salary: _____
Start Date: _____	End Date: _____
Supervisor: _____	Reason for Leaving: _____
Company: _____	_____

Position: _____	Phone#: _____
Starting Salary: _____	End Salary: _____
Start Date: _____	End Date: _____
Supervisor: _____	Reason for Leaving: _____
Company: _____	_____

Position: _____	Phone#: _____
Starting Salary: _____	End Salary: _____
Start Date: _____	End Date: _____
Supervisor: _____	Reason for Leaving: _____
Company: _____	_____

I, _____ (Print Name) authorize Metro Staffing to verify that all the information given by me regarding my work history is true and correct. Metro Staffing will do so by verifying all of my previous work history and employers.

When accepting an assignment with Metro Staffing, I will complete the assignment until it has ended. I will be considered as labor contract under exclusive contract with and to Metro Staffing for the duration of the assignment. I may call and request to be released from the assignment, and when possible may be excused or reassigned. If I fail to call and/or I walk off (regardless of my reason why) all wages due to me from Metro Staffing will be dropped to minimum wage and I will be classified as a "DO NOT USE" person.

Signature _____ Date _____



SKILLS SHEET

Please CHECK the box if the answer is yes,
 if the answer is no leave the area blank

Software

- AMSI
- Rent Roll
- Resiman
- MRI
- YARDI
- One Source
- Blue Moon
- CBC
- Microsoft Word
- Microsoft Excel
- Power Point
- Magic
- Key Track
- Peak
- Tops
- PeachTree
- ADP
- QuickBooks
- WIZ

On Site Skills

- HUD
- Section 8
- Tax Credit
- Property Take Over
- Affordable Housing
- Renewals
- Credit Checks
- Background Checks
- Resident Verifications
- Type A Lease
- Submit Work Orders
- Closing Ratio
- Walking Move-Outs
- Mini Models
- Lease-Up
- Re-hab
- New Construction
- Run Availability Report
- Resident Retention
- Work with Locators
- Key Codes
- Fair Housing
- Answering Service
- Guest Card
- Vendor Scheduling
- Budgets
- Weekly/Monthly Reports
- Filing Evictions
- Due Diligence
- Diligence
- Rent Collection
- Marketing

Maintenance

- Universal
- Certifications
- Type I
- Type II
- Type III
- EPA
- Pool Certifications
- Dishwashers
- Garbage Disposals
- Refrigerators
- Re-keying Locks
- Tile
- Carpet
- Tape & Bed
- Wall Texture
- Caulk
- Plumbing
- Electrical
- Water Heaters
- GMDS Maintenance
- Fire Sprinklers
- Cleaning Pools
- Trash Outs
- Sheet Rock
- HVAC Installation
- Snake a toilet
- Appliance Installation



Please initial letters A-J

_____ A. All candidates are eligible for an assignment either temporary or permanent without disqualification of age, sex, creed, race, national origin, marital status, disability, or veteran status. In screening and referring all said applicants we do solely on the basis of job-related qualifications and without reference to prohibited classifications established by state or federal laws.

_____ B. Calling in availability on a daily basis is productive and required. Job orders change on a daily basis and the prime hours to check in are at 9:30 am or 4:30 pm. Please be on stand by to go to work that morning to replace a contractor that was unable to fill the position for the day. **If you are sent to an assignment and you do not complete the assignment for the day or the entire assignment, your pay will be reduced to minimum wage for the completed work.** All contractors are required to call in if work cannot be performed that day. Failure to do so may result in the denial of unemployment benefits.

_____ C. Timesheets are the most important step in the temporary process. Your timesheets are due Mondays by 12:00 (noon). Any timesheets that arrive after 12:00 (noon) will be processed on the following week payroll. **NO EXCEPTIONS!!!!** (We will not collect timesheets for you. This is your responsibility!!!!) The timesheet is considered invalid without the approved signature of the supervisor you reported to. Timesheets not turned in on time or without proper supervisors signature will not be processed. **NO overtime will be paid without proper supervisors approved signature.**

_____ D. Drugs and alcohol in the work place **WILL NOT** be tolerated. Any temporary personnel under the influence will be **TERMINATED**.

_____ E. The temporary worker is an independent contractor and not an employee of Metro Staffing. The said contractor shall be compensated for the performance of service rendered on the work date. Metro Staffing does not guarantee the placement at the facility that the contract labor was performed. The work schedule is based solely upon the needs of the client community that the said contractor is performing services for.

_____ F. The contractor shall invoice Metro Staffing every seven days submitting a timesheet detailing the time expended on the contract labor provided under the agreement. Metro Staffing will not issue payment until the timesheet is signed and approved by all the three parties: the contractor, the client property, and Metro Staffing. Metro Staffing will not honor timesheets submitted more than thirty (30) days after services are performed.

_____ G. Metro Staffing has initiated an insurance plan designed to cover the event of a major loss or accident to the client or property while the contractor is performing services for the client or property. Participation of the program is mandatory unless the contractor can provide proof of financial responsibility such as insurance policies that meet the said clients minimum. The plan is for general liability purposes only. This is not health insurance or workman's comp. This insurance will be deducted out of all payments as a reasonable rate of coverage.

_____ H. Metro Staffing is responsible to withhold child support payments, and/or other court ordered garnishments.

_____ I. If the said contractor secures a full or part-time position with the client, the client shall pay Metro Staffing a placement fee. If the client refuses to pay, and the contractor accepts the position that was found by means of Metro Staffing, within ninety (90) days of the date the property and/or the contractor is then responsible for the placement fee.

_____ J. Metro Staffing will not be responsible for the contractor's illegal or unlawful behavior, including, but not limited to theft, assault, drug use, or damage to the property while on assignment through Metro Staffing.



NEW ASSOCIATE ORIENTATION POLICIES AND PROCEDURES

- 1) Associate must report immediately when your assignment has ended to MetroPlex Staffing office failure to do so may affect unemployment benefits.
- 2) No smoking while on an assignment in or around the property unless there is a designated area and approved by property management.
- 3) Do not take keys or supplies from the property. Failure to return any property keys, radios, supplies, etc. will result in deduction from your check for replacement fees.
- 4) No soliciting of personal business to the client/staff or residents of the property.
- 5) Do not accept/offer side jobs or money from residents or client/staff including after hours. Failure to do so may result in termination from MetroPlex Staffing.
- 6) No use of personal phones, facebook or instagram unless it is an emergency or during your assigned break time.
- 7) Please speak and treat all employees with respect.
- 8) Absolutely no drugs or alcohol at your assignment.
- 9) Please cover all tattoos while working at an assignment. Please be as professional as possible.
- 10) You must dress professionally while working at your assigned office.
- 11) Maintenance staff must dress presentably which may consist of a plain colored shirt and jeans or utility pants.
- 12) Associate is responsible to have the time sheet signed and faxed/emailed into our office by 12:00 p.m. Monday. Failure to do so will result in delay of processing your pay check.
- 13) When you are going to be late you must contact our office immediately. Do not call the assigned office. Failure to do so may result in assignment being cancelled and pay dropped to minimum wage.
- 14) When you are going to be absent, please call our office immediately! Failure to do so will result in pay being dropped to minimum wage.
- 15) If client reports to MetroPlex Staffing a negative or unproductive report of performance, this will result in a drop of pay to minimum wage.
- 16) Do not leave the assignment without giving proper notice. Proper notice is to call the office of MetroPlex Staffing for approval, if you fail to do so pay will be dropped to minimum wage.
- 17) Keep yourself busy at ALL times while you are at your assignment. Remember you are representing yourself and MetroPlex Staffing.
- 18) You cannot take full time employment and/or fill out an application from our client until agreed upon by MetroPlex Staffing.
- 19) Do not try to operate machinery or perform duties you do not understand.
- 20) Do not accept money from anyone/property management without permission from MetroPlex Staffing.
- 21) Think safety first at all times, and take safety precautions to protect yourself. Accidents can be prevented.

By signing below, I acknowledge that I have read and understand MetroPlex Staffings policies and procedures.

Associate's Signature _____

Print Name _____

Date _____



Release for mailed checks - Please complete all blank areas

I, _____ (printed name) am authorizing any MetroPlex Staffing member to mail my check to the address listed below. I understand by doing so I am releasing Metroplex Staffing of any and all responsibilities regarding my check.

I, _____ (printed name) understand if my check is lost, not delivered to me I must wait an additional 14 days to have my check reissued. I also understand should my check be returned to MetroPlex they will call me and I will have the option to come pick my check up at the office.

I, _____ (printed name) understand if I cash a check that is not in my name, reported stolen or lost I will be charged with theft. I understand MetroPlex Staffing will file a police report immediately and I will face criminal charges.

First Name	Middle Name	Last Name
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Address

City	State	Zip Code
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Signature	Date
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Metro Plex Staffing
Pay Day Pro for
Direct Deposit – Employee Authorization

Metro Plex Staffing
"Staffing Made Easy"
 metroplexstaffing.com
 Call: 817-590-0135 / Fax: 817-590-8731
 Address: 227 N.E. Loop 820, Ste. 197, Hurst, TX 76054

MetroPlex Staffing
Company Name

MEST
Company Client Code

Employee Name

Employee Soc Sec No

I hereby authorize PayDay Pro (hereafter "Company") and the financial institution(s) (hereafter "Bank") listed below to direct deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if my employer does not make them available.

I also authorize Company to deposit any amounts owed me by initiating credit entries to my accounts at the Bank(s) indicated on the bottom of this form. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my accounts. In the event that Company deposit funds erroneously into my account, I authorize Company to debit my account for the amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Attach a VOIDED CHECK for each checking account. Verify ALL bank information if using a savings account. ONLY completed and signed forms will be processed.

DEPOSIT SLIPS CANNOT BE USED.

A. _____
 Bank Name/City/State
 ___ Checking ___ Savings Account no. _____ Routing no. _____
 Deposit\$ _____ or _____ Entire Net amount or _____ Remaining Amount

B. _____
 Bank Name/City/State
 ___ Checking ___ Savings Account no. _____ Routing no. _____
 Deposit\$ _____ or _____ Entire Net amount or _____ Remaining Amount

C. _____
 Bank Name/City/State
 ___ Checking ___ Savings Account no. _____ Routing no. _____
 Deposit\$ _____ or _____ Entire Net amount or _____ Remaining Amount

Deposits are normally available on check date between 8:00 am and 12:00 midnight. It is my responsibility to verify deposits on a **pay period basis** before writing checks against these funds. This Authorization can take up to two (2) pay periods to activate. I understand that neither my employer nor **Pay Day Pro** is responsible for bank errors or bank fees. I have read, understood, and agreed to the above information. I may cancel this Direct Deposit(s) at any time by written request. Banking services are provided in accordance with the limitations and restrictions of the National Automated Clearing House Association.

Employee Signature

Date



DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

Company Name: _____

In connection with your application and/or employment with above listed Company (hereinafter "Company") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, social security verification, workers' compensation claims (post job offer or conditional job offer), verification of education or employment history or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.'s privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing. Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of Company.

Acknowledgement and Authorization

By signing below you acknowledge receipt of a copy of the *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that you have read this notice and authorization as well as the summary document.

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of Company, if applicable.

Signature

Today's Date

Print Full Legal Name (First) (Middle) (Last)

Other or Former Names (please print)

Address

City/State

County

Zip

Date of Birth**

SSN**

Name on Driver's License (if different from legal name)

Driver's License #

State issued

Contact Phone Number**

E-mail Address

Minnesota & Oklahoma applicants or employees only: Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Company. By checking "yes", a copy will be provided to you at the address you provide on this notice. I would like to receive a copy of my consumer report: () Yes () No

New York applicants or employees only: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting National Crime Search, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing this notice.

Washington State applicants or employees only: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosures to consumers (RCW 19.182.070) by contacting National Crime Search, Inc. directly.

Massachusetts/New Jersey: If you submit a request to NCS in writing, you have the right to know whether the Company ordered an investigative consumer report from NCS. You may inspect and order a free copy of the report by contacting National Crime Search, Inc. directly.

California, Maine applicants or employees only: Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Company. By checking "yes" a copy will be provided to you at the address you provide on this Notice.

I would like to receive a copy of my consumer report: () Yes () No

CA applicants or employees only

You acknowledge receipt of a copy of the summary of the provisions of California Civil Code section 1786.22 by signing above.

****This information will be used for background screening purposes only and no other purpose.**

Para informaci—n en espa#ol, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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



Employer Completes Next Page





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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet *(Keep for your records.)*



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2 Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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.