



# APPLICATION OF EMPLOYMENT

Programs, services and employment are equally available to everyone.

How were you referred to us:

Date available to start:

Full Name:

Expected Salary:

Address:

City:

State:

Zip:

Main Phone:

Other:

E-mail:

Social Security #:

Are you over the age of 18?

YES ☐

NO ☐

Are you a U.S. Citizen? YES ☐ NO ☐

If not, are you legally allowed to work in the U.S.?

YES ☐

NO ☐

Type of Employment Desired

Full Time YES ☐ NO ☐

Part Time YES ☐ NO ☐

Temporary YES ☐ NO ☐

Have you plead 'guilty', 'no contest', or been convicted of a felony in the last 7 years?

YES ☐

NO ☐

If Yes please provide details and dates

Answering 'YES' to these questions does not constitute an automatic reflection for employment. Dates, seriousness and nature of violation, rehabilitation and position for will be taken into consideration.

Driver's license # if Applicable to the Position Applied for:

Please summarize your Special Skills or Qualifications



## EMPLOYMENT / EDUCATION HISTORY

<i>Employment Desired</i>		
Position	Are you Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	If So, May we Inquire of your Current Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Ever Applied to this Company Before? YES <input type="checkbox"/> NO <input type="checkbox"/>		

<i>Education History</i>	Name & Location	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

<i>General Information</i>	
Subjects of special study / research work	
Special training	
Special Skills	
US Military or Naval Service	Rank

<i>Former Employers</i> (list below last four employers, starting with the last one first.)				
Date Month & Year	Name/Address/Phone#	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				



## PREVIOUS WORK HISTORY WITH TEMPORARY AGENCIES

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Please list any and all temp agencies you have previously been employed with including the name of the company they assigned you to work with and their location and phone numbers

1.

2.

3.

4.

5.

6.

7.

8.



### **ASSEMBLY**

- ☐ Assembler- Electronics
- ☐ Assembler- General
- ☐ Assembler- Mechanical
- ☐ Blue Prints
- ☐ Clean Room
- ☐ Color Codes
- ☐ Deburrer
- ☐ Deilasher
- ☐ Die Attach
- ☐ Microscope
- ☐ Production Assistant
- ☐ Production Supervisor
- ☐ Prototype Assembler
- ☐ Rework Specialist Schematics
- ☐ Soldering
- ☐ Soldering- Surface Mount
- ☐ Soldering- Through
- ☐ Hole Soldering- Wire
- ☐ Stuffing- Prepping

### **MACHINE OPERATIONS**

- ☐ CNC Operator CNC
- ☐ Programmer
- ☐ Extrusion Machine Operator
- ☐ Grinder
- ☐ Lathe Operator
- ☐ Machine Finish Operator
- ☐ Maintenance Mechanic
- ☐ Mechanical Repair
- ☐ Mill Operator
- ☐ Molding Machine Operator
- ☐ Press- Drill
- ☐ Press - Punch
- ☐ Slitter Machine

### **FORKLIFT/DRIVING**

- ☐ Forklift- Cherry
- ☐ Picker Forklift - Sit Down
- ☐ Forklift- Stand Up
- ☐ Pallet Jack
- ☐ Vehicle Driver

### **CLERICAL**

- ☐ Data Entry
- ☐ Typing/Word Processing WPM
- ☐ 10 Key\_KPM
- ☐ MS Office
- ☐ Internet
- ☐ Multiline Phones / Receptionist

### **GENERAL LABOR**

- ☐ Carpenter
- ☐ General Labor
- ☐ Housekeeping
- ☐ Janitor - Custodian
- ☐ Landscaper
- ☐ Lifting - 1-10 lbs
- ☐ Lifting- 20-40 lbs
- ☐ Lifting- 50+ lbs
- ☐ Loading/unloading
- ☐ Mail Clerk
- ☐ Packager
- ☐ Painter

### **MAINTENANCE**

- ☐ Electrician
- ☐ Maintenance Assistant
- ☐ Maintenance Supervisor
- ☐ Plant Manager

### **QUALITY CONTROL**

- ☐ Inspector - Production
- ☐ Inspector- Quality Assurance
- ☐ Inspector- Quality Control
- ☐ Inspector- Visual

### **SHIPPING / RECEIVING**

- ☐ DHL/ FED EX/ UPS
- ☐ Receiving Clerk
- ☐ Shipping Clerk

### **WAREHOUSE**

- ☐ Binder Assistant
- ☐ Coder
- ☐ Expeditor- Warehouse
- ☐ Inventory - Computerized
- ☐ Inventory- Manual
- ☐ Material handler
- ☐ Order Puller
- ☐ Palletizer
- ☐ Parts Lister
- ☐ Scanner
- ☐ Shrink Wrapper
- ☐ Stock Clerk
- ☐ Storeroom Keeper
- ☐ Tagger - Pricer
- ☐ Warehouse Foreman
- ☐ Warehouse Worker



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## LL STAFFING SERVICES

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LL Staffing Services is your employer. LL Staffing Services is responsible for payment of your wages for hours worked on LL Staffing Services assignments. Please read the following conditions of employment.

Attendance and Punctuality. We insist on good attendance and punctuality! If you are offered an assignment that you cannot accept for any reason DO NOT ACCEPT THE ASSIGNMENT!

Upon committing yourself to an assignment the following must be adhered to:

- A) If you cannot complete an assignment, a 24 hour notice must be given.
- B) Any missed days without contacting LL Staffing Services first will be cause for immediate dismissal.
- C) If you are not able to pick up your check by Friday at 5pm following the week you work, your check will be available in the local office for the next 2 weeks. Please pick up checks ASAP.
- D) When your assignment is ended, it is your responsibility to call in your availability. Failure to do so can be considered involuntary separation.

I. Premium Pay Policy. If you do not report to work and do not call your LL Staffing Services office, you will be putting us in jeopardy of losing our client. If you do not show up and do not call, your pay will be reduced to minimum wage of all hours worked that week that have not been paid. Additionally, if you engage in disruptive or violent behavior, use foul language, or steal from the client whom you are assigned to working for, your assignment will be terminated immediately and your wages cut to minimum wage for that week as well.

I, \_\_\_\_\_ Have read and agree to the above conditions of employment.  
(Print your name)

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Employee Signature

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Date

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LL Staffing Services Staffing

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Date



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## EMPLOYMENT SAFETY AGREEMENT

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All LL Staffing Services,

Safety at the workplace is an important issue at LL Staffing Services. We strive to provide a safe environment for you to ensure the highest level of work quality and productivity. With this in mind, when you accept an assignment from this office, you may be issued Personal Protective Equipment (PPE) by us and/or the company where you are placed. This equipment is issued to you for YOUR SAFETY, and we require you to wear it at all times when you are working with NO EXCEPTIONS! Some of your clients require you to wear it at the time you enter their facility, please be aware if this applies to your assignment. Please adhere to all safety guidelines set forth to you by LL Staffing Services. If you have any questions about LL Staffing Services safety guidelines, PPE or creating a safe working environment and how it applies to your specific assignment, please ask your LL Staffing Services representative at the time you are offered the position.

If you become injured while on an assignment with LL Staffing Services, there are certain guidelines that must be observed. They are as follows: (1.) Notify your supervisor IMMEDIATELY. (2.) Have your supervisor then contact the LL Staffing Services office or representative (if after regular office hours) to report the accident and let us know what happened and if you need immediate medical attention. (3.) If immediate medical treatment is needed, you will need to go to one of our Network Caregivers. (In the event that the injury is life threatening, you will be transported to the nearest hospital emergency center.) (4.) Upon arrival at the medical treatment center, let them know that you work for LL Staffing Services and the injury is work related, (5.) As per this employment agreement, you agree to submit to a Post Accident Drug Test (PADT). (All CDL Drivers must also submit to a Blood Alcohol Test) If you fail, or refuse to submit to a PADT/Blood Alcohol Test, your ability to receive Workers' Compensation benefits will be affected or denied. (6.) If you are treated and released, you must report the LL Staffing Services office that assigned you as soon as possible, with all treatment documentation. (7.) If you are hospitalized, you or (if you are unable) a family member can contact the LL Staffing Services office or representative the next business day to inform us. (8.) You must continue with all follow up appointments/ treatment as prescribed by the attending physician, provide follow up care documentation to LL Staffing Services office, and report for modified duty assignment if you are released to modified duty. Failure to do so will affect your ability to receive Workers' Compensation Benefits. (9.) If you need a specialist, your attending physician will refer you. (10.) You will have to pay the bill if you get health care from someone other than a network doctor without network approval.

Making a false or fraudulent Workers' Compensation Claim is a crime that may result in fines and or imprisonment. Failure to follow these guidelines will result in you PERSONALLY being responsible for all bills generated from your injury. Remember, as an LL Staffing Services associate on assignment, please conduct yourself in a safe and responsible manner and be conscious of your surroundings to potential safety hazards.

I, \_\_\_\_\_ Have read and understand the above and agree to follow these guidelines  
(Print your name)  
as an LL Staffing Services Associate.

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Signature

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Date



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## PRE-EMPLOYMENT DRUG SCREENING/CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

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LL Staffing Services is concerned about your safety and the safety of others in the workplace. To that end, our goal is to provide a safe working environment for everyone. It is mandatory for you to be drug tested and/or have a criminal background check completed before starting work. This is an essential step to safeguard against preventable injuries.

By signing this authorization form, I hereby forever release, discharge, exonerate hold harmless, and indemnify LL Staffing Services, its affiliates, employees, representatives agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims of libel, slander, invasion of privacy, related tort claims, misuse of information obtained from LL Staffing Services, and any other claim or cause of action arising out of furnishing, inspection, or copying of any documents, files, records, and other information, or the investigation made by or on behalf of LL Staffing Services, unless such release is determined to violate the law of the state or federal district where this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I am also aware that LL Staffing Services is a drug free workplace. As part of my background check investigation, I authorize LL Staffing Services to conduct a comprehensive drug test for illegal or improper substances and/or a comprehensive background check to determine eligibility for hire. I further acknowledge the submission to and payment for a background check and drug test does not ensure or guarantee an offer of employment or assignment with LL Staffing Services. There are no refunds of this payment should LL Staffing Services not find a suitable position for me. I release LL Staffing Services from any and all liabilities from any decisions made based on the results of the drug test or for any liability arising out of errors or omissions on the test, regardless of the source.

Print Full Name: \_\_\_\_\_

ss#: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
LL Staffing Services Rep Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## LL STAFFING SERVICES

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LL Staffing Services is your employer. LL Staffing Services is responsible for payment of your wages for hours worked on LL Staffing Services assignments. Please read the following conditions of employment.

1. Attendance and Punctuality. We insist on good attendance and punctuality! If you are offered an assignment that you cannot accept for any reason DO NOT ACCEPT THE ASSIGNMENT! Upon committing yourself to an assignment the following must be adhered to:

- a) If you cannot complete an assignment a 24 hour notice must be given.
- b) Any missed days without contacting LL Staffing Services first will be cause for immediate dismissal.
- c) If you are not able to pick up your check by Friday at 4 pm, your check will be held for 2 weeks.

2. Premium Pay Policy. If you do not report to work and do not call your LL Staffing Services office you put us in jeopardy of losing our client by this behavior. If you do not show up and do not call your pay will be reduced to minimum wage for all hours worked that week that have not been paid.

3. One or more of the following conditions met by an employee constitutes a voluntary quit connected with the work and unemployment benefits may be denied:

- a) Failure to call LL Staffing Services at each assignments end, regardless of the reason separation with the client, with notification of your availability.
- b) Failure to call three (3) times weekly when not an assignment.
- c) Failure to notify LL Staffing Services with your change of address or phone number.
- d) Refusal or failure to accept a suitable work assignment based upon pay, qualification, or location
- e) LL Staffing Services receipt of an unemployment claim from you without prior notification of your availability is notice of a voluntary quit.

I have read, received a copy of, and agree to the above conditions of employment.

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

Date \_\_\_\_\_

LL Staffing Services Supervisor\_\_\_\_\_

Date \_\_\_\_\_





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# WORKER'S COMPENSATION

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## FACTS ABOUT WORKERS' COMPENSATION

**The Way It Was:** In the early 20th century, a worker injured on the job had to sue his employer to recover medical expenses and lost wages. Lawsuits took months and sometimes years. Juries had to decide who was at fault and how much, if anything, would be paid. In most instances, the worker got nothing, it was costly, time consuming, and often unfair.

**The Way It Is:** Today Workers' Compensation provides a faster, fairer way to take care of injured workers, where fault does not have to be proven to recover medical expenses and lost wages. This job-injury insurance is paid for by your employer and supervised by the state. If you cannot work due to a job-related injury or illness, workers' compensation pays your medical bills and provides money to help replace lost wages until you can return to work.

**Who is Covered?** Almost every associate is protected by workers' compensation. But there are a few exceptions. People in business for themselves and unpaid volunteers may not be covered. Similar laws cover maritime workers and federal associates. If you have a question about coverage, ask your employer.

**What is Covered?** An injury or illness is covered if it is due to your job. It can be caused by one event, like a fall, or repeated exposures, such as repetitive motion over time. Everything from first aid type of injuries to serious accidents is covered. Workers' Compensation even covers injuries including psychiatric injuries resulting from workplace crime. (Injuries from voluntary off-duty recreational, social, or athletic activity may not be covered.) Check with your supervisor or the claim administrator listed on the end of this section if you have any questions.

**Coverage is automatic and immediate. Protection begins the first minute you are on the job.**

**What You Have To Do If You Are Injured On The Job:** *Immediately notify your site supervisor and your LL Staffing Services Representative, or the Claim Administrator so you can get medical help right away.*

**Drug and Alcohol Screening:** LL Staffing Services will request a drug and/or alcohol screening when an on-the-job injury or illness occurs in accordance with this Handbook and your signed acknowledgement. **Your refusal to consent to such screening may be grounds for termination.**

**WORKERS' COMPENSATION FRAUD IS A FELONY**

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying Compensation benefits or payments is guilty of a FELONY.



**REMEMBER: You must follow the five steps detailed below in order to have your workers' Compensation claim processed promptly:**

1. Report the injury immediately to your job-site supervisor.
2. Call your LL Staffing Services Representative without delay. He or she will get the necessary accident information from you. Seek the medical attention you need from our Medical Provider Network. Let your supervisor or LL Staffing Services Representative know if you need assistance getting to professional help.
3. Depending upon the type and nature of the injury you sustain, your job-site supervisor or LL Staffing Services Representative may either:
  - Suggest first aid treatment at the job-site; or,
  - Refer you to the nearest facility of our Medical Provider Network.

Above all, do not treat yourself! Prompt, professional care is the best investment you're your recovery. In some instances, the physician or medical facility may ask you for information about your injury. Your cooperation is very important in gathering this vital information. Without complete information, the medical provider cannot properly treat you and your injuries.

We will promptly coordinate the remaining claims procedure with our insurance carrier or claims administrator. You may call us with any questions you have about payments or returning to work.

For additional information, please contact: LL Staffing Services,



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## WORKERS COMPENSATION FRAUD POLICY

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It is the policy of LL Staffing Services to support the Workers Compensation Laws and System 100%. We are absolute proponents of Workers Compensation for the legitimately injured employee and will do everything in our power to see that any employee of LL Staffing Services who is injured on the job gets the finest medical treatment available and is made whole and returned to work as quickly as possible. It is also the policy of LL Staffing Services to prosecute, to the fullest extent of the law, any individual who is found to be committing Workers Compensation fraud or collaborating with individuals in an attempt to defraud the Workers Compensation system. LL Staffing Services will also cooperate absolutely, to the extent allowable by law, with any agency or individuals seeking information that will aide in the successful prosecution of anyone engaged in Workers Compensation fraud. It is understood by the employee and employer alike, that Workers Compensation Fraud can be punishable by heavy fines and even jail time.

LL Staffing Services provides all employees who experience an on the job injury or illness with Workers Compensation Insurance Coverage. This insurance applies to all LL Staffing Services employees regardless of whether you are full time, part time or temporary. Workers Compensation Coverage provides an employee who is injured on the job with payment of related medical expenses and partial salary continuation (as mandated by state law). LL Staffing Services has a preferred provider network to furnish medical treatment for work-related injuries. LL Staffing Services has a mandatory Return to Work program for employees who have been released to work by their medical provider to light or restricted duty. The HR Department of LL Staffing Services, in cooperation with the Branch Managers, coordinates all aspects of the transitional Return to Work Program. Temporary work assignments may be offered when available and tailored to the individual physical capabilities of each injured employee until they are medically stable or have reached Maximum Medical Improvement. An injured employee will only be asked to perform those job functions that their medical provider has determined as safe for the recovery process. It is the responsibility of the injured employee to keep and schedule any physical therapy and follow up Medical Appointments related to the on the Job Injury. LL Staffing Services strives to reduce workplace hazards and eliminate on the job injuries by maintaining a safe workplace and encouraging safe workplace practices.

- You are to wear safety equipment, if the assignment requires it. If injury occurs and you were not wearing your safety equipment, your Workers Compensation may be denied.
- Use of drugs or alcohol is a major cause of workplace accidents and injuries. Positive drug/alcohol tests may result in termination of Employment and denial of any benefits.
- Horseplay is prohibited in the workplace. Workers Compensation benefits may be denied for injuries that occur as a result of horseplay.

By signing this document you agree that: You have read and understand LL Staffing Services Policies regarding Workers Compensation and Return to Work program. You will adhere to all safety policies and procedures.

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

Date \_\_\_\_\_



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## WORKERS COMPENSATION BENEFITS

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**In order to receive workers compensation benefits, you need to know and to follow the rules and obligations of the workers' compensation system. The rules include:**

- Your injury must be proven to have been job related, occurring in the course of your work and because of it.
- You must IMMEDIATELY report any and all injuries that occur while you are at work to your LL Staffing Services representative.
- Workers Compensation Claimants MUST submit to a 10 panel post-accident drug-screen.
- If you're receiving any type of disability compensation as a result of a workers compensation claim, you must notify the insurer of any and all employment, social security, cash or unemployment compensation (including income-in-kind).
- If you don't report earned income while collecting disability benefits, your benefits could be discontinued.
- Any person who knowingly provides false or misleading information in a claim for workers compensation benefits will be immediately terminated and may be subject to criminal prosecution.
- If you have any questions about your benefits or the above rules, contact LL Staffing Services Global Safety and Risk Management Team.

### CERTIFICATION

I certify that I understand and will comply with the above rules governing workers compensation benefits.

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

Date \_\_\_\_\_



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## RETURN-TO-WORK PROGRAM

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LL Staffing Services supports the practice of bringing injured employees back to work, as soon as they are medically able, to a position in our organization compatible with any physical restrictions they may have. We believe this practice serves the best interests of our employees and organization.

The prompt return of injured employees to positions within their medical restrictions will minimize the impact of work-related injuries. Coming back to work early helps employees remain functional as they recover while providing our organization with the valuable use of employees' talents. It also helps control workers' compensation costs.

If you are injured at work, report the injury to your supervisor immediately—no matter how minor the injury is. Your supervisor will report it to our organization's Global Securities Department within 24 hours. Any questions concerning workers' compensation claims should be directed to this individual.

Current positions may be modified to fit the medical limitations of injured employees by modifying workstations, altering specific tasks or working reduced hours. If this is not possible, temporary transitional jobs may be made available either with your department or through a temporary assignment with another department.

Examples of these transitional jobs or tasks include:

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This return-to-work program is an important part of our organization's commitment to manage work-related injuries in a way that's best for our employees and for this organization.

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Signature

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Title

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Date



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## ACKNOWLEDGEMENT & ACCEPTANCE OF HR POLICIES

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I, \_\_\_\_\_ acknowledge by my initials and/or signature below that I have been informed I am an employee of LL Staffing Services. As such, I agree to the following:

(Employee to Initial Each Statement)

\_\_\_\_\_ I have read, understand and promise to adhere to LL Staffing Services policies, which include, but are not limited to:

- At-Will Employment
- Direct Deposit & Pay Methods
- Harassment-Free Workplace & Complaint Procedures
- Violence-Free Workplace
- Recreational Activities
- Leaves of Absence
- Safety
- Facts About Workers' Compensation
- Equal Employment Opportunity

\_\_\_\_\_ I have reasonable access via the Internet to LL Staffing Services Employee Handbook.

\_\_\_\_\_ I agree to mandatory drug testing following any workers' compensation injury.

\_\_\_\_\_ I agree that, if at any time during my employment I am subjected to any kind of discrimination, including discrimination on the basis of race, color, national origin, religion, sex, marital status, age, or disability, or if I am subjected to any type of harassment, including sexual harassment. I will immediately contact LL Staffing Services Human Resources Director at # \_\_\_\_\_ in order to obtain assistance in the resolution of such matters.

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

Date \_\_\_\_\_

LL Staffing Services Statement: I certify by my signature that I have covered the above topics during orientation with this new employee.

LL Staffing Services Representative's Name: \_\_\_\_\_

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date





# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

..... Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. ....

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ◆ Whether you're 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 <b>2019</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. ◆ <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here .....				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ◆					
8 Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).

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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b> _____
<b>D</b>	Enter "1" if: { <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> }	<b>D</b> _____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b> _____

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b> \$ _____							
<b>2</b>	Enter: <table border="0" style="margin-left: 20px;"> <tr> <td>\$24,400 if you're married filing jointly or qualifying widow(er)</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">{</td> <td></td> </tr> <tr> <td>\$18,350 if you're head of household</td> <td></td> </tr> <tr> <td>\$12,200 if you're single or married filing separately</td> <td></td> </tr> </table>	\$24,400 if you're married filing jointly or qualifying widow(er)	{		\$18,350 if you're head of household		\$12,200 if you're single or married filing separately		<b>2</b> \$ _____
\$24,400 if you're married filing jointly or qualifying widow(er)	{								
\$18,350 if you're head of household									
\$12,200 if you're single or married filing separately									
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b> \$ _____							
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b> \$ _____							
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b> \$ _____							
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b> \$ _____							
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b> \$ _____							
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b> _____							
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b> _____							
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b> _____							

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet only if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1****Table 2**

<b>Married Filing Jointly</b>		<b>All Others</b>		<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.



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: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div>QR Code - Section 1 Do Not Write In This Space</div>	
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



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.")

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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)
----------------	-----------------	---------------------------------------

**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		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. 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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		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			
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	12. Day-care or nursery school record		

**Examples of many of these documents appear in LL Staffing Handbook for Employers.**

**Refer to the instructions for more information about acceptable receipts.**



# ENROLLMENT FORM

## REQUIRED EMPLOYEE INFORMATION

**PRINT USING BLACK or BLUE INK**  
(Must Be Filled Out)

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M ☐ F ☐

Name \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

Do you or any dependents have Medicare?

Yes ☐ No ☐ Yes:

Medicare health Insurance Claim Number (HICN) \_\_\_\_\_

Name of Covered Person(s)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## REQUIRED DEPENDENT INFORMATION

Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M ☐ F ☐

Relationship: Spouse ☐ Child ☐ Domestic ☐

Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M ☐ F ☐

Relationship: Spouse ☐ Child ☐ Domestic ☐

Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: M ☐ F ☐

Relationship: Spouse ☐ Child ☐ Domestic ☐

## OPTION 1 - FIXED INDEMNITY PLAN

You **MUST** enroll in the Fixed Indemnity Medical Insurance Plan before adding any additional benefits. Your coverage level for additional benefits will be identical to your fixed medical plan selection.

### FIXED INDEMNITY MEDICAL

- ☐ \$15.98 Employee Only  
☐ \$26.54 Employee + Child(ren)  
☐ \$30.36 Employee + Spouse  
☐ \$40.44 Employee + Family  
☐ **NO** To all Indemnity benefits

### DENTAL



- ☐ Yes  
☐ No

- ☐ \$15.98 Employee Only  
☐ \$26.54 Employee + Child(ren)  
☐ \$30.36 Employee + Spouse  
☐ \$40.44 Employee + Family

### VISION



- ☐ Yes  
☐ No

- ☐ \$15.98 Employee Only  
☐ \$26.54 Employee + Child(ren)  
☐ \$30.36 Employee + Spouse  
☐ \$40.44 Employee + Family

### TERM LIFE



- ☐ Yes  
☐ No

- ☐ \$15.98 Employee Only  
☐ \$26.54 Employee + Child(ren)  
☐ \$30.36 Employee + Spouse  
☐ \$40.44 Employee + Family

### TERM LIFE

- ☐ \$0.60 Employee Only

- ☐ Yes  
☐ No

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York or Rhode Island

## OPTION 2 - MEC WELLNESS / PREVENTIVE PLAN

### FIXED INDEMNITY MEDICAL

82910200-M-AMA  
Monthly Rates

- ☐ \$60.00 Employee Only  
☐ \$79.80 Employee + Child(ren)  
☐ \$87.00 Employee + Spouse  
☐ \$105.90 Employee + Family  
☐ **NO** to MEC Wellness / Preventive Plan

For Term Life / Accidental Loss of Life, Limb & Sight, please write in your beneficiary information. Accidental Loss of Life, Limb & Sight is part of the Fixed Indemnity Medical benefit.

Name Relationship \_\_\_\_\_

I have read the benefit package and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making the benefit selection is a declaration of coverage

Name Relationship \_\_\_\_\_





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## IDENTIFICATION DOCUMENTS

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**Please provide scans of the following items:**

### **DRIVERS LICENSE**

### **SECONDARY ID**