



# ENGINEERING RESOURCE GROUP INC.

101 Gibraltar Drive, Morris Plains, NJ 07950

Phone: (973) 490-7000 Fax: (973) 490-1957

[www.EngineeringResource.com](http://www.EngineeringResource.com)

**#1 in New Jersey**  
ENGINEERING STAFFING

## New Employee - Employment and Payroll Forms

Please print the forms, fill out, sign, and send back to us to the **attention of Leigh Davis**, by:

- Regular mail to the above address, or
- Fax to (973) 490-1957, or
- Scan and e-mail to [Forms@EngineeringResource.com](mailto:Forms@EngineeringResource.com)

**We must receive these forms prior to your employment start date.**

**1. ERG Employment Application and Verification Form**

**2. Homeland Security I-9 Form**

- a) Complete and sign **Section 1 only**. We will fill in Section 2.
- b) Don't forget to include copies of your ID documents

**3. IRS W-4 Form**

Note that after you complete your worksheet, the number of allowances from line H needs to go on Line 5

**4. Emergency contact form**

**5. Information and agreement regarding handling of machinery**

**6. Direct Bank Deposit form for your payroll checks**

Note: **There is no charge to you** for this service

**7. Employee notices acknowledgement**

**There are two additional items for your information only:**

1. Information regarding alternatives to using the standard multi-part time cards:
  - a. Where to download the Time Card for Faxing
  - b. Where to download our **Electronic Time Card (this is the preferred method)**
2. Sample of Time Card for Faxing

**Note:**

**You will receive information and enrollment forms regarding our Aetna health and dental insurance and our 401(k) plan at a later time, as you approach eligibility.**



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## Employment Application & Verification

**We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non job-related medical condition or handicap, or any other legally protected status. We are an equal opportunity employer.**

First Name	Middle Initial	Last Name				
Address	City	State      Zip Code				
Home Phone Number	Cell Phone Number	E-Mail Address				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Social Security Number</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>			Social Security Number			
Social Security Number						

### EMPLOYMENT EXPERIENCE (Complete all sections, do not write "refer to resume")

Employer (Present or Last Job)	Phone No. (      )	<b>Employed</b>		Your Responsibilities
		<b>From</b>	<b>To</b>	
Address (City/State)				
Your Title	<b>Base Salary:</b>			
	<b>First</b>	<b>Last</b>		
Reason For Leaving				
Name of Supervisor	Title of Supervisor		<input type="checkbox"/> Check this box if you do <b>not</b> want this supervisor to be contacted	
Name of Department Manager	Title of Manager		<input type="checkbox"/> Check this box if you do <b>not</b> want this manager to be contacted	

Previous Employer	Phone No. (      )	<b>Employed</b>		Your Responsibilities
		<b>From</b>	<b>To</b>	
Address (City/State)				
Your Title	<b>Base Salary:</b>			
	<b>First</b>	<b>Last</b>		
Reason For Leaving				
Name of Supervisor	Title of Supervisor		<input type="checkbox"/> Check this box if you do <b>not</b> want this supervisor to be contacted	
Name of Department Manager	Title of Manager		<input type="checkbox"/> Check this box if you do <b>not</b> want this manager to be contacted	

Next Previous Employer	Phone No. ( )	<b>Employed</b>		Your Responsibilities
		<b>From</b>	<b>To</b>	
Address (City/State)				
Your Title	<b>Base Salary:</b>			
	<b>First</b>	<b>Last</b>		
Reason For Leaving				
Name of Supervisor	Title of Supervisor		<input type="checkbox"/>	Check this box if you do <b>not</b> want this supervisor to be contacted
Name of Department Manager	Title of Manager		<input type="checkbox"/>	Check this box if you do <b>not</b> want this manager to be contacted

**EDUCATION**

Degree	Curriculum	Year Completed	School/Location	GPA, e.g. 3.2/4.0
				/
				/
				/

I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsification or misrepresentations be discovered after I am employed.

I hereby consent to the verification by Engineering Resource Group of all the information I have provided on this application, including my current employer, unless otherwise indicated. This consent includes, but is not limited to Engineering Resource Group contacting as references, the supervisor, and department manager given in this application. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorizations necessary for Engineering Resource Group to obtain access to and copies of records pertaining to this information. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Engineering Resource Group with information it may request pursuant to this release.

I also authorize Engineering Resource Group to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release Engineering Resource Group from any and all liability for its providing this information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also understand that if I receive an offer of employment, such offer may be conditioned upon the successful completion of a physical examination, including drug-screening, by an Engineering Resource Group designated physician and laboratory.

I understand that nothing in this employment application, any subsequent offer letter, in policy statement or personnel guidelines, or in my communications with any Engineering Resource Group official is intended to create an employment contract between Engineering Resource Group and me. I also understand that if I am employed by Engineering Resource Group, my employment can be terminated, with or without cause at any time, at the option of Engineering Resource Group, an Engineering Resource Group client company ("co-employer"), or myself. It's also understood that no individual or representative of Engineering Resource Group other than an officer thereof, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )		
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town		State	Zip Code
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number	E-mail Address			Telephone Number		
	<input type="text"/> - <input type="text"/> - <input type="text"/>						

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

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

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

Please do not forget to attach copies / pictures of your identification documents.

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date ( <i>mm/dd/yyyy</i> ):
------------------------	-----------------------------

**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		Date ( <i>mm/dd/yyyy</i> ):		
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		
Address ( <i>Street Number and Name</i> )		City or Town	State	Zip Code



Employer Completes Next Page



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode Do Not Write in This Space</b></p> </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):				

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

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

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

# Form W-4 (2015)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>				<b>2015</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, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$		
7 I claim exemption from withholding for 2015, 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.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<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 2015 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2015 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,000 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. 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 (See *Two earners or multiple jobs* on page 1.)

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

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





# ENGINEERING RESOURCE GROUP INC.

101 Gibraltar Drive, Morris Plains, NJ 07950

Phone: (973) 490-7000

Fax: (973) 490-1957



## Emergency Contact Form

Employee Name: \_\_\_\_\_

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

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

### Primary emergency contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

### Secondary emergency contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

**In case of emergency, ERG Inc. is authorized to contact the above named contacts.**

X \_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**



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101 Gibraltar Drive, Morris Plains, NJ 07950

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Fax: (973) 490-1957



## **Handling of machinery, mechanized equipment & other dangerous work situations**

Please be aware that Engineering Resource Group, Inc.'s workers' compensation insurance covers employees engaged in working as engineers, engineering technicians, electronics assemblers, designers / drafters and general desk work. Our company policy does not permit employees to work with machinery or mechanized equipment, lift heavy objects or other work that can be defined as "dangerous" work.

Engineers, engineering technicians, electronics assemblers, QA inspectors, designers and drafters naturally do and are allowed to work with normal engineering electronics, diagnostic equipment, walking around plants etc., as long as they are not handling "dangerous equipment" or are being exposed to "dangerous" situations.

Specifically you are **not** authorized to:

- Be in contact with machinery / mechanized equipment  
(Handling equipment that is used in electronics testing or assembly is permitted.)
- Lift objects heavier than 50 lbs.
- Be in contact with dangerous chemicals or substances
- Climb ladders, cell towers, etc.
- Be present on an active construction site.

In the event that you are asked by your supervisor to perform any of the above, please make the supervisor aware that you are not permitted to work with this kind of equipment or in this kind of situation. In the unlikely event that your supervisor has questions or issues about this, please give us a call and we will discuss it further with you, and if need be, with the supervisor. Also, please give us a call if you need to clarify what is and is not considered "dangerous". Ask to speak with Jim Terkovich, President.

### **Please sign below and return to our office in the enclosed envelope to acknowledge that:**

1. You understand our policy regarding worker's compensation
2. You will comply with the above policy

**Employee Name (please print):** \_\_\_\_\_

**Employee Signature:** X \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



# ENGINEERING RESOURCE GROUP INC.

101 Gibraltar Drive, Morris Plains, NJ 07950

Phone: (973) 490-7000

Fax: (973) 490-1957



## Direct Bank Deposit Authorization Form

Engineering Resource Group, Inc. offers payroll direct deposit.  
If you are interested in direct deposit, please complete the information below.

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

I authorize Engineering Resource Group, Inc. to initiate electronic credit entries into my checking account each pay period, and, if necessary, debit entries and adjustments for any credit entries that are in error.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain until I have cancelled it in writing.

Bank name: \_\_\_\_\_

Bank address, city, state, zip: \_\_\_\_\_

Checking account number: \_\_\_\_\_

Bank routing number: \_\_\_\_\_

(Bank routing number is to the left of the account number)

**\*\* ALSO, PLEASE ATTACH A COPY OF A VOIDED CHECK \*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No thanks, I am not interested in direct deposit at this time. If I reconsider in the future, I will let you know in writing.



**ENGINEERING  
RESOURCE GROUP INC.**

101 Gibraltar Drive, Morris Plains, NJ 07950  
Phone: (973) 490-7000



## Employee Notices Acknowledgement

Please be advised that all statutory and employer-of-record notices are posted on our website for your convenience.

To view these notices, go to our website: [www.EngineeringResource.com](http://www.EngineeringResource.com)

Under the “**Contract Employee Forms**” tab, click on “[Employee Notices](#)” for a PDF of all notices. They include information on unemployment compensation, temporary disability benefits, family leave insurance, workers’ compensation, etc.

**Please sign below and return this form to our office to acknowledge that:**

- You were able to access and read these notices.
- If there are new notices or revisions to current notices, we will e-mail them to the e-mail addresses you provide below.

**Employee Name (please print):** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Primary Home Email Address:** \_\_\_\_\_

**Work Email (if available):** \_\_\_\_\_

**If you are unable to access and read the notices electronically, check this box  and the current notices (and any new notices or updates) will be physically mailed to you.**

## **For your convenience:**

Instead of using our regular multi-part time card, you may use:

### **1. Paper Time Card for Faxing or Scanning & Emailing**

You can print it directly from our website

[www.EngineeringResource.com](http://www.EngineeringResource.com)

- **Contract Employee Forms TAB**
- **Paper Time Card – For Faxing**
- Fill it out, have it approved, fax to (973) 490-1957
- Or scan and email to: [TimeCard@EngineeringResource.com](mailto:TimeCard@EngineeringResource.com)

### **2. Electronic Time Card (Preferred Method)**

Download it from our website (requires MS Excel)

[www.EngineeringResource.com](http://www.EngineeringResource.com)

- **Contract Employee Forms TAB**
- **Electronic Time Card**
- Fill it out, forward to your manager, manager forwards to us
- Full directions on the timecard

We encourage you to use the **Electronic Time Card**

- It's easy
- Results in less errors
- You don't have to find your manager to sign it
- You don't have to find a fax machine
- You have an electronic record of it

### **Note:**

If your assignment is at a certain client company (e.g., Alcatel Lucent, ITT Exelis, Lockheed, Stryker, etc.) you will use their electronic time tracking system, and you will not use any ERG time cards at all.



101 Gibraltar Drive, Morris Plains, NJ 07950  
Tel: (973) 490-7000

### Time Card for Faxing or Scanning & Emailing

Print out the form, fill it out, sign, obtain supervisor's signature, then:

1. Fax to **(973) 490-1957**, or
2. Scan and email to: [TimeCard@EngineeringResource.com](mailto:TimeCard@EngineeringResource.com)

Time card for week ending Sunday (date):

Employee name:  Employee # :

Job Title:

Company # :

Company Name:

Company City / State:

		Hours to the nearest 15 minutes ( write in 1/4 or .25)				
		TIME			TOTAL HOURS	
Day	Date	Start	Finish	(Lunch)	Regular	Overtime
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						
		Total Hours for Week			Regular	Overtime
<b>TOTAL HOURS</b>						

**Employee:** I certify that the hours shown represent the total hours worked this week by me, and that the hours were properly verified and approved by my authorized supervisor.

**Employee Signature:** X

**Client:** Your signature represents that you are in agreement that the hours shown hereof are correct and that the work was completed in a satisfactory manner, and that you are authorized to approve these hours on behalf of your company.

**Supervisor Name (please print):** \_\_\_\_\_

**Supervisor Title:** \_\_\_\_\_

**Supervisor Signature:** X