

# INSTRUCTIONS FOR EMPLOYMENT APPLICATIONS

In order to comply with Federal and State Government requirements, a complete file on all employees is required.

The employee file must consist of a completed Employment Application, Department of Homeland Security I-9 Form, W-4 Federal Withholding Form and Colorado Affirmation of Legal Work Status (for Colorado employers). Federal Law requires that these documents be completed <u>within 3 days</u> of employee hire. The New Hire Survey must also be completed. Incomplete documents will be returned.

Listed below are various forms that need to be completed for each employee, along with instructions for each. In order to complete the employment process, all required information must be supplied on each form.

- 1. EMPLOYMENT APPLICATION *(front page)* Have employee complete all sections Client required to complete top highlighted boxes
- FORM I-9 EMPLOYMENT ELIGIBILITY VERIFICATION
   <u>Section 1 Employee Information & Verification</u> (Complete All Fields)
   Employee's Signature and Date
   <u>Section 2 Employer Review and Verification</u> (Client Requirement)
   List A or List B AND C (refer to reverse of form)
   Employer's Signature and Date
- 3. COLORADO AFFIRMATION OF LEGAL WORK STATUS Employee name, SSN and date of employment Initial all four affirmations Employer's Signature and Date

4. ATTACH COPIES OF IDENTIFICATION USED FOR I-9 EMPLOYMENT VERIFICATION

- 5. FORM W-4 (IRS) Numbers 1 through 7 Employee's Signature and Date
- 6. EMPLOYEE ACKNOWLEDGEMENT *(last page of application)* Employee's Signature and Date
- 7. VERIFY THAT ALL EMPLOYEE AND CLIENT AREAS ARE COMPLETED

Severe penalties can be imposed by the Federal Government for failure to have these documents completed. If we have not received the completed forms, hours <u>will not be accepted</u> and the employee(s) will <u>not</u> receive a payroll check from us.

CLIENT
DEPT
POSITION

WAGE	/HOUR or SALARY
EMPLOYEE START	DATE
PART TIME	FULL TIME

# **EMPLOYMENT APPLICATION**

# NOTE: APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

ame:			
Last	First	М	liddle
ddress:			
ddress:	reet, Apt.		
City	Sta	ate	Zip
Selephone # ()	\$	Social Security	#
mail Address:			
Drivers License #		State	Expires
Emergency Contact:		Telephon	ne # ()
POSITION APPLIED FO	)R:		

## AN EQUAL OPPORTUNITY EMPLOYER

We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, genetics, sexual orientation, handicap or marital status. We assure you that your opportunity for employment depends solely upon your qualifications.

All full-time employees are eligible to enroll in the Benefits Program. Please see your supervisor for any applicable probationary period and detailed information.



Fax: (303)466-7947

## **AFFIRMATIVE ACTION INFORMATION**

### **NEW HIRE SURVEY**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, sexual orientation, veteran / reserve / national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes.

Race information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

NAME							
ADDRESS							
PHONE DATE OF BIRTH							
SOCIAL SECURITY NUMBER							
Have you had a claim for Workers' Compensation due to injury?*							
YesNo If yes, Date							
Reason							
Where?							
Employer							
Is the claim now open? Y or N Have you ever had an injury to your back or neck? Y or N							
Do you require any special accomendations to perform your job or duties? Y or N							
If you have answered Yes to any of the above questions please explain:							

\* Federal law and State law prohibits discrimination based upon the filing of workers' compensation claim.

Please check one of the following Equal Employment Opportunity Identification Groups:							
Black or African American							
Asian							
Two or more races							
Female							



# **Employment Eligibility Verification**

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

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.

	e Information and At bloyment, but not before a			and sign Se	ection 1 o	f Form I-9 no later
Last Name (Family Name)	First Nar	ne ( <i>Given Name</i> ,	) Middle Initial	Other Name	es Used <i>(if</i>	any)
Address (Street Number and	d Name)	Apt. Number	City or Town	S	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Addres	S		Telepho	one Number
I am aware that federal I connection with the com	aw provides for imprison pletion of this form.	ment and/or f	ines for false statements	or use of t	false doc	uments in
I attest, under penalty of A citizen of the United	f perjury, that I am (check States	one of the fo	llowing):			
A noncitizen national	of the United States (See i	nstructions)				
A lawful permanent re	sident (Alien Registration	Number/USCIS	S Number):			
An alien authorized to w (See instructions)	rork until (expiration date, if ap	plicable, mm/dd	/уууу)	Some aliens	s may write	e "N/A" in this field.
For aliens authorized	to work, provide your Alier	Registration N	lumber/USCIS Number <b>Ol</b>	<b>R</b> Form I-94	Admissio	on Number:
1. Alien Registration N	Number/USCIS Number:					
	OR				Do No	3-D Barcode t Write in This Space
2. Form I-94 Admissic	on Number:					
If you obtained you States, include the	r admission number from C following:	CBP in connect	ion with your arrival in the	United		
Foreign Passpor	t Number:					
Country of Issua	nce:					
Some aliens may w	rite "N/A" on the Foreign F	assport Numb	er and Country of Issuance	e fields. (Se	e instruct	ions)
Signature of Employee:				Date (mm/	/dd/yyyy):	
Preparer and/or Trans employee.)	slator Certification (To	be completed a	and signed if Section 1 is p	repared by	a person	other than the
I attest, under penalty of information is true and c	f perjury, that I have assis correct.	sted in the co	mpletion of this form and	l that to the	e best of	my knowledge the
Signature of Preparer or Tra	nslator:				Date (n	nm/dd/yyyy):
Last Name (Family Name)			First Name (Give	en Name)		
Address (Street Number and	I Name)		City or Town		State	Zip Code

STOP

STOP

## 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 OR AND List B List C Identity and Employment Authorization Identity **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: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy): 3-D Barcode Do Not Write in This Space 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 (r	nm/dd/yyyy):	y): (See instructions for exemptions.)							
Signature of Employer or Authorized Representativ	r or Authorized Representative Date			Date (mm/dd/yyyy) Title of Employer or			r Authorized Representative		
Last Name <i>(Family Name)</i>	First Name <i>(Given I</i>	Image: Name         Employer's Business or Or           StaffScapes, In			0		ime		
Employer's Business or Organization Address (Street Number and Name) City or Town							State	Zip Code	
1070 W. 124th Ave #900			Westmir	ster	-		CO 🔽	80234	
Section 3. Reverification and Rehiner A. New Name ( <i>if applicable</i> ) Last Name ( <i>Family Na</i>			-	-					nm/dd/yyyy):
C. If employee's previous grant of employment author presented that establishes current employment at					for the doc	ument from	List A or List	C the emplo	oyee
Document Title:	Docume	ent Nu	ımber:			E	Expiration Da	te <i>(if any)(n</i>	nm/dd/yyyy):
I attest, under penalty of perjury, that to the b the employee presented document(s), the do									
Signature of Employer or Authorized Representativ	ve: Date (m	nm/dd,	/уууу):	Print	t Name of	Employer or	<sup>-</sup> Authorized	Representa	ative:

# 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	R	LIST B Documents that Establish Identity AN			
	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT	
	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa	2.	ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or		<ul><li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li><li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li></ul>	
4.	Employment Authorization Document that contains a photograph (Form I-766)	2	information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph	2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)	
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	-	Voter's registration card	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)	
	<ul> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following: <ul> <li>(1) The same name as the passport;</li> </ul> </li> </ul>	5. 6. 7.	U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	4.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
	and (2) An endorsement of the alien's	8.	Native American tribal document	5.	Native American tribal document	
	nonimmigrant status as long as that period of endorsement has	9.	Driver's license issued by a Canadian government authority	6.	U.S. Citizen ID Card (Form I-197)	
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	F	or persons under age 18 who are unable to present a document listed above:	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)	
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	listed above:10. School record or report card11. Clinic, doctor, or hospital record12. Day-care or nursery school record		8.	Employment authorization document issued by the Department of Homeland Security	

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.

	n of Legal Worl							
* * 1876 * Pursuant to § 8-2-1	22, Colorado Re	vised Statutes						
Employee Name:Last	First	Middle Date of Birth						
Social Security Number:	Date of I	Hire:(MM/DD/YYYY)						
In accordance with § 8-2-122, C.R.S., with listed above,	hin 20 calendar d	lays after hiring the new employee						
	• 41 • 6							
<ol> <li>I affirm all four of the following by sign</li> <li>I have examined the legal work statu</li> </ol>	0	amad amplayaa						
C								
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.								
3. I have not altered or falsified the emp		cation documents.						
4. I have not knowingly hired an unaut	horized alien.							
Print Name of Employer (or Designated R	epresentative)	Official Title						
Signature of Employer (or Designated Rep	oresentative)	(MM/DD/YYYY) Date Signed by Employer						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Business or Organization Name		Employer Phone Number						
The provision of false or fraudulent inform	nation on this for	rm may subject the employer to a						
significant fine and/or additional penalties		in may subject the employer to a						
This form and the documents required by a retained for the duration of the above name								
§ 8-2-122(2), C.R.S.: On and after January 1, 2007, with shall affirm that the employer has examined the legal we the documents required by 8 U.S.C. sec. 1324a; that the documents; and that the employer has not knowingly hir copy of the affirmation, and of the documents required b	ork status of such new employer has not alte ed an unauthorized al	ly-hired employee and has retained file copies of red or falsified the employee's identification ien. The employer shall keep a written or electronic						

This mandatory affirmation is provided by the Colorado Division of Labor. Visit <u>www.colorado.gov/cdle/evr</u> for more information.

# 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.

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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

<ul> <li>Finter "1" if:</li> <li>You are single and have only one job; or</li> <li>You are married, have only one job, and your spouse does not work; or</li> <li>Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> <li>Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)</li> <li>Enter number of dependents (other than your spouse or yourself) you will claim on your tax return</li> <li>Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)</li> <li>Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit</li> <li>F</li> <li>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</li> <li>Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</li> <li>If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>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.</li> </ul>	_	ŗ			ie mineranig allema		fter we release it) will	pe posted at v	www.irs.gov/w4.
Enter "1" if: • You are single and have only one job; or • You are married, have only one job; or • You are married and you only a varied in the set of the one plot intermation. • If you have itel sets \$2,000 of 10 of opendent care expenses for which you plan to claim a credit. • If you have itel actioned will be less than \$5,000 (\$10,000 of married), enter "1" for each eligible child; the ness "1" if you have tax test income and ware to reduce your withholding, see the Deductions and varie to reduce your withholding, see the Deductions on on you tax return. • If you plan to temize or claim adjustments to income and ware to reduce your withholding. • If you are single and have or than one job or are married and you and you ary you spouse bot work and the combined worksheet on page 2. • If you are single and have more than one job or are married and you and you ary spouse bot work and the combined work shore on page 2. • If you are single and have entre W-4 to your encodes. • If you are single and have more than one job or are married and you an			Persona	al Allowances Works	<b>heet</b> (Keep fo	or your records.)			
Enter "1" if: {         • 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. Enter "1" for your spouses But, you may choose to enter "0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.). C	Α	Enter "1" for yo	ourself if no one else can	claim you as a dependent					Α
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.   • Finter "1" for your spouse. But, you may choose to enter "-0" if you are married and have either a working spouse or more than one job. (Entering "-0" may help you avoid having too little tax withheld).   • Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)   • Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.   • Finter "1" if you have the tast \$2,000 of child or dependent care expenses for which you plan to claim a credit.   • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child:   • If your total income will be less than \$65,000 (\$100,000 if married), enter "1" for each eligible child:   • 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:   • If your total income will be between \$65,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child:   • If your total income will be between \$65,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child:   • If you rotal income will be between \$65,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child:   • If you rotal income will be between \$65,000 (\$20,000 (\$20,000 if married), enter "1" for each eligible child:   • If you are entited to claim a certain number of allowances or exemptions you claim on your tax return.   • If you are entited to claim a certain number of allowances or exemption from withholding is avoid having too little tax withheld.   • If you are entited to claim a certain number of allowances or expension too withholding is abject to review by the IRS. Your employer: Keep the top part form the HS.   • If wour first name and middle initial		[	<ul> <li>You are single and hat</li> </ul>	ve only one job; or			)		
C Enter "1" for your spouse. But, you may choose to enter "->" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)  C Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	в	Enter "1" if:	<ul> <li>You are married, have</li> </ul>	e only one job, and your sp	oouse does not	work; or	} .		В
than one job. (Entering "-0-" may help you avoid having too little tax withheld.)  There number of dependents (other than your spouse or yourself) you will claim on your tax return.  C  D  Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)  Enter "1" if you will be as head of household on your tax return (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)  C C C  C  C  C  C  C  C  C  C  C  C		ι	<ul> <li>Your wages from a see</li> </ul>	cond job or your spouse's v	wages (or the tot	tal of both) are \$1,5	00 or less. J		
De Enter number of dependents (other than your spouse or yourself) you will claim on your tax returm	С	Enter "1" for yo	our <b>spouse.</b> But, you may	choose to enter "-0-" if y	ou are married a	and have either a v	vorking spouse	or more	
Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit F (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details). Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child G 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 G 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 G 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 G 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 G 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 G 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 G If your a single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$\$0,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too lithe tax withheld. If thether of the above situations applies, stop here and enter the number from time 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. If your first mare and middle initial Last name If Your first mare and middle initial Last name		than one job. (E	Entering "-0-" may he <b>l</b> p yo	ou avoid having too little ta	ax withhe <b>l</b> d.)				С
Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit F (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details). Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child G 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 G 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 G 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 G 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 G 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 G 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 G If your a single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$\$0,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too lithe tax withheld. If thether of the above situations applies, stop here and enter the number from time 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. If your first mare and middle initial Last name If Your first mare and middle initial Last name	D	Enter number o	of <b>dependents</b> (other thar	your spouse or yourself)	you wi <b>ll</b> c <b>l</b> aim o	n your tax return .			D
Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	Е	Enter "1" if you	will file as head of hous	ehold on your tax return (s	see conditions u	under Head of hou	<b>sehold</b> above)		E
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							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)	8	Employer's nam	ne and address (Employer: Con	nplete lines 8 and 10 only if sen	ding to the IRS.)	9 Office code (optional)	10 Employer ic	lentification I	number (EIN)
StaffScapes, Inc. 1070 West 124th Ave #900, Westminster, CO 80234 84-1346032	Staff	Scapes, Inc. 107	70 West 124th Ave #900, V	Vestminster, CO 80234			84	1346032	
For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2015)	For F	Privacy Act and I	Paperwork Reduction Act	Notice, see page 2.		Cat. No. 10220Q	•	Form	n <b>W-4</b> (2015)

Form W	-4 (2015)								Page <b>2</b>
			Deduct	ions and A	djustments Works	heet			
Note	Use this worl	ksheet <i>only</i> if	you p <b>l</b> an to itemize d	eductions or (	claim certain credits or	adjustments	to income.		
1	and local taxes, income, and mis and you are mar head of househo	medical expense scellaneous dedu ried filing jointly o Id or a qualifying	es in excess of 10% (7.5% ctions. For 2015, you may or are a qualifying widow(er) widow(er); or \$154,950 if yo	6 if either you of have to reduce ; \$284,050 if you ou are married fili	g home mortgage interest, or r your spouse was born befor your itemized deductions if y are head of household; \$258 ng separately. See Pub. 505	ore January 2, 1 our income is ov 5,250 if you are si	951) of your ver \$309,900	<u>\$</u>	
			ied filing jointly or qu	alifying widov	v(er)				
2		9,250 if head					2	\$	
		-	or married filing sepa	•	)				
3			. If zero or less, enter				3		
4		•			additional standard dec	•	,	· <u>\$</u>	
5			nter the total. (Includ r 2015 Form W-4 wo	-	nt for credits from the c. 505.) .	•		5 \$	
6	Enter an estir	mate of your 2	2015 nonwage incom	e (such as div	vidends or interest) .		6	\$	
7	Subtract line	e 6 from line 5	. If zero or less, enter	"-0-"			7	\$	
8	Divide the ar	mount on <b>l</b> ine	7 by \$4,000 and ente	r the resu <b>l</b> t he	ere. Drop any fraction		ε	i	
9	Enter the nur	nber from the	Personal Allowance	es Workshee	t, line H, page 1 .		9		
10					the Two-Earners/Mul				
	also enter thi	s total on line	1 below. Otherwise,	<b>stop here</b> an	d enter this total on Fo	rm W-4, <b>l</b> ine t	5, page 1 <b>10</b>		
	-	Two-Earne	rs/Multiple Jobs	Worksheet	: (See Two earners o	or multiple j	obs on page	1.)	
Note		5	the instructions unde		0 ,				
1					ed the <b>Deductions and A</b>	-	,		
2					<b>EST</b> paying job and en				
	-				ing job are \$65,000 or I	ess, do not e	nter more		
							2	<u> </u>	
3					om line 1. Enter the re				
					of this worksheet		-	·	
Note					age 1. Complete lines	4 through 9 b	elow to		
	0		olding amount necess	sary to avoid a	a year-end tax bill.				
4			2 of this worksheet	• • • •		4			
5			e 1 of this worksheet			5			
6		5 from line 4					6		
					<b>ST</b> paying job and ente				
8	• •	,			additional annual withh	0		<u> </u>	
9		•		•	r example, divide by 25 here are 25 pay periods	•	•		
					ional amount to be withh			\$	
			<b>ble 1</b>				ble 2	Ψ	
	Married Filing		All Other	s	Married Filing				rs
If wage	s from LOWEST	Enter on	If wages from LOWEST	Enter on	If wages from <b>HIGHEST</b>	Enter on	If wages from <b>HI</b>		Enter on

Married Filing	Jointly	All Other	rs	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 6,001 - 13,000 13,001 - 24,000 24,001 - 26,000 26,001 - 34,000 34,001 - 44,000 44,001 - 50,000 50,001 - 65,000 65,001 - 75,000 75,001 - 80,000 80,001 - 100,000 100,001 - 115,000 130,001 - 140,000 140,001 - 150,000	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	\$0 - \$8,000 8,001 - 17,000 17,001 - 26,000 26,001 - 34,000 34,001 - 44,000 44,001 - 75,000 75,001 - 85,000 85,001 - 110,000 110,001 - 125,000 125,001 - 140,000 140,001 and over	0 1 2 3 4 5 6 7 8 9 10	\$0 - \$75,000 75,001 - 135,000 135,001 - 205,000 205,001 - 360,000 360,001 - 405,000 405,001 and over	\$600 1,000 1,120 1,320 1,400 1,580	\$0 - \$38,000 38,001 - 83,000 83,001 - 180,000 180,001 - 395,000 395,001 and over	\$600 1,000 1,120 1,320 1,580

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.

e ID

Date:



# **DIRECT DEPOSIT AUTHORIZATION FORM**

Employee Name:	SSN:
Email Address:	
<ol> <li><u>PLEASE NOTE THE FOLLOWING:</u></li> <li>Once this form is submitted, there is a qualifying pre-notification period to verify your account numbers on any new or additional accounts you have listed. The pre-notification period can take up to ten (10) days after the first payroll.</li> <li>Funds electronically deposited may not be available to the employee on the same day as the payroll, depending on the receiving bank's procedures. The employee is responsible for verifying that their funds are available prior to writing checks or debiting account(s).</li> <li>Beginning 1/1/14 payrolls that are 100% direct deposited will have pay stubs emailed, no paper copies will be provided.</li> </ol>	
Account #1: Type (check one): Checking Savings Other	Deposit (check one):         □         100%         □         %         □         \$
Bank Name:	Bank Phone #:
Routing #:         Account #:	
Account #2: Type (check one): Checking Savings Other	Deposit (check one):
Bank Name:	Bank Phone #:
Routing #:	Account #:
Account #3: Type (check one): Checking Savings Other	Deposit (check one):% \$
Bank Name:	Bank Phone
Routing #:	Account #:

Please refer to the sample check below to assist in identifying your bank's routing number and account number. The check number is not needed. If you need to list more than three accounts, please fill out a second direct deposit form.



I hereby authorize StaffScapes, Inc. to make electronic deposits to my account(s) as indicated below. I also authorize StaffScapes to make any necessary debit entries and adjustments for any deposits that were made in error to my account(s). I understand that in the event my financial institution is not able to deposit any electronic transfer into my account(s) due to any action I take, StaffScapes can refrain from issuing the funds to me until the funds are returned to StaffScapes by my financial institution. I understand that this authorization will cause any previously authorized direct deposits to financial institutions to be discontinued.

Signature

### **EMPLOYEE ACKNOWLEDGEMENT:**

I acknowledge by my signature below that I have been informed that I will be a co-employee of StaffScapes (PEO), a Professional Employer Organization, assigned to perform services to:

(Client). I understand and agree that, if hired, my employment is for no definite period and is considered a relationship "at will" and does not constitute a permanent contract of employment. Either PEO, Client or employee can terminate the employment relationship at any time. I further understand and agree that if the PEO does not receive payment for services performed by me as a co-employee, from the Client to whom I am assigned, the PEO will pay me the applicable minimum wage for the actual hours worked (or the legally required minimum salary or overtime pay). Any and all other wages (including but not limited to accrued sick or vacation pay, severance agreement and PTO) are the sole responsibility of Client.

I have been informed and agree that if my employment with Client ends for any reason, I must report to PEO at (303) 466-7864 or (800) 551-7607 within seventy-two (72) hours for possible re-assignment, and my failure to do so will be considered as a voluntary resignation of my employment with the PEO, regardless of the reason for termination.

I certify that all the information on this application, my resume or any supporting documents are correct, and I understand that any misrepresentation, falsification or omission of any information will be grounds for disciplinary action, up to and including termination of my employment. I authorize the investigation of all statements contained in this application and hereby authorize PEO to request and receive appropriate report(s) which may include information regarding my character, general reputation, personal characteristics and job verification. I authorize any former employer, medical provider or institution to release information and documentation of my former employment, education, medical or other history which PEO or PEO's Workers' Compensation carrier deems relevant to my employment. I hereby release all such providers and recipients of information from any liability in connection with the above.

In addition, I also agree that if at any time during this application for employment process, as well as during my employment, I am involved in any employment dispute, or I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, genetics, sexual orientation, marital or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact PEO's Human Resources Department at (303) 466-7864 or (800) 551-7607 to obtain assistance in the resolution of such matters.

### **DRUG-FREE WORKPLACE POLICY NOTICE:**

It is the policy of PEO that all employees are prohibited from the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (including alcohol) in the workplace, and remote job sites. Drug and alcohol testing will occur after every job-related accident; benefits will be denied or reduced based on a positive test result. Testing shall also occur if there is reasonable suspicion. Any employee violating this policy will be subject to immediate discharge. Clients and employees who do not understand this policy should contact PEO's Human Resources Department for clarification.

The following six drugs will be tested for under our company policy:

- 1. Alcohol
- 2. Cocaine

- 4. Marijuana/cannabis
- 4. Marijuana
- 3. Depressants, e.g. barbiturates
- 5. Narcotics, e.g. heroin
- 6. Stimulants, e.g. amphetamines

I acknowledge that I have thoroughly read and understand the drug-free workplace policy. I understand that as a condition of my employment I must voluntarily submit to pre-employment drug testing and agree to follow, without reservation, the drug-free workplace policy.

Further, I certify that I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor or PEO's Workers' Compensation Department. I understand that any false or misleading answers to these questions can be sufficient reason for denial of benefits under the prevailing state Workers Compensation Act, and basis for termination of employment. I also understand that my answers will be researched and verified by investigation