



MATRIX EMPLOYER SERVICES
9016 Phillips Hwy
Jacksonville, Florida 32256

Phone: (904) 739-2722
Toll Free: (866) 453-2722
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EMPLOYEE LEASING APPLICATION

PLEASE PRINT ALL INFORMATION LEGIBLY

CLIENT: _____ **LOCATION:** _____

SECTION I – TO BE COMPLETED BY EMPLOYEE

NOTICE TO EMPLOYEES: This Employee Leasing Application includes the front and back sides of this page. Please complete Section I on this page and sign where indicated below. Then read the back side of this application and sign where indicated at the bottom of that page.

Social Security #: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City, State, Zip: _____

Telephone #s: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone #s: Home: (_____) _____ Work/Cell: (_____) _____

Job Duties: _____

Matrix Employer Services ("Matrix") and the client company named above ("Client") have entered into an agreement whereby Matrix leases employees to Client. If I am accepted as a leased employee of Matrix, then I agree and understand that upon the conclusion of each job assignment (i.e. if my employment with Client is terminated), regardless of the duration, I must contact Matrix for reassignment within 48 hours of such termination. **My failure to contact Matrix may result in the denial of unemployment benefits.** In addition, if I do not receive wages, salary, or other compensation ("Compensation") from Matrix on a regularly scheduled pay day and I do not contact Matrix by 9:00 a.m. on the third day following such scheduled pay day, then I shall be deemed to have voluntarily resigned from employment with Matrix as of the last day for which I received Compensation from Matrix. **My failure to contact Matrix may result in the denial of unemployment benefits.**

I HAVE READ AND I UNDERSTAND ALL OF THE INFORMATION ON THE FRONT AND BACK OF THIS APPLICATION

Employee's Signature: _____ **Date:** _____

SECTION II – TO BE COMPLETED BY CLIENT COMPANY

Workers' Comp. Code(s): _____ / _____ Job Description: _____ Dept: _____

New Employee Rehire Rehire Date: _____

Pay Period: Weekly Bi-Weekly Other: _____ Full - Time Part - Time

Method and Rate of Payment: *Hourly \$ _____ *Salary \$ _____ Non-Exempt *Exempt

* Must meet the FLSA Guidelines

*Commission _____ *Piece Work _____ *Tips _____

Original Hire Date with Client: _____ Child Support Payments? (If yes, attach court order) Yes No

Signature of Client Company Representative _____ **Print Name of Representative** _____ **Date** _____

SECTION 1: LEASED EMPLOYEE STATUS; MATRIX IS NOT THE WORKSITE/COMMON LAW EMPLOYER; UNEMPLOYMENT COMPENSATION

Matrix Employer Services ("Matrix") and the client company named on the first page of this Employee Enrollment Form ("Client") have entered into an agreement whereby Matrix leases employees to Client. Under that agreement, upon my acceptance by Matrix as a leased employee, I will be co-employed by Matrix and Client, with Matrix being my administrative employer and Client being my common law and worksite employer. I understand that I will not be accepted as a leased employee of Matrix until the satisfactory completion of all documentation and other employment requirements of Matrix. If accepted as a leased employee of Matrix, I understand (i) that my employment with Matrix will begin as of the first date for which Client reports my work hours to Matrix that are actually paid by Matrix, (ii) that my employment with Matrix is "at-will," which means that Matrix or I may terminate my employment with Matrix at any time, (iii) that there will be an initial 90-day probationary period during which my employment may be terminated for any reason, and (iv) that if Matrix does not receive payment from Client for services that I perform, Matrix will only be liable to me for the applicable minimum wage (or the legally required overtime pay at the applicable minimum wage rate) for any such pay period, and I agree to this method of compensation.

IF I BECOME A LEASED EMPLOYEE OF MATRIX, I UNDERSTAND THAT UPON THE CONCLUSION OF EACH JOB ASSIGNMENT (I.E. IF MY EMPLOYMENT WITH ANY CLIENT COMPANY IS TERMINATED), REGARDLESS OF DURATION, I MUST CONTACT MATRIX FOR REASSIGNMENT WITHIN 48 HOURS OF SUCH TERMINATION. MY FAILURE TO CONTACT MATRIX MAY RESULT IN THE DENIAL OF UNEMPLOYMENT BENEFITS. IN ADDITION, IF I DO NOT RECEIVE WAGES, SALARY, OR OTHER COMPENSATION ("COMPENSATION") FROM MATRIX ON A REGULARLY SCHEDULED PAY DAY AND I DO NOT CONTACT MATRIX BY 9:00 A.M. ON THE THIRD DAY FOLLOWING SUCH SCHEDULED PAY DAY, THEN I SHALL BE DEEMED TO HAVE VOLUNTARILY RESIGNED FROM EMPLOYMENT WITH MATRIX AS OF THE LAST DAY FOR WHICH I RECEIVED COMPENSATION FROM MATRIX. MY FAILURE TO CONTACT MATRIX MAY RESULT IN THE DENIAL OF UNEMPLOYMENT BENEFITS.

I agree that while employed by Matrix, I am prohibited from receiving Compensation directly from Client (whether by cash, check, or otherwise) or, if I am reassigned by Matrix to a different client, from that different client. I agree (i) that my acceptance of any such Compensation during any Matrix pay period (whether weekly, bi-weekly, semi-monthly, or monthly) constitutes my voluntary resignation from employment with Matrix for the entirety of such pay period (a "Non-Matrix Pay Period"), and (ii) that my receipt of Compensation from Matrix during such Non-Matrix Pay Period shall not affect my status as being solely employed by Client (or any subsequent client) during any such Non-Matrix Pay Period.

SECTION 2: WORK RELATED INJURIES; WORKERS' COMPENSATION INSURANCE

I understand that during my employment with Matrix, I may be covered by a workers' compensation insurance policy obtained by either Client or by Matrix. I acknowledge that if I have received a separate notice informing me that workers' compensation insurance has been or will be provided by Client, that Client is responsible for obtaining such insurance and that Matrix shall have no liability for Client's failure to obtain workers' compensation insurance for me. If I have not received such a notice and Matrix is responsible for obtaining workers' compensation insurance for me, (i) then prior to my acceptance as a leased employee of Matrix, Matrix shall not be responsible for any work related injury I may suffer, (ii) if I accept Compensation from Client during any Non-Matrix Pay Period (see Section 1 above), then I will not be covered by Matrix's workers' compensation insurance policy if I suffer a work related injury during any such pay period, and (iii) if I do not receive Compensation from Matrix on a regularly scheduled pay day and my employment with Matrix has not already been terminated, then (a) I will be deemed to have voluntarily resigned and my employment with Matrix shall be deemed terminated as of the last day for which I received Compensation from Matrix, and (b) I will not be covered by Matrix's workers' compensation insurance policy as of that resignation date.

SECTION 3: POLICY ON DISCRIMINATION, HARASSMENT, AND RETALIATION

I acknowledge and understand (i) that I am required to promptly report all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position, to Client, (ii) that Client is responsible for investigating any complaint and taking appropriate action, if any is determined to be necessary, to end or remediate the discrimination, harassment, or retaliation, and (iii) that Matrix does not have actual control over me, my work, or my worksite with Client, and as such Matrix is not in a position to know of any alleged discrimination, harassment, or retaliation. All actions to end or remediate any discrimination, harassment, or retaliation must come solely from Client.

SECTION 4: ACKNOWLEDGEMENT OF DRUG FREE WORKPLACE; AGREEMENT TO SUBMIT TO DRUG TEST AND RELEASE OF RESULTS

I understand that Matrix maintains a drug free workplace policy requiring all employees to report to work in a substance free condition. Employees found on the job to be under the influence of illegal drugs or alcohol, or who violate this policy in other ways, may be terminated. I understand that if I am injured on the job and either refuse to be tested or test positive for illegal drugs or alcohol, I may forfeit eligibility for all workers' compensation medical and indemnity benefits. I understand that as a condition of my initial and continued employment, (i) job applicant drug testing, (ii) reasonable suspicion drug and/or alcohol testing, (iii) routing fitness for duty drug and/or alcohol testing, (iv) random drug and/or alcohol testing, and (v) follow up testing, Matrix may require me to undergo substance screening (drug testing) by urinalysis, blood (for alcohol), hair follicle, or other testing procedure. I hereby agree to submit to such tests, including follow up rehabilitation testing and the required post accident testing (**post accident testing is required within 24 hours following any work related injury**). I further consent to the results of any such drug or alcohol tests being released to authorized representatives of Matrix and Client by the Medical Review Officer (MRO). I understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization, except that Matrix and Client, their agents, and the testing laboratory will have access to the test results and may disclose such results to their agents and/or attorneys in connection with workers' compensation proceedings, and may use the test results when relevant to their defense in other civil or administrative matters. I hereby release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any test results, written reports, medical records, and data concerning my tests to the appropriate Matrix and Client officials. I further release all Matrix and Client officials from liability arising from the release or use of the test results. I understand that the drug free workplace policy and related documents are not intended to constitute a contract between Matrix and/or Client and me. I have read, or had read to me, a copy of the drug free workplace policy and I understand the consequences of violating the policy, which may include the termination of my employment. If I did not understand the policy, I asked for and received an explanation. I acknowledge receipt of a copy of the drug free workplace policy contained within the Employee Handbook that I have received.

SECTION 5: RECEIPT OF EMPLOYEE HANDBOOK; MISCELLANEOUS PROVISIONS

I acknowledge (i) having received, read, and understood the Matrix employee handbook; (ii) that the handbook does not establish a contractual relationship with Matrix; and (iii) that the handbook may be changed at any time is not a guarantee of future or present employment policies. I further understand that neither the handbook nor any verbal or written statement by any officer or employee of Matrix or Client constitutes an employment contract. I understand that additional copies of the employee handbook are available by calling Matrix at (866) 453-2722 or online at www.matrixpeo.com. I understand that any misrepresentation, omission of fact, or incomplete information discovered after my employment has begun may be grounds for disciplinary action, up to and including termination of employment. I understand that I am an "at-will" employee and that either Matrix or I can terminate my employment at any time, and that no person, including Client, has the authority to enter into any agreement to the contrary. I understand and agree that, if applicable, Matrix may allocate tips when necessary based on "hours worked." Tip allocation becomes necessary when total reported tips for the worksite employer store are less than 8% of store sales. I understand that, if I am a tipped employee, Matrix is taking a tip credit on my hourly rate of pay as permitted by law.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF THE TERMS AND CONDITIONS ON THIS PAGE

Employee Signature

Print Name of Employee

Social Security No. Date

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • 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	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
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. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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)

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	AND
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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	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
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For 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)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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