



# NEW HIRE PAPERWORK CHECKLIST

**Gulfstream Goodwill Industries, Inc.**

1715 Tiffany Drive East

West Palm Beach, Florida 33407-3277

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Hiring Supervisor \_\_\_\_\_ Date Submitted \_\_\_\_\_

**New Hire Packet: Required once offer is accepted. Must be completed and submitted to HR before adding to schedule.**

- \_\_\_ Self Identity Voluntary Invitation (Post Offer always)
- \_\_\_ PIF (Personnel Information Form)
- \_\_\_ W-4
- \_\_\_ I-9 Form (Please ensure you're using the latest revision)
- \_\_\_ I-9 Documentation
- \_\_\_ Conditional Offer of Employment
- \_\_\_ Job Description Acknowledgement
- \_\_\_ Emergency Contact
- \_\_\_ Safety Orientation Checklist
- \_\_\_ Receipt of Company Property
- \_\_\_ Authorization for Direct Deposit
- \_\_\_ Voided Check or Savings Deposit
- \_\_\_ Wachovia @Work Application (if no current bank account)
- \_\_\_ Employment References (2 REQUIRED)
- \_\_\_ Worker's Comp Form (Post Offer always)
- \_\_\_ Copy of HS Diploma, GED and/or Official College Transcript

**Positions requiring MVR:**

- \_\_\_ Copy of Driver's License
- \_\_\_ Copy of Auto Insurance Card
- \_\_\_ Copy of Vehicle Registration

**Additional documents needed for Employees working with persons with disabilities:**

- \_\_\_ Affidavit of Good Moral Character
- \_\_\_ Fingerprint Card
- \_\_\_ FDLE Report
- \_\_\_ FBI Report

***Human Resources Use Only***

	Date	HR Rep
PIF & W-4 sent to Payroll	_____	_____
Direct Deposit sent to Payroll	_____	_____
WC Check sent to Safety	_____	_____

## Self-Identify Voluntary Invitation (POST OFFER)

Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

### YOUR COOPERATION IS VOLUNTARY

### INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT YOUR EMPLOYMENT

Please complete the following information. *Please print.*

Last Name:	First Name:
Date:	Job Title/Req Number:

**Gender**

Male   
  Female

**Veteran's Status** – Check all that apply.

- Special Disabled Veteran:** means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30% or more or (B) rated at 10 or 20 % in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Disabled Veteran:** means a veteran who: (a) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran:** means a person who (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (B) between August 5, 1964 and May 7, 1975 in any other location.
- Newly Separated Veteran:** means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.
- Armed Forces Services Medal Veteran:** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209) at <http://www.opm.gov/veterans/htm/vgmedal2.asp>.
- Recently Separated Veteran:** mean a veteran, who served on active duty in the U.S. military, ground, naval or air service, during the three-year period beginning on the date of such veteran's discharge or release from active duty.
- Other Protected Veteran:** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

I respectfully decline completing the information being requested above. \_\_\_\_\_ *initials*  
**COMPLETE BACK OF PAGE (OVER)**

**Person with a disability:** Any person who has a physical or mental impairment, which substantially limits one or more of such person's major life activities, has a record of such impairment or is regarded as having such an impairment.

Yes     No

List any necessary accommodations we could make that would enable you to perform the job properly and safely.

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# GULFSTREAM GOODWILL INDUSTRIES - PERSONAL INFORMATION FORM (PIF)

TAB #  New Hire / Rehire (Sections A & B)  Termination (Sections A & C)  Status Changes (Sections A & D)

**SECTION A**

1 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

3 Home Dept # \_\_\_\_\_ EWS Type:  -Other  2-Hrly  3-Salary

**ALL GRAY AREAS FOR HR/PR USE ONLY**

Tab # 1, Employee # \_\_\_\_\_

Tab # 5, Senior Staff:  Yes  No

**SECTION B**  **CHECK HERE if requesting an Address Change (complete contact information only)**

2 Street Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

2 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Residential County: \_\_\_\_\_

2 Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

1 Driver License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

1 DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Gender:  Male  Female

Taxes SS #: \_\_\_\_\_ # of W-4 Exemptions: \_\_\_\_\_ W-4 Marital Status (S or M): \_\_\_\_\_

**S = Withholding at Single, M = Withholding at Married, PER W-4**

1 Citizenship: \_\_\_\_\_ Ethnic Code: \_\_\_\_\_ Employee Type: \_\_\_\_\_ **(HR / PR Use Only - Tab 3 & 5)**

2 Emergency Contact Name: \_\_\_\_\_ Emergency Contact Tel #: \_\_\_\_\_

3 Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Hire Source: \_\_\_\_\_

Benefits Eligibility: \_\_\_\_\_ Dept: \_\_\_\_\_ **(HR/PR Use Only - Tab 3)**

5 Rate of Pay: Hourly, Non-Exempt \$ \_\_\_\_\_ / Hr Salaried, Exempt \$ \_\_\_\_\_ / Year Processing Group #: \_\_\_\_\_

5 Effective Date of Pay Rate: \_\_\_\_\_ Status:  Full-Time |  Part-Time |  Per Diem |  Temporary (90 days or less)

3 Seniority Date: \_\_\_\_\_ P/R Distrib Code \_\_\_\_\_ ( Home Dept # if 100% of Wages are to be charged to Home Dept, **OR** Distrib as below ):

P/R Distrib: _____ / _____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Enter above: Dept # _____ %	Dept # _____ %	Dept # _____ %	Dept # _____ %

3 Name of Employee's Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

3 Name of Employee's Secondary Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

3 Name of Employee's Time Manager/Approver: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION C (Termination)** **\*\*\*ATTACH TERMINATION REPORT & SUPPORTING DOCUMENTS\*\*\***

Voluntary (Employee)  Involuntary (Employer)

Last Day Worked: \_\_\_\_\_ Termination Date: \_\_\_\_\_

**FOR HR / PR USE ONLY**

Reason: \_\_\_\_\_

Pay PTO:  Yes  No

Stop Deductions:  Yes  No

Rehire in this position?  Yes  No Rehire in another position?  Yes  No

**SECTION D (Status Changes)**

Promotion  Demotion  Lateral  Annual Evaluation  Adjustment  Direct Deposit  Benefits  W-4  Other \_\_\_\_\_

Pay Rate Changes Previous Rate: \_\_\_\_\_ New Rate: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Deductions or Other From: \_\_\_\_\_ To: \_\_\_\_\_ Effective Date: \_\_\_\_\_

New Supervisor (PRINT): \_\_\_\_\_ New Location: \_\_\_\_\_

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

Dir / AVP / VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HR/PR Use:** WC Code: \_\_\_\_\_

**HR Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **PR Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <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> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• 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 plus "1" <b>additional</b> if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	<u>      </u>
<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>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• 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.</li> <li>• If you have <b>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 \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• 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.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>		

----- Cut 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <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></p>	OMB No. 1545-2159  <span style="font-size: 2em; font-weight: bold;">2011</span>
1 Type or print 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 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• 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></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<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 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<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 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 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.

## Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.



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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

**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) \_\_\_\_\_

**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: _____	OR	_____	AND	_____
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): \_\_\_\_\_

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)
--	-----------------------

## 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)
	4. Voter's registration card	
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	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	<b>For persons under age 18 who are unable to present a document listed above:</b>	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)**



# CONDITIONAL OFFER OF EMPLOYMENT

**Gulfstream Goodwill Industries, Inc.**  
1715 Tiffany Drive East  
West Palm Beach, Florida 33407-3277

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

Dear \_\_\_\_\_:

Congratulations! This letter will confirm our offer to you (and your acceptance) of employment with Gulfstream Goodwill Industries, Inc. ("Gulfstream Goodwill") in the **position of** \_\_\_\_\_, for which you have been given the most recent job description. You have read this job description (or have had it read to you), have discussed any questions you may have had about this job description and completely understand all your job duties and responsibilities. You agree that you are able to perform the essential functions as outlined with or without reasonable accommodation. You understand that your job may change on a temporary or regular basis according to the needs of your location or department without it being specifically included in the job description. If you have any questions about job duties not specified on the job description that you are asked to perform, you should discuss them with your immediate supervisor or a member of the human resources staff.

Your start date is dependent upon Human Resources receiving the results of a criminal background check, so please read and sign the attached "Authorization For Release of Information" form, authorizing Gulfstream Goodwill to verify the information you have provided us.

Tentatively, you will **start work on** \_\_\_\_\_ (date) at \_\_\_\_\_ (time) and your starting salary will be calculated at the rate of \$ \_\_\_\_\_ per (week/hour/annual). You will be classified as a(n) (exempt/non-exempt) employee. **Your supervisor will be** \_\_\_\_\_. This offer is also contingent upon your passing satisfactory employment background checks and, if applicable for your job, your motor vehicle report reveals a driving record that meets company insurability guidelines.

**On your first day of employment, please report to** \_\_\_\_\_ for an overview of Gulfstream Goodwill and your position within the organization. Please come prepared with documents proving both your identity and your legal right to work in the U.S. Although you will have an introduction to Gulfstream Goodwill at your work location, you are scheduled to attend **New Hire Orientation on** \_\_\_\_\_ (date) at \_\_\_\_\_ (time), which will be held at \_\_\_\_\_ (location) to learn more about the company, policies and benefits. **If you are a full-time regular employee, you will be eligible for coverage under the company's medical and other insurance programs on the first of the month following: (check one)**  3 months  6 months) of full-time employment, depending on the position you are accepting.

All new employees must complete a 90-day introductory period. The introductory period in no way affects the at-will status of all employees. Your employment with Gulfstream Goodwill is for no specific term and may be terminated by you or any authorized representative of Gulfstream Goodwill with or without notice or cause at any time. No oral promise, Gulfstream Goodwill policy, custom, business practice, or other procedure (including the Gulfstream Goodwill Personnel Handbook or any other personnel manuals) constitutes any employment contract or modification of the at-will employment relationship between you and Gulfstream Goodwill.

Please confirm your acceptance of the offer as outlined herein by signing this letter and returning it to us. If you have any questions, or if anything in this letter is not consistent with your understanding of our offer, please call me immediately. **This offer is withdrawn if not accepted by** \_\_\_\_\_.

Gulfstream Goodwill and I are delighted to have you join our team and believe Gulfstream Goodwill can offer you the type of job satisfaction and challenge you are seeking. I look forward to working with you.

Sincerely,

I have read, understand and accept the offer of employment as outlined in this letter.

\_\_\_\_\_  
**Hiring Supervisor**

\_\_\_\_\_  
**Applicant Name**

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



# JOB DESCRIPTION ACKNOWLEDGEMENT FORM

**Gulfstream Goodwill Industries, Inc.**  
1715 Tiffany Drive East  
West Palm Beach, Florida 33407-3277

## JOB DESCRIPTION ACKNOWLEDGEMENT FORM

I have received a copy of the job description for the position I am being offered:

Position: \_\_\_\_\_

Revision Date: \_\_\_\_\_

I have read this job description (or had it read to me) and I completely understand all my job duties and responsibilities. I am able to perform the essential functions as outlined with or without reasonable accommodation. I understand that my job may change on a temporary or regular basis according to the needs of my location or department without it being specifically included in the job description. If I have any questions about job duties not specified on this description that I am asked to perform, I should discuss them with my immediate supervisor or a member of the HR staff.

I further understand that future performance evaluations and merit increases to my pay are based on my ability to perform the duties and responsibilities outlined in this job description to the satisfaction of my immediate supervisor.

I have discussed any questions I may have had about this job description prior to signing this form.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (please print)

# EMERGENCY CONTACT FORM



**Gulfstream Goodwill Industries, Inc.**  
1715 Tiffany Drive East  
West Palm Beach, Florida 33407-3277

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

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

## 1<sup>st</sup> Contact Person

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

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

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

\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

## 2<sup>nd</sup> Contact Person

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

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

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

\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_



# SAFETY ORIENTATION CHECKLIST

**Gulfstream Goodwill Industries, Inc.**  
1715 Tiffany Drive East  
West Palm Beach, Florida 33407-3277

Gulfstream Goodwill strives to offer you the safest possible work environment. Goodwill's success as a company, and your success as part of a team as well as an individual employee, is dependent upon the success of our safety program. By working together, Gulfstream Goodwill can maintain a safe working environment.

*Please read and initial each item and sign below.*

\_\_\_\_\_ I understand the importance of employee involvement in the Safety Program

**I am responsible for familiarizing myself with the:**

\_\_\_\_\_ Location & acknowledgement of the Health & Safety Manual, Disaster Manual, Workplace Violence Manual and Transportation Manual (if applicable);

\_\_\_\_\_ Proper procedures for reporting employee on-the-job injuries / incidents (including emergency and non-emergency) -completion of the incident reporting form, providing pictures and incident investigation;

\_\_\_\_\_ Proper procedures for reporting third party liability injuries / incidents (customer, visitor, donor, property damage, vandalism, etc.) - completion of the incident reporting form & providing pictures;

\_\_\_\_\_ Job specific safety rules: Personal Protective Equipment, Proper Lifting, Universal Precautions (Bloodborne Pathogens), Lockout/Tagout, Material Safety Data Sheets, Vehicle Passenger Restraints;

\_\_\_\_\_ Procedures for fire evacuation, operation of fire extinguishers and smoking regulations;

\_\_\_\_\_ Location and use of the Material Safety Data Sheets, First Aid Kits, Biohazard Kits;

\_\_\_\_\_ Emergency procedures; evacuation routes, emergency exits, fire drills, tornado drills, bomb threats, medical and aggressive behavior drills, armed robbery, and workplace violence;

\_\_\_\_\_ I will follow the proper chain of command and procedures to report safety hazards and emergencies.

\_\_\_\_\_ I will wear the appropriate apparel based on my specific job duties, i.e. completely closed toe / heel shoes, non-skid soles, (no backless)

\_\_\_\_\_ I will not remove or bypass any guards on any machinery at any time.

\_\_\_\_\_ I understand and have reviewed as part of the Florida Right-To-Know law - I must know where MSDS sheets are kept for my location, safe work procedures and precautions when working with products listed on the MSDS, including the use of protective equipment and/or apparel.

\_\_\_\_\_ I understand that according to the rules and regulations of the State of Florida Workers' Compensation Law, my compensation benefits could be reduced or denied for any injury for failure to wear / use provided safety devices and comply with the above policy and procedures. Examples: Lumbar backbelts, Goggles, Gloves (latex & industrial), Vehicle seat belts, Lift gates, & Hand trucks.

I understand the information initialed above and will abide by all policy and procedures for my own benefit, as well as the benefit of my co-workers and Gulfstream Goodwill Industries, Inc.

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

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



# RECEIPT OF COMPANY PROPERTY

**Gulfstream Goodwill Industries, Inc.**  
 1715 Tiffany Drive East  
 West Palm Beach, Florida 33407-3277

Employee Name:	Supervisor's Name:
----------------	--------------------

Item	Check One		Serial Number	Date Received Or Returned	Employee Signature	Agency Rep Issuing/Receiving Printed Name & Signature
	Receive	Return				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

**The cost of uniforms, lifting belts and other tangible supplies furnished by Gulfstream Goodwill will be deducted from your final paycheck if not returned.**





## Authorization Agreement for Direct Deposit

**Gulfstream Goodwill Industries, Inc.**

1715 Tiffany Drive East

West Palm Beach, FL 33407

(561) 848-7200 / Fax: 848-1475

### Authorization Agreement for Direct Deposit (ACH Credits)

*Please print clearly.*

Name \_\_\_\_\_ Dept. \_\_\_\_\_

I hereby authorize Gulfstream Goodwill Industries, Inc., hereinafter referred to as Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my:

\_\_\_\_\_ Checking account (**attach a voided check**)

\_\_\_\_\_ Savings account (**attach a voided deposit slip**)

indicated below and the depository named below, hereinafter referred to as Financial Institution, to credit and/or debit the same to such account.

Financial institution \_\_\_\_\_

Branch (if applicable) \_\_\_\_\_

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

Transit/ABA# \_\_\_\_\_ Account# \_\_\_\_\_

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such manner as to afford Company and Financial Institution a reasonable opportunity to act on my notification.

Employee signature

Date

**CONFIDENTIAL APPLICATION**

**USA PATRIOT Act - Section 326 Customer Notice**

To help fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

Application cannot be processed if fields in **BOLD** are not completed.

**Non-Resident Alien**

In addition to the completion of the *Wachovia At Work* Account Application, the following items are necessary prior to account opening:

- Copies of all pages of a valid, unexpired passport OR  Copies of a valid unexpired Visa
- Completed W-8 Form  Identification Card or Drivers License
- Completed Customer Profile Form for Non-Resident Aliens  Copy of existing bank recommendation (This is due within 10 days of account opening.)

COMPANY NAME				COMPANY ID			
NAME (First, Middle Initial, Last)			DATE OF BIRTH (MM/DD/YYYY) / /		SOCIAL SECURITY NUMBER/T-I-N / / / / / / / /		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMPLOYER		OCCUPATION (REQUIRED FOR RESIDENT AND NON-RESIDENT ALIENS)			INCOME RANGE (REQUIRED FOR NON-RESIDENT ALIENS)		
DRIVERS LICENSE OR PASSPORT IDENTIFICATION #		COUNTRY OR STATE OF ISSUANCE		ISSUE DATE/EXPIRATION DATE (MM/DD/YYYY)		SECONDARY IDENTIFICATION	
PHYSICAL ADDRESS (NO PO BOXES) FOREIGN ADDRESS REQUIRED FOR NON-RESIDENT ALIENS				CITY		STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL RESIDENCE)				CITY		STATE	ZIP CODE
(AREA CODE) HOME PHONE		(AREA CODE) WORK PHONE		(AREA CODE) CELL PHONE		HOW MANY YEARS AT THE ABOVE ADDRESS?	
PREVIOUS ADDRESS			CITY		STATE	ZIP CODE	COUNTRY OF PERMANENT ADDRESS
E-MAIL ADDRESS (Required for ONLINE BANKING and Billpay)		FREE ACCESS TO ONLINE BANKING <input type="checkbox"/> YES <input type="checkbox"/> NO		FREE ONLINE BILLPAY <input type="checkbox"/> YES <input type="checkbox"/> NO		FREE ONLINE STATEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU A HOMEOWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU WANT TO RECEIVE ONLINE STATEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU CHANGED JOBS IN THE PAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PLEASE LET US KNOW THE PRODUCTS AND SERVICES YOU WOULD LIKE TO LEARN MORE ABOUT: (CHECK YOUR SELECTION)

SAVINGS   
  CD's   
  IRAs   
  LOANS<sup>1</sup>   
  LINES OF CREDIT<sup>1</sup>   
  MORTGAGE<sup>1,2</sup>   
  INVESTMENTS<sup>3,\*</sup>   
  CREDIT CARD

RETIREMENT PLANNING<sup>3,\*</sup>   
 DIRECT DEPOSIT   
 INVESTMENT PLANNING<sup>3,\*</sup>   
 OTHER \_\_\_\_\_

<sup>1</sup>THIS IS NOT AN APPLICATION FOR CREDIT

<sup>2</sup>MORTGAGE PRODUCTS ARE AVAILABLE THROUGH WELLS FARGO HOME MORTGAGE, A DIVISION OF WELLS FARGO BANK, N.A.

<sup>3</sup>WELLS FARGO ADVISORS, LLC, MEMBER SIPC, IS A REGISTERED BROKER-DEALER AND A SEPARATE NON-BANK AFFILIATE OF WELLS FARGO & COMPANY.

\*INVESTMENT PRODUCTS: - ARE NOT INSURED BY THE FDIC OR ANY OTHER FEDERAL GOVERNMENTAL AGENCY - ARE NOT DEPOSITS OF OR GUARANTEED BY THE BANK OR ANY BANK AFFILIATE - MAY LOSE VALUE

**IF JOINT APPLICATION, PLEASE COMPLETE THE FOLLOWING**

NAME (First, Middle Initial, Last)			DATE OF BIRTH (MM/DD/YYYY) / /		SOCIAL SECURITY NUMBER/T-I-N / / / / / / / /		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DRIVERS LICENSE OR PASSPORT IDENTIFICATION #		COUNTRY OR STATE OF ISSUANCE		ISSUE DATE/EXPIRATION DATE (MM/DD/YYYY)		SECONDARY IDENTIFICATION
EMPLOYER			(AREA CODE) WORK PHONE		(AREA CODE) CELL PHONE		
PHYSICAL ADDRESS (NO PO BOXES) FOREIGN ADDRESS REQUIRED FOR NON-RESIDENT ALIENS				CITY		STATE	ZIP CODE
PREVIOUS ADDRESS				CITY		STATE	ZIP CODE
E-MAIL ADDRESS (Required for Online Banking and Billpay)					HAVE YOU CHANGED JOBS IN THE PAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**CHECKING/SAVINGS ACCOUNT**

<b>WACHOVIA ACCOUNTS YOU WISH TO OPEN (CHECK YOUR SELECTIONS)</b>						<b>CHECKS</b>	
<input type="checkbox"/> WACHOVIA AT WORK REGULAR CHECKING	<input type="checkbox"/> PREMIUM SAVINGS	<input type="checkbox"/> CHECK CARD				<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> WACHOVIA AT WORK CROWN ACCESS BANKING®	<input type="checkbox"/> HIGH PERFORMANCE MONEY MARKET	<input type="checkbox"/> DIRECT DEPOSIT				DUPLICATE CHECKS	
<input type="checkbox"/> CROWN BANKING®	<input type="checkbox"/> WAY2SAVE®	<input type="checkbox"/> SAFE DEPOSIT BOX				<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> CROWN CLASSIC BANKING®	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> ONLINE STATEMENTS					

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT SUBJECT TO APPROVAL. PLEASE SIGN ABOVE, ALLOWING WACHOVIA TO PERFORM CHEXSYSTEMS AND CREDIT VERIFICATIONS. IF YOU HAVE FAXED YOUR APPLICATION, ALONG WITH A COPY OF YOUR PHOTO ID, UPON APPROVAL, WACHOVIA WILL CALL YOU AT THE NUMBER NOTED ABOVE WITHIN TWO BUSINESS DAYS.

COMMENTS: \_\_\_\_\_

<b>FOR INTERNAL PURPOSES ONLY:</b> WACHOVIA EMPLOYEE NAME PREPARING APPLICATION: _____		MAIL CODE: _____
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[Empty box for CAA Number]

To help fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

This Agreement (Signature Card) is designed to eliminate most subsequent signature cards and authorizations when opening future accounts. Your signature on this Agreement will give you the convenience of banking anywhere and anytime over the phone.

This Agreement, both now and as it may be amended from time to time by Wachovia, is applicable to any deposit account that you open with Wachovia Bank or Wachovia Bank of Delaware (each and collectively "Wachovia") either now or in the future for yourself or jointly with another person or authorized signer. I understand this agreement does not apply to accounts on which my name may appear and I am not the authorized signer. However, if you open an account on behalf of another person (for example, if you open an account as custodian, guardian, trustee), you will need to complete a separate Agreement for that account. If you have any questions, please call a Wachovia Specialist toll-free at 1-800-WACHOVIA (800-922-4684).

Instructions:

By signing this Agreement, I authorize Wachovia with which I open an account now or in the future to accept and act upon instructions from me to do the following:

- to open deposit accounts with Wachovia;
to transfer all or any portion of the balance of my accounts (including credit accounts);
to close deposit accounts, process changes of account information or otherwise service any of my Wachovia accounts;
to obtain related services offered by Wachovia.

As used in this Agreement, the terms "products", "services" and "accounts" include various deposit products, services and accounts made available to you by Wachovia.

If more than one person is named in the title for any account, such account will be considered a joint account. Instructions which affect any of my joint accounts may be given by any joint account owner. References to me in this Instructions section shall also refer to the joint account holder(s).

I may give instructions orally or in writing, in person, by mail, messenger, telephone, facsimile, computer terminal, wire service, automated teller machine, or by any other reasonable method. Wachovia may accept and act upon such instructions which do not contain my signature with the same effect as if such instructions were signed by me. However, I acknowledge that Wachovia may, at its option, require my original signature or any other documentation before accepting and acting upon any instructions. Your signature on this Agreement authorizes Wachovia to honor verbal stop payment orders up to six (6) months. To extend stop payment orders, Wachovia must receive a verbal order for such extension before the expiration of this six month period. I authorize Wachovia to record and monitor any telephone calls for various purposes, including to ensure accuracy, to provide a record of such conversations and to improve the quality of service to me.

I agree to follow such security procedures as Wachovia may require. The security procedure agreed upon for verifying the authenticity of instructions which are not delivered in person by me for any purpose (including, but not limited to, the wire transfer of money from any of my accounts) is one or more of the following at the option of Wachovia: (1) delivery of a personal identification code by me or a person purporting to be me, (2) a callback, (3) a recitation by me or a person purporting to be me of one or more items of my personal information which Wachovia has in its records about me, or (4) voice recognition of me combined with the use of certain probing questions. The telephone number(s) to which callbacks shall be made shall be any telephone number(s) Wachovia may have for me in its records or any telephone number assigned to me by a telephone service provider. I agree that this security procedure constitutes a commercially reasonable method of providing security against unauthorized instructions. I agree to maintain the confidentiality of any personal identification code and will prevent the unauthorized dissemination of such code.

I agree to indemnify and hold Wachovia harmless from any losses, damages, suits and expenses, of whatever kind, including any reasonable attorneys' fees, that Wachovia may incur as a result of relying upon instructions from me, or anyone purporting to be me, provided that Wachovia has complied with the applicable security procedures.

I acknowledge receipt of the Wachovia rules and regulations governing money transfer requests and agree to be bound by its terms as may be amended from time to time.

Acceptance of Terms and Conditions:

I agree to be bound by the terms and conditions including, but not limited to Wachovia's Deposit Agreement and Disclosures, applicable to each product or service which I obtain from Wachovia now or in the future, which terms and conditions will be provided to me. I also agree to pay all fees associated with such products, accounts and services in accordance with the fee schedules which will be provided to me by Wachovia.

[ ] By checking this box I am requesting issuance of an ATM Card or CheckCard.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

[Empty boxes for signature and date]

Customer Signature (above line) Only one signature per agreement Date

Print Name

Address

If you are claiming Foreign Exemption Status, the appropriate W-8 Foreign Certification Form must be completed for each account owner.

RIGHT OF SURVIVORSHIP (NC and TN ACCOUNTS ONLY):

I understand that by signing below and establishing a joint account under the provisions of: North Carolina General Statute 53-146.1 and Tennessee Code 45-2-703 that:

- 1. Wachovia may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the bank that withdrawals require more than one signature; and
2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.
I DO elect to create the Right of Survivorship for any joint account.

Signature [Empty box]

SUBSTITUTE FORM W9 SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER CERTIFICATION (Not applicable for Non-Resident Aliens):

(The Social Security Number or Employer Identification Number should match the first name listed on the account and will be used for tax reporting purposes.)

I. Social Security Number or Employer Identification Number:

II. If exempt from backup withholding check this box: [ ] EXEMPT

III. Certification - Under penalties of perjury, I certify that:

- 1. The number set forth above is my correct social security number or employer identification number (or I have applied for and I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. citizen or other U.S. person.

Certification Instructions - You must cross out item 2. above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.



## Employment Reference

**Gulfstream Goodwill Industries, Inc.**

1715 Tiffany Drive East

West Palm Beach, FL 33407

(561) 848-7200 / Fax: 848-1475

*The applicant has applied for a position with our organization and has listed you as a reference. This reference form will be included in this applicant's file. Your prompt reply is appreciated. Return the form to the applicant.*

### **SECTION I: Applicant completes (Please PRINT).**

Applicant's Name \_\_\_\_\_

I authorize you to provide Gulfstream Goodwill Industries, Inc., with information regarding my suitability for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **SECTION II: Reference completes (Please PRINT).**

Reference Full Name \_\_\_\_\_

Reference Address \_\_\_\_\_

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

Day Time Phone Number: \_\_\_\_\_

I have known the applicant:  As an employee  Co-worker  Personally  Volunteer  Student

Company/School Name \_\_\_\_\_

Date of employment or length time you have known the applicant.

From \_\_\_\_\_ To \_\_\_\_\_

Position or job title of the applicant when employed: \_\_\_\_\_

Would you consider hiring (rehiring) the applicant?  Yes  No

Your position or title: \_\_\_\_\_

Evaluate the applicant by checking (√) as many items as your knowledge will justify.

	Excellent	Good	Average	Below Avg	Unacceptable	N/A
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language & Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy & Punctuality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-Making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Vision & Mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership						

Additional Comments About Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date



## Employment Reference

**Gulfstream Goodwill Industries, Inc.**

1715 Tiffany Drive East

West Palm Beach, FL 33407

(561) 848-7200 / Fax: 848-1475

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### **SECTION I: Applicant completes (Please PRINT).**

Applicant's Name \_\_\_\_\_

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **SECTION II: Reference completes (Please PRINT).**

Reference Full Name \_\_\_\_\_

Reference Address \_\_\_\_\_

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

Day Time Phone Number: \_\_\_\_\_

I have known the applicant:  As an employee  Co-worker  Personally  Volunteer  Student

Company/School Name \_\_\_\_\_

Date of employment or length time you have known the applicant.

From \_\_\_\_\_ To \_\_\_\_\_

Position or job title of the applicant when employed: \_\_\_\_\_

Would you consider hiring (rehiring) the applicant?  Yes  No

Your position or title: \_\_\_\_\_

Evaluate the applicant by checking (√) as many items as your knowledge will justify.

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General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language & Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Accept Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy & Punctuality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-Making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Vision & Mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership						

Additional Comments About Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date





# Worker's Compensation (WC) Form

**Gulfstream Goodwill Industries, Inc.**

1715 Tiffany Drive East

West Palm Beach, FL 33407

(561) 848-7200 / Fax: 848-1475

Location # \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Print Name \_\_\_\_\_

Maiden/Former Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Have you ever been injured at work and/or ever had a claim filed with Worker's Compensation?  Yes  No

If yes, please give a detailed description (type of injury, name of employer, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The confidential information contained here is true and complete. I understand that supplying inaccurate or incomplete information will result in immediate termination. An investigative report will be made.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_