



704 Old Underwood Rd., Suite C
 La Porte, TX 77571
 Main: 281-478-5800
 Fax: 281-478-5004

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPURTUNITY LAWS. QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD FOR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.

Date	Last Name	First Name:	M.I.
Social Security Number		Date Of Birth	
Home Phone ()	Cell Phone ()	Position Applying For	
Emergency Contact	Phone ()	Relationship	

LIST ALL ADDRESSES FOR THE PAST THREE (3) YEARS

Current Address
(Street) (City/State/Zip)
Previous Address
(Street) (City/State/Zip)
Previous Address
(Street) (City/State/Zip)
Previous Address
(Street) (City/State/Zip)

1) Do you have the legal right to work in the United States? Circle One: YES NO	2) Are you over 18 years old? Circle One: YES NO	3) Are you currently employed? Circle One: YES NO	4) How long since you left your last employer?
5) Reason for leaving your last employer?	6) How did you hear about our company?	7) Rate of pay expected?	
8) Have you ever worked for this company before? If yes, then answer questions 9-13	9) If yes then where?	10) When? From: To:	11) Position held at Evergreen Industrial Services?
12) Rate of pay for number 11.	13) Reason for leaving Evergreen?		
14) Is there any reason that you might be unable to perform the functions of the job for which you applied? If yes, then answer number 15.	15) If yes, then explain.		



704 Old Underwood Rd., Suite C
 La Porte, TX 77571
 Main: 281-478-5800
 Fax: 281-478-5004

LIST PREVIOUS EMPLOYERS OF LAST THREE YEARS

PREVIOUS EMPLOYER	CONTACT NAME	DATES EMPLOYED From: To:	PHONE ()
POSITION HELD:	DESCRIPTION OF POSITION HELD:		SALARY/WAGE:
ADDRESS	CITY	STATE	ZIP
PREVIOUS EMPLOYER	CONTACT NAME	DATES EMPLOYED From: To:	PHONE ()
POSITION HELD:	DESCRIPTION OF POSITION HELD:		SALARY/WAGE:
ADDRESS	CITY	STATE	ZIP
PREVIOUS EMPLOYER	CONTACT NAME	DATES EMPLOYED From: To:	PHONE ()
POSITION HELD:	DESCRIPTION OF POSITION HELD:		SALARY/WAGE:
ADDRESS	CITY	STATE	ZIP

LIST 3 REFERENCES

NAME	PHONE ()	RELATION (FRIEND OR FAMILY)
NAME	PHONE ()	RELATION (FRIEND OR FAMILY)
NAME	PHONE ()	RELATION (FRIEND OR FAMILY)

IF APPLYING AS A COMMERCIAL DRIVER, PLEASE COMPLETE THE DRIVER APPLICATION THAT FOLLOWS (FORM A)

EDUCATION

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?

GRADE SCHOOL:	(Circle one) 1 2 3 4 5 6 7 8	HIGH SCHOOL:	(Circle one) 9 10 11 12
COLLEGE:	(School Name & Yrs/Degree Earned)	TRADE SCHOOL:	(School Name & Yrs/Trade Mastered)
OTHER: (Explain)	(Last School Attended)		

SPECIAL SKILLS

LIST ANY OTHER SKILLS AND/OR EXPERIENCE YOU HAVE THAT YOU BELIEVE WILL HELP YOU IN YOUR WORK FOR THIS COMPANY:



704 Old Underwood Rd., Suite C
 La Porte, TX 77571
 Main: 281-478-5800
 Fax: 281-478-5004

DRIVER APPLICATION (FORM A)

PLEASE PROVIDE 7 ADDITIONAL YEARS OF EMPLOYMENT HISTORY PRIOR TO THAT YOU HAVE ALREADY PROVIDED ON FORM 1-3. IN THE BOX MARKED DESCRIPTION- INCLUDE THE TYPE OF VEHICLE DRIVEN IF APPLICABLE.

PREVIOUS EMPLOYER	CONTACT NAME	DATES EMPLOYED From: To:	PHONE ()
POSITION HELD:	DESCRIPTION OF POSITION HELD:		SALARY/WAGE:
ADDRESS		CITY	STATE ZIP
PREVIOUS EMPLOYER	CONTACT NAME	DATES EMPLOYED From: To:	PHONE ()
POSITION HELD:	DESCRIPTION OF POSITION HELD:		SALARY/WAGE:
ADDRESS		CITY	STATE ZIP
PREVIOUS EMPLOYER	CONTACT NAME	DATES EMPLOYED From: To:	PHONE ()
POSITION HELD:	DESCRIPTION OF POSITION HELD:		SALARY/WAGE:
ADDRESS		CITY	STATE ZIP
PREVIOUS EMPLOYER	CONTACT NAME	DATES EMPLOYED From: To:	PHONE ()
POSITION HELD:	DESCRIPTION OF POSITION HELD:		SALARY/WAGE:
ADDRESS		CITY	STATE ZIP



704 Old Underwood Rd., Suite C
 La Porte, TX 77571
 Main: 281-478-5800
 Fax: 281-478-5004

DRIVER APPLICATION (CONTINUED)

Below, list all accidents, within the past three (3) years or more, beginning with the most recent.
 (Attach extra sheet if needed)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

A) Have you had any traffic convictions or forfeitures within the last three (3) years?
 (Circle one) YES NO

If yes, list them below starting with the most recent:

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS

DRIVER'S LICENSE(S)	STATE	CLASS (A, B, or C)	ENDORSEMENTS (If Class B or C)	LICENSE #	EXPIRATION DATE

B) Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
 (Circle one) YES NO

C) Has any license, permit, or privilege ever been suspended or revoked?
 (Circle one) YES NO

If you answered 'YES' to question B, C, or both B & C; explain below:



704 Old Underwood Rd., Suite C
La Porte, TX 77571
Main: 281-478-5800
Fax: 281-478-5004

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILOR				
TRACTOR - TWO TRAILERS				
MOTORCOACH/SCHOOL BUS				
OTHER				

LIST THE STATES YOU HAVE OPERATED IN:
LIST ANY SPECIAL COURSES YOU HAVE TAKEN TO IMPROVE YOUR DRIVING SKILLS:
IF YOU HAVE WON ANY SAFE DRIVING AWARDS, THEN LIST THEM BELOW:
LIST ANY OTHER EXPERIENCE YOU HAVE THAT MAY HELP YOU IN WORKING FOR THIS COMPANY:



704 Old Underwood Rd., Suite C
La Porte, TX 77571
Main: 281-478-5800
Fax: 281-478-5004

Fair Credit Reporting Act Disclosure Statement to Job Applicants

In accordance with provisions of sections 604(b)(2) of the Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1. of Public Law 104-208). You are being informed that a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure.

Applicant's Signature

Date

Applicant's Compliancy Statement:

I _____ certify that this application was completed by me. All information I've provided is true, accurate, and complete to the best of my knowledge. I authorize Evergreen Industrial Services to make investigations and inquiries of my personal, employment, financial, or medical history; as well as any other matters deemed necessary in arriving at my employment decision.

Generally, inquiries regarding medical history will be made if and after a conditional offer of employment has been extended. I hereby release all employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I also understand that I am to be compliant with all rules and policies of Evergreen Industrial Services.

Applicant's Signature

Date

Corporate Witness



704 Old Underwood Rd., Suite C
La Porte, TX 77571
Main: 281-478-5800
Fax: 281-478-5004

Letter to the Applicant

Thank you for applying with Evergreen Industrial Services. Evergreen Industrial Services is an industrial cleaning contractor specializing in hydroblast cleaning, vacuum services, and a variety of other applications that we have perfected over the years. We are an Equal Opportunity Employer, and we do not discriminate against any applicant for any statutory protected reason.

Due to the potentially hazardous nature of our business, we recommend that each applicant have two years of verifiable experience prior to their applying with Evergreen Industrial Services. Upon application, we will verify your experience level by contacting your previous employers that you have listed. Upon verification you will be contacted to participate in substance abuse testing in accordance with our Drug and Alcohol Policy. If your test results are positive, then you will not be hired and the process will cease. If your results are negative, then you will be scheduled for a second interview and training.

Statement Regarding Discriminatory Actions:

If at any time during the hiring process you feel as though you have been illegally discriminated against, you have recourse. Please complete this form at the bottom, and mail or fax it to us as instructed. Also, if during your employment, you feel as though you have been treated unfairly or been illegally discriminated against in any way, ask for this form. Once you have completed the form, then fax or mail it as instructed.

If you understand the terms and instructions of this document, please sign:

Applicant's Signature

Date

If you do not understand the terms and instructions of this document, then direct all question to the Human Resources Department.

Mailing Address:

Evergreen Industrial Services
Attn: Human Resources
P.O. Box 2078
Deer Park, TX 77536

Fax: (281) 478-5004
Attn: Human Resources



704 Old Underwood Rd., Suite C
 La Porte, TX 77571
 Main: 281-478-5800
 Fax: 281-478-5004

Substance Testing Consent Form

Evergreen Industrial Services has a policy of prohibiting the use, possession, distribution, or sale of intoxicants, illegal and unauthorized drugs, narcotics, “look-alike” drugs, and drug paraphernalia while at work and/or on Evergreen premises or customer property. In order to ensure compliance with Evergreen’s prohibition concerning the substances listed herein, employees are required as a prerequisite to employment and a condition of continued employment to cooperate in alcohol and drug urinalysis, hair follicle, and blood testing procedures.

Reasons for testing would include:

- Pre-Employment
- Post-Accident
- Near Miss Incidents (Defined as an incident occurring, but no one suffering any harm)
- Reasonable Cause
- Random Testing

In accordance with this policy, I understand that any employee refusing to submit to such a test as stipulated by this policy will be subject to disciplinary action up to, and including, termination. In the event such a test should reveal any detectable amount of any drug, intoxicant, narcotic, or other substance as outlined in this policy, the individual will be subject to disciplinary up to, and including, termination.

My signature below acknowledges that I have been provided a copy of Evergreen’s Drug and Alcohol Policy. My signature also confirms that I have read the foregoing statement and agree to abide by it in full as a condition of my employment.

My signature below also constitutes my consent to give urine, saliva, hair and/or blood samples when requested to be used for the purpose of drug and/or alcohol analysis. I agree by submitting to this test, and I authorize the testing agency to provide the results of my test to Evergreen Industrial Services. Evergreen Industrial Services is further authorized to release the results of my test to any Evergreen customer who may require evidence that I am in compliance with this drug/alcohol testing policy. I further agree to hold Evergreen Industrial Services, its agents, directors, officers and employees harmless from any and all liability in connection with the testing and release of information for drug and/or alcohol content.

Employee Signature

Printed Name of Employee

Social Security Number

Date



704 Old Underwood Rd., Suite C
La Porte, TX 77571
Main: 281-478-5800
Fax: 281-478-5004

Evergreen Industrial Services- Criminal History Disclosure

Name: _____

SSN: _____

Date: _____

Evergreen Industrial Services has customers who require criminal background screens and verifications. If you are willing to comply with this requirement, please sign below and complete the following questions below.

Applicant's Signature

1.) Are you currently serving on probation or parole? (Circle one) Yes No

If you circled "Yes", please explain below: (Include County and duration)

2.) List any felony convictions for the past seven years: (Include State and County where they occurred)

3.) List any misdemeanor convictions, including DWI or DUID, for the past 4 years and the County and State where they occurred: (You may omit minor traffic offenses)



704 Old Underwood Rd., Suite C
 La Porte, TX 77571
 Main: 281-478-5800
 Fax: 281-478-5004

Release Authorization Form

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATE FROM PERSONNEL RECORDS.

Applicants Complete the Following:

I. In connection with my application for employment, I understand that a consumer report or an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box. The report(s) will be sent by the reporting agency to you at the address below.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contracted by Evergreen Industrial Services or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for any of the above mentioned information or reports.

Please print all information below:

Last Name	First Name	Middle Name	
List other names you have used if any:			
Home Address	City	State	Zip
Social Security Number		Date of Birth	
Driver's License Number	State Issued	Name as it appears on License	

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female **Race:** Asian Black Hispanic White Other

If Required, Notarize Here: (When using an embossed seal, please shade with pencil before faxing)	Subscribed and sworn before me:	
	Name	Date
	Notary Public	
My Commission Expires		



704 Old Underwood Rd., Suite C
La Porte, TX 77571
Main: 281-478-5800
Fax: 281-478-5004

Explanation of Orientation Policy

Evergreen Industrial Services will not pay new trainees for their time while in orientation training. The company will cover the orientation costs, but not the wages for their time in attendance. Once an employee has been an active employee of Evergreen Industrial Services for a full year; then all time spent attending orientation training following that first year will be paid by Evergreen Industrial Services. Although, no travel time to or from training will be paid by Evergreen Industrial Services. If any employee fails a class, then they will not be paid for their time attending the classes.

I have read the terms above, and understand that I am responsible for knowing the information preceding this statement.

Applicant's Signature

Date



704 Old Underwood Rd., Suite C
La Porte, TX 77571
Main: 281-478-5800
Fax: 281-478-5004

WAGE OVERPAYMENT/UNDERPAYMENT POLICY

Evergreen Environmental Services, L.L.C. (dba Evergreen Industrial Services), takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled paydays.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the Payroll Manager so that corrections can be made as quickly as possible. If the employee has been underpaid, the Company will pay the employee the difference as soon as possible. If the employee has been paid in excess of what he or she has earned, the employee will need to return the overpayment to the Company as soon as possible. No employee is entitled to retain any pay in excess of the amount he or she has earned according to the agreed-upon rate of pay. If a wage overpayment occurs, the overpayment will be regarded as an advance of future wages payable and will be deducted in whole or in part from the next available paycheck. Each employee will be expected to sign a wage deduction authorization agreement authorizing such a deduction.

I understand this policy and agree to its terms.

Employee Signature

Date

Employee Name (Printed)

Evergreen Representative

Date

WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, Evergreen Environmental Services, L.L.C. (dba Evergreen Industrial Services), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the Company's group medical/dental plan;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
3. Installment payments on loans, store credit, or wage advances given to me by the Company, including the value of merchandise that I purchased or have purchased on my employee charge account, and if there is a balance remaining when I leave the Company, the balance of such loans, store credit, or advances;
4. If I receive an overpayment of wages for any reason, repayment of such overpayments to the Company (I agree that any overpayment of wages is an advance of future wages payable to me and that my employer may deduct all or any part of such an overpayment from any future paychecks that I may earn until the balance of the overpayment is reduced to zero);
5. The cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work related access to the Internet or other computer networks by me using Company equipment or Company accounts;
6. The cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment;
7. The cost of Company uniforms and of cleaning the uniforms;
8. The reasonable cost or fair value, whichever is less, of means, lodging, and other facilities furnished to me by the Company in connection with my employment;
9. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
10. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
11. The value of any time off for absences to which paid leave is not applied (non-exempt salaried employees will have all such unpaid leave, deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day at a time); and
12. If my employer pays an insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.

 Employee Signature _____
Date

 Employee Name (Printed)

 Evergreen Representative _____
Date



704 Old Underwood Rd., Suite C
La Porte, TX 77571
Main: 281-478-5800
Fax: 281-478-5004

ISSUED EQUIPMENT AND UNIFORM AGEEMENT

I _____ authorize Evergreen Industrial Services to deduct \$25.00 a week from my first 8 paychecks in order to cover the amount of deposit for my Evergreen issued equipment.

I understand that the **\$200.00** deducted for this purpose will be refunded by Evergreen provided that all equipment is returned and accounting issues are resolved.

I also understand that if I fail to return the issued equipment within two (2) weeks after the date that I leave the company, then my deposit will not be refunded.

Name (Printed)

Signature

Social Security Number

Date

Supervisor/Administrator



704 Old Underwood Rd., Suite C
La Porte, TX 77571
Main: 281-478-5800
Fax: 281-478-5004

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

- 1) I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
- 2) I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
- 3) The insurance carrier will pay the treating doctor and other network providers.
- 4) I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
- 5) Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

Signature

Date

Printed Name

I live at:

Street Address

City State Zip Code

Name of Employer: _____

Name of Network: *Texas Star Network*[®]

**Network service areas are subject to change.
Call (800) 381-8067 if you need a network treating provider.**

Please indicate whether this is the:

- Initial Employee Notification
- Injury Notification (Date of Injury: ____/____/____)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL
INSURANCE COMPANY UNLESS REQUESTED**

Form I-9 CNMI, Employment Eligibility Verification

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

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 <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
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 <i>(month/day/year)</i>
----------------------	------------------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

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

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 <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

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 <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>
Evergreen Industrial Services, LLC 704 Old Underwood Rd., Ste C La Porte, TX 77571		

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

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
------------------------------------	--

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 <i>(if any)</i> : _____
-----------------------	-------------------	---

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 <i>(month/day/year)</i>
--	------------------------------

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		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
	5. U.S. Military card or draft record		
	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)

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>
<p>For accuracy, complete all worksheets that apply. {</p> <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)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2012 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	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
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.



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Social Security #: _____

Bank Account Information

Bank Name: _____

Acct. Type: _____

Routing #: _____

Account #: _____

Amount: _____

Additional Bank Account Information

If you would like to have more than one account to be deposited to, please fill out your additional bank information below. You may only have two direct deposit accounts at one time. If you are using more than one bank account, please use a flat dollar amount for one account and a 100% for the other account (which would be the remainder of your paycheck).

Bank Name: _____

Acct. Type: _____

Routing #: _____

Account #: _____

Amount: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

(Required)