



## Employee Information Form

Hire Date	SSN	DOB	
Last Name	First Name	Middle Initial	
Street Address	Address 2 / Apt.		
City	State	Zip	
Home Phone	Cell Phone		
Email	Have you ever been a Employee of TBI before? <input type="checkbox"/> Yes <input type="checkbox"/> Yes		
Emergency Contact	Relationship		
Emergency Contact Phone	Are you authorized to work in the U.S? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: A form i-9 must be completed at start of employment		
<b>Voluntary Information: The following is voluntary and is being requested in accordance with federal regulations. IT will not be used when considering you for employment.</b>			
Racial or Ethnic Group	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Black / African American
	<input type="checkbox"/> American Indian Alaska	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Other
Military Service	<input type="checkbox"/> Pre-Vietnam Era	<input type="checkbox"/> Vietnam Era	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Post-Vietnam Era	<input type="checkbox"/> Disabled Vet	

1. Release of Medical Information: I hereby authorize TBI Services Group, and Client to request an obtain all records regarding worksite injury. This shall include, but not limited to doctor's reports, nurses notes, follow-up reports, medical bills, and test results. A fax or photocopy of this authorization shall be considered as effective and valid as the original.

2. Employee Authorization: I certify that the above information is true to the best of my knowledge.

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

**Email Form**

**Print Form**

**Education:** This information may or may not be considered depending on the job applied for.

Name of School (Last School First)	City/State	# Years Attended	Field of Study	Diploma / Degree

**Employment Record:** List your present and prior employers in chronological order with the present or last employer first. If self-employed, give firm name and provide business references.

<b>Employer:</b>		Supervisor:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Rate Starting: _____ Ending: _____	
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				
<b>Employer:</b>		Supervisor:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Rate Starting: _____ Ending: _____	
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				
<b>Employer:</b>		Supervisor:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Rate Starting: _____ Ending: _____	
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				
<b>Employer:</b>		Supervisor:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary Rate Starting: _____ Ending: _____	
Employer Address:		City/State:	Zip Code:	Telephone #:
From:	To:	Position Held:		Reason for leaving:
Work Performed:				



## New Hire Form

**To Be Completed By Employer**

<b>Employee Name</b>			
<b>Original Hire Date</b>		<b>Hourly Status</b> <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp	
<b>Pay Status</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary			
<b>Pay Frequency</b> <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly		<b>Avg. Hours Per Week</b>	
<b>Rate of Pay</b> \$ _____ per			
<b>States in which employee will work</b>		<b>Department</b>	
<b>Position</b>			
<b>Job Classification (choose one)</b>		<input type="checkbox"/> Executive	
<input type="checkbox"/> Professional		<input type="checkbox"/> Mid Level Mgr	
<input type="checkbox"/> Sales		<input type="checkbox"/> WC Code	
<input type="checkbox"/> Technician			
<input type="checkbox"/> Admin Support			
<input type="checkbox"/> Operator		<input type="checkbox"/> Laborer/Helper	
<input type="checkbox"/> Service Worker		<input type="checkbox"/> Worker	

**Please list any deductions (by pay period):**

Deduction Name	Amount	Deduction Name	Amount

**Notes: (list any other information required for this employee):**



## Employee Agreement

I, (employee name), acknowledge that I have been hired as an at-will leased/assigned employee of TBI Services Group (hereafter referred to as TBI ) which is a Professional Employer Organization (PEO) and agree to the following:

I understand and agree that I am employed in a co-employment relationship where the duties and responsibilities that are applicable to me are set forth in the Service Agreement entered between the client for whom I am working and TBI. I understand that there is no contract of employment between myself and TBI and that TBI has no liability with regards to any employment agreement between me and the client for whom I am working. I understand that either TBI or I can terminate this co-employment relationship at any time as I am an at-will employee.

I understand that TBI's client at all times ultimately remains obligated to pay me my regular hourly rate or pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee, in the case that TBI does not receive payment from the client for whom I am working for and for services which I have performed. I understand and agree that TBI does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick or other paid time off, or for any other payments where payment for such items has not been received by TBI from the client for whom I am working. However, TBI does assume this responsibility where such payment has been received from the client.

I recognize the fact that any work-related Injuries which might be sustained by me are covered by the state workers compensation statutes. To avoid the circumvention of such state statutes which may result from suits against the customers or clients of TBI or against TBI based upon the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of TBI or against TBI for damages based upon Injuries which are covered under such workers' compensation statutes. I also agree to comply with any and all drug testing policies which may be adopted and I specifically agree to post-accident drug testing in any situation where it is allowed by law.

I agree and understand that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, disability, color, age, national origin, ancestry, religion, veteran status, military status, union status, or in retaliation, or if I am subjected to any type of harassment, including sexual harassment, that I will immediately contact an appropriate person in the client company for whom I am working.

I understand and agree that TBI does not have actual control over my workplace and as such is not in any position to end or remediate any discrimination harassment or retaliation which may be occurring. The responsibility to end such inappropriate conduct will rest with the client company; however TBI may attempt to facilitate a resolution. I understand and agree that as an assigned employee of TBI that I am expressly prohibited from performing any work outside the state in which I am currently performing services ("the home state") for the client during my status as an assigned employee except as allowed pursuant to the workers' compensation policy. If I work outside the home state for the client, I understand that I may not be provided workers' compensation benefits through TBI or the applicable workers' compensation carrier.

I understand and agree that in the event I am terminated from the client for whom I am working that I am required as part of my co-employment with TBI, to notify a TBI representative within 48 hours of my termination.

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Employee Signature

Date

# Form W-4 (2015)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <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>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	
	For accuracy, complete all worksheets that apply. <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 are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</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>		

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

Form <b style="font-size: 2em;">W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>▶ <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. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2015</span>
<b>1</b> Your first name and middle initial <span style="float: right;">Last name</span>		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <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		<b>4</b> 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"/>
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> <input style="width: 50px;" type="text"/>
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ <input style="width: 50px;" type="text"/>
<b>7</b> I claim exemption from withholding for 2015, 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 . . . . . ▶		<b>7</b> <input style="width: 50px;" type="text"/>
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> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)
		<b>10</b> Employer identification number (EIN)

## Direct Deposit Authorization

FORM MUST BE SUBMITTED AT LEAST ONE BUSINESS DAY PRIOR TO PROCESSING DAY

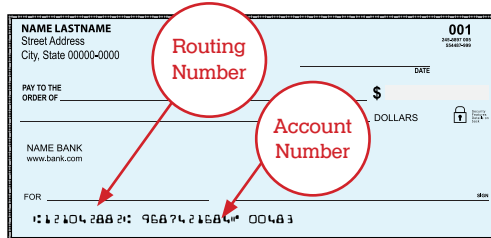
Employee Name: \_\_\_\_\_

### Employee Authorization and Acknowledgment of All Terms

- A voided check is required for all checking account deposits - **NO EXCEPTIONS**. Deposit slips do not contain the required information and cannot be submitted in lieu of a voided check.
- For savings accounts, please provide documentation from your bank containing ABA/Routing Number and Account Number.
- It takes at least one pay cycle for new direct deposits or changes to take effect.
- Should you change your banking branch, institution or account numbers, please notify your payroll department at least ten (10) days in advance so there is adequate time for change to take place.
- Errors or omissions on this form or any failure to notify TBI of changes in a timely manner may result in delay of your payroll funds being deposited. TBI will not reissue any unsuccessful direct deposit until the original transaction is returned to TBI by the originating bank. This process may take up to 5 days. TBI is not responsible for these delays and will not reimburse any fees the employee may incur as a result of outdated or inaccurate information provided by employee.

Please use this example to provide the information requested below.

Be sure to also attach a voided check for checking accounts.



I agree to these terms and authorize TBI to direct deposit my payroll check to the checking and/or savings account(s) listed below. In the event that funds are deposited into my account(s) in error, I authorize TBI to debit my account to correct the error.

Account Type Checking Savings	ABA Routing Number (9 Digit)	Account Number	Bank Name	For multiple accounts, specify the percentage or dollar amount to be deposited in each

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

## **Employee Handbook**

**TBI Services Group**

### **APPENDIX I – Employee Handbook Sign Off**

I have received the entire Employee Handbook and understand my responsibility to read the contents in its entirety. I agree to follow the official policies of the corporation to the best of my ability. I acknowledge that this handbook is a summary only of policies and the policies of the company can change without notice. Initial\_\_\_\_\_

I understand that TBI Services Group has a drug and alcohol free policy. With this in mind I understand that I may be asked to undergo a drug or alcohol screen on a random basis. I further agree that in the event of an accident that occurs while I am on the job, I may be asked to undergo a drug and/or alcohol screen. Initial\_\_\_\_\_

I authorize TBI Services Group to make investigative background inquiries in connection with my possible employment. I understand that these background inquiries may include, but may not be limited to, consumer, criminal, driving, education and other reports, and may include information regarding my character, work habits, performance, and experience, including reasons for termination. I understand, further, that TBI Services Group may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, education and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any part or agency contacted by this employer to furnish the above-mentioned information.

SIGNED\_\_\_\_\_

DATE\_\_\_\_\_

WITNESSED\_\_\_\_\_

DATE\_\_\_\_\_

Revised 04/15