



To: All New Hire Employees

From: Carol Demers

Re: Instructions for Employment and Payroll Forms

Prior to starting your assignment and receiving your first paycheck, you must come in to Moore's office to complete the required employment forms and review the payroll procedure so that you can receive your paycheck without delay. If you did not supply two forms of ID (typically a driver's license and social security card) at your interview, make sure to bring those with you. If you would like to complete the forms in advance, copies are attached for you. Note the instructions below:

***W-4***

Complete bottom section

***I-9***

Complete top section

***DIRECT DEPOSIT***

Attach a copy of a voided check. Effective after 3 pay periods

***HIRD***

Required for all workers under Mass Health Care Reform. Please check "None Offered" for question 1, and "yes" or "no" for questions 2 and 3.

***TIME SHEET***

To submit hours worked for payment, complete and have signed by your supervisor and fax weekly by Monday 10:00. Please be sure to read carefully before submitting.

***Section 125 Election Forms***

Please complete one of the two Election forms based on your choice to participate or not participate in the plan. You will be eligible for the section 125 plan upon hire. The employee ID # is your social security number.

***NOTE:***

Please date all forms with your start date

# Moore Staffing

## Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability. "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability." (GLM 149:19B) Hired applicants are required as a condition of employment to submit documentation that establishes both identity and employment eligibility as mandated by the Immigration Reform Control Act of 1986. Hired applicants who fail to submit documentation as required will be ineligible for employment with this company.

Date:	Emergency Contact Name	Home Phone
Name(First) (Middle) (Last)	Relationship	Other Phone
#Street City State Zip	Are you over the age of eighteen? If no, hire is subject to verification of minimum legal age	
Phone Mobile Phone	How did you hear about Moore Staffing?	
E-mail Address		

### EDUCATION

	Name of School	City/State	Circle Year(s) Completed	Degree Received
High School			1 2 3 4	
Tech School			1 2 3 4	
College			1 2 3 4	

### EMPLOYMENT HISTORY AND/OR VOLUNTARY WORK (Most Recent First)

From	To	Company Name, City, State	Annual Salary	Job Title	Reason Left

I hereby authorize Moore Staffing to investigate all statements contained in this application. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I authorize you and all former employers, given by me as references, to answer all questions and to give all information in connection with this application or in any way concerning me. I understand that if accepted for employment, I will be working for you on your payroll, at your client's premises. I agree that I will obtain your permission before discussing permanent employment with your client. I agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request I shall submit to examinations by physicians of your selection. I will hold you harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application. I hereby acknowledge that my employment is at-will, that I may resign at any time and the company may terminate my employment at any time, with or without cause.

As a temporary employee of Moore Staffing, I understand I will be assigned to work for a specific period of time at Moore Staffing's client companies and that when any assignment ends, it is my responsibility to contact Moore Staffing to request reassignment. I agree to immediately notify you at the conclusion of each assignment or as soon as I become available. If I fail to give such notice, you may assume that I am not available for reassignment, and am not ready, willing and able to work. I understand that failure to contact Moore for reassignment before filing a claim for unemployment insurance benefits may result in the denial of those benefits.

I understand that any offer of employment is subject to my successful completion of Moore's hiring process, which could include employment reference checks, criminal record checks, drug tests and credit checks.

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

**By signing below I acknowledge that I have received a copy of Moore Staffing's Employee Guidelines as it pertains to my employment with them and their clients.**

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

# Work Related Reference Information

Moore Staffing requires applicants to submit three work related references from prior supervisors or managers. Please provide reference contact information below. Note - If you have the information we require on a separate document, please provide that document to Moore at the time of interview in lieu of completing this form.

Contact name & title	
Company where you worked for this person	Contact email
Contact phone	

Contact name & title	
Company where you worked for this person	Contact email
Contact phone	

Contact name & title	
Company where you worked for this person	Contact email
Contact phone	

# 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](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://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.)

<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>	<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. • 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 to seven eligible children or <b>less</b> "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 . . . . .	<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>
<p>For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span></p> <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 \$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>			

----- Separate 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. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 <b>Your first name and middle initial</b>	<b>Last name</b>	2 <b>Your social security number</b>
<b>Home address</b> (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.
<b>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.</b> ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> 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 <b>both</b> of the following conditions for exemption. • 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> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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.		
<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 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 . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<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 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<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 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 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 \$3,800 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 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 . . . . .	<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 - \$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.

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

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)

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

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

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

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

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

Signature of Employer or Authorized Representative	Print Name Michael Moore	Title President
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Moore Staffing, 184 Pleasant Valley St., Methuen, MA 01844		Date (month/day/year)

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

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

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

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

All documents must be unexpired

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

**LIST B**  
Documents that Establish  
Identity

**LIST C**  
Documents that Establish  
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	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. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	6. U.S. Citizen ID Card (Form I-197)
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
<b>For persons under age 18 who are unable to present a document listed above:</b>		
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	10. School record or report card	
	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)**

## 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.



## Employee Health Insurance Responsibility Disclosure Form

You are completing this form because you have declined to participate in your employer sponsored health insurance plan and/or have declined to participate in the employer's "Section 125 Cafeteria Plan" pre-tax purchasing arrangement. A Section 125 Plan is not health insurance; it is a way to purchase health insurance on a pre-tax basis. For information about affordable health insurance options, visit the Commonwealth Connector at < [www.mahealthconnector.org](http://www.mahealthconnector.org) >.

<b>Employer</b>	<i>Employers: please complete this section. See reverse side for instructions.</i>		
	<b>Employer Name:</b>	_____	<b>FEIN:</b> _____
	<b>Employer D/B/A:</b>	_____	
	<b>Employer Address:</b>	_____	
	<b>City   State   ZIP Code:</b>	_____	
	1. Did you offer a "Section 125 Cafeteria Plan" to this employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2. Did you offer employer sponsored health insurance to this employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	3. If you offered sponsored insurance to this employee, what is the dollar amount of the employee's portion of the monthly premium cost of the least expensive individual health plan offered by the employer to the employee? (If did not offer sponsored insurance, leave blank.)	\$ <input style="width: 100px;" type="text"/>	
<b>Employee</b>	<i>Employees: please complete this section. See reverse side for instructions.</i>		
	<b>Employee First Name</b>	_____	<b>Middle Initial</b>
		_____	_____
	<b>Employee Last Name</b>	_____	<b>Suffix (e.g., Sr., Jr.)</b>
		_____	_____
	1. Did you accept your employer sponsored health insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/> None Offered <input type="checkbox"/>
	2. Did you agree to use your employer's "Section 125 Cafeteria Plan" to purchase health insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/> None Offered <input type="checkbox"/>
	3. Do you have other health insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Employee Affidavit

I hereby affirm, under penalties of perjury, that all the information provided herein is true to the best of my knowledge. I also understand that if I do not have health insurance I may be responsible for the full costs of all medical treatment, that I may forfeit all or a portion of my Massachusetts personal tax exemption and be subject to other penalties pursuant to M.G.L c. 111M, that the Employee Health Insurance Responsibility Disclosure (HIRD) Form contains information that must be reported in my Massachusetts tax return, and that I am required to maintain a copy of the signed HIRD Form.

**Employee Signature**

**Date (MM/DD/YY)**

		/			/		
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# Election NOT to Participate

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For Moore Temporaries, Inc.  
Section 125 Premium Only Plan  
Plan Year April 1, 2012 through March 31, 2013

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

Employee Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I understand all the benefit options available under the Premium Only Plan.

I elect NOT to participate in the Premium Only Plan and instead to receive my full compensation in cash. You will receive the full amount of your salary or other compensation without reduction for benefits available, or any reduction on applicable employment tax costs.

I understand that:

- I cannot change or revoke any of my elections or this compensation redirection agreement at any time during the Plan Year (with the exception of the HSA) unless I have a “change in status” and the election change is consistent with the “change in status”, (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, change in my or my spouse’s employment status from full-time to part-time or from part-time to full-time, my spouse or I taking an unpaid leave of absence, a substantial change in my family’s health coverage due to a change in my spouse’s employer-sponsored health coverage, or such other events as the Plan Administrator determines will permit a change or revocation of an election).
- Prior to each Plan Year I will be offered the opportunity to change my benefit election for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my election to receive full cash compensation in effect for the new Plan Year.

By \_\_\_\_\_ Date \_\_\_\_\_  
Employee’s signature

Accepted and agreed to by the Employer’s Authorized Representative.

By \_\_\_\_\_ Date \_\_\_\_\_  
Administrator’s signature





**IMPORTANT PAYROLL INFORMATION**

**Please read carefully and note the cut-off times for submitting your hours for payment.**

- Payroll is processed by an outside payroll service. Checks are dated Friday, but Moore distributes them on Thursday for your convenience. **To receive your check on Thursday, hours must be submitted by 10:00 Monday morning.**
- You must call us after faxing for a confirmation number to verify that we received it.
- Please indicate on your time slip if you would prefer to pick up your check or have it mailed. **If no option is selected, your paycheck will be mailed.** They may be picked up after 12:00 p.m. on Thursday or any other day of the week between 8:00 and 5:00.
- To release your check, your time slip must be properly completed and signed by your supervisor. **Please don't forget to total the hours.** Otherwise, we will assume one hour for lunch each day and deduct accordingly. The total hours must be actual hours worked after deducting for lunch.
- Please remember to include the phone number where you can be reached on the assignment in the event we need to reach you for more information.
- If your check becomes lost in the mail, Moore will reissue you a new check after 10 business days from the day it was mailed.
- You can email your time slip each week to [carold@moorestaffing.com](mailto:carold@moorestaffing.com) and CC [dan@moorestaffing.com](mailto:dan@moorestaffing.com) and will receive back your confirmation number. Also, if you supply us with an email address where you can be reached on Monday mornings, we will send you a reminder if we are missing your time slip.
- **Fax number for time slips is 978-686-4397**

Mail Check  
 Hold Check  
**For Pick-Up**

Company Name: \_\_\_\_\_ Week Ending: \_\_\_\_\_  
 (SATURDAY DATE)

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (LAST) (FIRST)

Email: \_\_\_\_\_

HOURS	TOTAL	SUN	MON	TUES	WED	THURS	FRI	SAT
STRAIGHT								
OVERTIME								

I certify that the above hours are accurate and reflect the actual hours worked.

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

I am returning to this assignment next week  Yes  No

I am available for reassignment next week  Yes  No

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

Being duly authorized to act on behalf of the customer, the undersigned hereby agrees that the hours listed in this time slip are correct. The Customer understands that the services of MOORE are supplied at great expense to MOORE and that if the Customer decides to hire the employee named herein at any time during the assignment OR within 26 weeks from the completion of the assignment, the Customer may do so in accordance with MOORE'S standard Temporary-To-Hire Fee Schedule. Please contact MOORE for a copy of this fee schedule.

# Health Insurance Plan Guidelines

Moore Staffing offers a Premium Reimbursement Arrangement group medical plan to all of its qualified full-time employees. Reimbursement is for any Bronze level plan offered through the Commonwealth Connector .

Moore Staffing has also adopted a Premium Only Section 125 plan that allows all employees, including part-time and temporary (except those working less than 64 hours per month), to pay for their current medical premiums with pre-tax dollars whether or not they are eligible for or participate in the company sponsored group plan Eligibility for all employees to participate in the Section 125 Plan is effective upon date of hire.

For participation in Moore Temporary's premium reimbursement plan, the following will apply and are subject to change:

<b>Qualification</b>	Employees are eligible after 90 days of full time employment. Full-time is based on an average of at least 35 hours per week for 12 consecutive weeks.
<b>Enrollment</b>	Employees meeting qualification may enroll at any time during the 30 days following the initial qualification date. If an employee does not elect to enroll within the 30 day enrollment period, they will not be allowed to do so until the following open enrollment date for the plan which is currently April 1.
<b>Premiums</b>	Moore will reimburse 33% of the premium for single coverage in any Commonwealth Choice Bronze level plan* purchased directly by the employee upon receipt of copies of the premium payment. During the first open enrollment period after completing 24 months of continuous full time employment, employees will have the option to convert to Moore's Harvard Pilgrim plan or stay with the Connector plan. Moore Staffing will contribute 50% of a single premium in either plan. After 5 years of continuous full time service, Moore will pay 80% of single coverage. The employees share of premiums for the Harvard Pilgrim plan will be deducted from employee's paycheck weekly and Moore Staffing will purchase the coverage for the group.
<b>Change of status</b>	If an employee's hours reduce to less than 35 hours for 30 days, the employee will revert to part-time status and will no longer be eligible for the plan. Coverage is terminated on the date of employee's termination or 30 days after the final day of full-time status.
<b>Employee terminates</b>	Coverage is terminated on the date of the employee's termination and COBRA continuation will be available for the Harvard Pilgrim Plan subject to their regulations.

It is the responsibility of Moore Staffing Services to remit or reimburse premiums for employee's medical insurance only. Any questions relating to coverage, claims and billing must be directed to Harvard Pilgrim or Commonwealth Choice.

\* If an employee prefers to select coverage outside of Moore's offered plans, Moore will reimburse the equivalent of 33% any Commonwealth Choice Bronze Low options.

\*\*NOTE: If an employee chooses to cancel coverage, the employee must wait until the next open enrollment period in April to resume coverage. At that time, the employee must have worked 90 days of full time employment preceding the open enrollment and be working an average of at least 35 hours per week.

# **Moore Staffing Employee Self Service**

Moore employees access pay stubs and W-2s directly on line for increased security of their payroll information. There is no waiting or worrying about lost pay information in the mail.\* With 24x7 access from any computer, employees can obtain current or historical payroll data.

Employees will no longer be dependent on Moore Staffing for copies of pay stubs or W-2s. Now you can access that information at your convenience. With so many financial institutions requesting these important documents, it is essential that employees are able to conveniently access them. If you lose your W-2, a copy is just a click away!

Contact Moore Staffing to set up direct deposit if you have not already done so to avoid the hassle of check cashing and lost checks. You will get immediate access to your pay which is deposited for you into your checking or savings account.

## **Employee Updates**

The Employee Self Service portal allows employees to update address and contact information. It also allows employees to enter important medical information that may be necessary in case of emergency.

## **Enrollment**

After you start your assignment, please email [carold@moorestaffing.com](mailto:carold@moorestaffing.com) for instructions on setting up your payroll account. You should email your weekly time slips and any payroll questions to the same email address.

\*For employees who do not have direct deposit, you will still set up your Employee Service Account but receive live checks by mail. Moore Staffing has no control over checks lost in the mail and they will be replaced only after 10 business days. If a replacement is requested prior to 10 business days, a \$30 stop payment fee will be required.