



NEW HIRE PAPERWORK CHECKLIST

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

Employee Last Name _____ First Name _____

Hiring Supervisor _____ Date Submitted _____

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

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

Positions requiring MVR:

- Copy of Driver License
- Copy of Auto Insurance Card
- Copy of Vehicle Registration

Additional documents needed for Employees working with person with disabilities.

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

Human Resources Use Only:

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

Self-Identify Voluntary Invitation (POST OFFER)

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

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

YOUR COOPERATION IS VOLUNTARY

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT YOUR EMPLOYMENT

Please complete the following information. *Please print.*

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

Gender

Male
 Female

Veteran's Status – Check all that apply.

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

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

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

Yes No

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

GULFSTREAM GOODWILL INDUSTRIES - PERSONAL INFORMATION FORM (PIF)

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

SECTION A

1 Last Name: _____ First Name: _____

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

ALL GRAY AREAS FOR HR/PR USE ONLY

Tab # 1, Employee # _____

Tab # 5, Senior Staff: Yes No

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

2 Street Address: _____ Apt/Unit #: _____

2 City: _____ State: _____ Zip: _____ Residential County: _____

2 Home Tel #: _____ Cell #: _____ Email: _____

1 Driver License #: _____ Class: _____ State: _____ Expiration Date: _____

1 DOB: _____ Marital Status: _____ Gender: Male Female

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

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

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

2 Emergency Contact Name: _____ Emergency Contact Tel #: _____

3 Job Title: _____ Hire Date: _____ Hire Source: _____

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

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

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

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

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

3 Name of Employee's Immediate Supervisor: _____ Title: _____

3 Name of Employee's Secondary Supervisor: _____ Title: _____

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

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

Voluntary (Employee) Involuntary (Employer)

Last Day Worked: _____ Termination Date: _____

FOR HR / PR USE ONLY

Reason: _____

Pay PTO: Yes No

Stop Deductions: Yes No

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

SECTION D (Status Changes)

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

Pay Rate Changes Previous Rate: _____ New Rate: _____ Effective Date: _____

Deductions or Other From: _____ To: _____ Effective Date: _____

New Supervisor (PRINT): _____ New Location: _____

Supervisor Signature: _____ Date: _____

Dir / AVP / VP Signature: _____ Date: _____

HR/PR Use: WC Code: _____

HR Approval: _____ **Date:** _____ **PR Approval:** _____ **Date:** _____

Form W-4 (2012)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

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.

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 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 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 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.

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.

Paperwork Reduction Act

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

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

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

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

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

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

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

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

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

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

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

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

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

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	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)



CONDITIONAL OFFER OF EMPLOYMENT

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

Date: _____

Dear _____:

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

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

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

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

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

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

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

Sincerely,

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

Hiring Supervisor

Applicant Name

Date



ACKNOWLEDGEMENT/ACCEPTANCE OF TRAINEE POSITION

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

Date: _____

Dear _____:

Congratulations! This letter will confirm our offer to you (and your acceptance) of a "Trainee" position with Gulfstream Goodwill Industries, Inc. ("Gulfstream Goodwill") in the position of _____.

You will start work on _____ (date) at _____ (time) and your salary will be calculated at the rate of \$_____ per (week/hour/annual). You will be classified as a "Trainee" until you have met the necessary requirements/qualifications for the position (e.g. education, years of experience). Your current rate will be \$2000 less (annually) than the starting rate for this position. **Upon obtaining the necessary education and/or years of experience in order to satisfy the qualification requirements of this position, you will immediately receive \$2000 to your rate of pay at that time.**

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

Gulfstream Goodwill and I are delighted to have you accept this offer and I look forward to working with you.

Sincerely,

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

Hiring Supervisor

Applicant Name **Date**



JOB DESCRIPTION ACKNOWLEDGEMENT FORM

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

JOB DESCRIPTION ACKNOWLEDGEMENT FORM

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

Position: _____

Revision Date: _____

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

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

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

Employee's Signature

Date

Employee's Name (please print)

EMERGENCY CONTACT FORM



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

Employee Name: _____

Date: _____

1st Contact Person

Name: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

2nd Contact Person

Name: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____



SAFETY ORIENTATION CHECKLIST

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

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

Please read and initial each item and sign below.

_____ I understand the importance of employee involvement in the Safety Program

I am responsible for familiarizing myself with the:

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

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

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

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

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

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

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

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

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

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

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

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

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

Employee
Signature: _____

Date: _____



RECEIPT OF COMPANY PROPERTY

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

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

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

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



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

403(b) THRIFT PLAN CONTRIBUTION ELECTION FORM

 EMPLOYEE NAME

 SOCIAL SECURITY NUMBER

The 403(b) Thrift Plan has been explained to me and I have been given a summary plan description. I understand that I may voluntarily choose to have my pay reduced for contributions to the plan.

ELECTION TO CONTRIBUTE

I elect to designate my contribution as Traditional Pre-tax Contributions and/or Designated Roth Contributions (after-tax contributions) as follows:

_____ % per pay period: Traditional Pre-tax Contributions

_____ % per pay period: Designated Roth Contributions (after-tax)

I am aware that:

- 1) My contributions and earnings cannot be withdrawn or paid until I attain age 59½ or upon my death, disability, or termination of employment. My contributions may be available in the event of serious financial hardship (according to IRS rules).
- 2) Any portion of my contributions that I elect to be Designated Roth Contributions are after-tax and will be subject to regular income tax as part of my regular taxable pay. Distributions of Designated Roth Contributions will not be taxable when distributed from the Plan, but earnings on them may be taxable.
- 3) Any election to treat all or part of my contribution as Designated Roth Contributions (after-tax) is irrevocable once the contributions are deducted from my pay.
- 4) Loans are not permitted from any of my contributions which I elect as Designated Roth Contributions (after-tax).

 EMPLOYEE SIGNATURE

 DATE

ELECTION NOT TO CONTRIBUTE

I do not wish to contribute to the plan at this time. I understand that, if the plan provides for matching employer contributions, I will not be entitled to such contributions during the time I am not contributing. I also understand that I may elect to contribute in the future by completing a contribution election form and an enrollment form and filing them with my employer.

 EMPLOYEE SIGNATURE

 DATE

 EMPLOYER REPRESENTATIVE

 DATE RECEIVED

NOTE TO EMPLOYERS: THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S RECORDS OF THE PLAN.

MOACE100519

Goodwill

Gulfstream Goodwill Industries, Inc.



403b THRIFT PLAN ENROLLMENT INTEREST

Are you are interested in enrolling in the company's Mutual of America 403b Retirement Plan?

This is a tax-deferred benefit that you can enroll in at any time of the year. It allows you to save money for retirement through convenient payroll deductions.

If you would like to enroll, please contact the local office and ask to speak with our representative as detailed below.



MUTUAL OF AMERICA

Todd Abrams

Participant Account Representative

One Lakeside at Centrepark
1450 Centrepark Blvd., Suite 200
West Palm Beach, FL 33401-7404

561-471-1445 (office)
561-687-4969 (fax)



Authorization Agreement for Direct Deposit

Gulfstream Goodwill Industries, Inc.

1715 Tiffany Drive East

West Palm Beach, FL 33407

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

Authorization Agreement for Direct Deposit (ACH Credits)

Please print clearly.

Name _____ Dept. _____

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

_____ Checking account (**attach a voided check**)

_____ Savings account (**attach a voided deposit slip**)

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

Financial institution _____

Branch (if applicable) _____

City _____ State _____ Zip _____

Transit/ABA# _____ Account# _____

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

Employee signature

Date

Account 4 Product Name Checking/Savings Account Time Account

Account Number COID Sub-Product code Opening Deposit Type of Funds

For Checking/Savings Accounts only

Statement Cycle/Service Charge Cycle Code Check Style Wallet/Duplicate Membership Code

Do you anticipate foreign wire activity? No Yes, provide up to two countries:

For Time Accounts only

Term in Months Term in Days (only valid for balances of \$100,000 or more) Interest Rate Rate type

Standard = Blank VIP = V
 Promotion = Blank Name/title change = C
 PMA = P

Trade-A-Rate option Yes No

Interest Payment Frequency
 00 Pay interest at maturity for term accounts with a maturity date of one year or less only.
 IM Pay interest monthly from the issue date.
 IQ Pay interest quarterly from the issue date.
 IS Pay interest semiannually from the issue date.
 IY Pay interest yearly from the issue date.

Interest payment method
 CO Check to the owner
 TA Compounding
 TT Credit to another account (complete the following)
Account type: Checking Savings
Account # _____ Routing number (RTN) _____

Customer 1 Information ECN:				Customer 2 Information ECN:					
Full Name		Relationship to Account		Full Name		Relationship to Account			
Street Address		How long at this address Yr Mo		Street Address		How long at this address Yr Mo			
Directional Address (Document directional address for customers who do not have physical residence, business or alternate street address.)				Directional Address (Document directional address for customers who do not have physical residence, business or alternate street address.)					
City	State	Zip code	Cntry	City	State	Zip code	Cntry		
Date of birth <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other				Date of birth <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other					
Taxpayer Identification Number (TIN)		TIN Type	Home phone	Taxpayer Identification Number (TIN)		TIN Type	Home phone		
Previous Street Address		How long at this address Yr Mo		Previous Street Address		How long at this address Yr Mo			
City	State	Zip code	Cntry	City	State	Zip code	Cntry		
I am a U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, country of citizenship				I am a U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, country of citizenship					
Current employer		Occupation	Job title	Current employer		Occupation	Job title		
Current employer's address		City	State	Zip/postal code	Current employer's address		City	State	Zip/postal code
Monthly gross income		How long with employer Yr Mo		Monthly gross income		How long with employer Yr Mo		Business phone	
Primary ID Type		Primary ID Description		Primary ID Type		Primary ID Description			
Primary ID St/Ctry/Prov		Primary ID Issue Date	Primary ID Exp. Date	Primary ID St/Ctry/Prov		Primary ID Issue Date	Primary ID Exp. Date		
Secondary ID Type		Secondary ID Description		Secondary ID Type		Secondary ID Description			
Secondary ID St/Ctry/Prov		Secondary ID Issue Date	Secondary ID Exp. Date	Secondary ID St/Ctry/Prov		Secondary ID Issue Date	Secondary ID Exp. Date		
My Previous Account (most recent) Name of financial institution and city			account number	My Previous Account (most recent) Name of financial institution and city			account number		
I would like an: <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM/Check Card				I would like an: <input type="checkbox"/> ATM Card <input type="checkbox"/> ATM/Check Card					

Request for Taxpayer Identification Number and Certification (Substitute Form W-9)

Certification: Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number, and
- UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payments other than interest and dividends), and
- I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding I am exempt from backup withholding

TIN Signature **X** _____

Joint Account with Right of Survivorship (Applies to Alabama, Tennessee, & Texas)

The persons signing this section hereby agree with each other and the bank that this account is a joint account with right of survivorship, and that on the death of one party to a joint account, all sums in the account on the date of death vest in and belong to the surviving party as his or her separate property and estate. Each person signing this section who is married to a person who is not also signing this section represents and warrants that no funds now or hereafter deposited to the account, nor any interest earned on such funds, are subject to the management, control or disposition (jointly or otherwise) of such person's spouse.

Customer 1 Name _____ Customer Number (ECN) _____

Customer 1 Signature _____ Date _____
X

Joint Account with Right of Survivorship (Applies to NC and VA only)

The persons signing this section hereby agree with each other and the bank that this account is a joint account with right of survivorship, and that on the death of one party to a joint account, all sums in the account on the date of death vest in and belong to the surviving party as his or her separate property and estate. Each person signing this section who is married to a person who is not also signing this section represents and warrants that no funds now or hereafter deposited to the account, nor any interest earned on such funds, are subject to the management, control or disposition (jointly or otherwise) of such person's spouse.

If you wish to establish a joint account under Virginia Law, please check one of the following and sign for the account listed:

Joint Account Number: _____

- JOINT ACCOUNT WITH SURVIVORSHIP - On the death of a party to the account, the deceased party's ownership in the account passes to the surviving party or parties to the account.
- JOINT ACCOUNT - NO SURVIVORSHIP - On the death of a party to the account, the deceased party's ownership in the account passes as a part of the party's estate under the party's will, trust, or by intestacy.

We understand that by signing below and establishing a joint account under the provisions of: **North Carolina General Statute 53-146.1** that:

1. Wells Fargo may pay the money in the account to, or on the order of, any person named in the account unless we have agreed with the bank that withdrawals require more than one signature: and
2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owners will.

We DO elect to create the Right of Survivorship in this account.

Customer 1 Name _____ Customer Number (ECN) _____

Customer 1 Signature _____ Submit manually _____ Date _____
X Signature not required

Wisconsin Residents Only

The Direct Deposit Advance[®] service may be available to Wisconsin consumer checking accounts with directly deposited income.

Customer 1 – I am married unmarried legally separated

Customer 2 – I am married unmarried legally separated

NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats, or a court decree under Sec. 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provisions when the obligation to the creditor is incurred.

Married Wisconsin resident applying individually (Customer 1) or married Wisconsin residents applying jointly, but not married to the other signer (Customer 1 and 2), please complete name and address of spouse on the separate Direct Deposit Advance Service – Wisconsin Marital Property Act (WMPA) Credit Notice to Spouse.

Signatures

Everything I have stated in this application is correct. You are authorized to make any inquiries that you consider appropriate to determine if you should open the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. I have received a copy of the applicable account agreement and privacy brochure and agree to be bound by them, including the terms of the Direct Deposit Advance[®] service described in the Service Agreement and Product Guide and any amendment or addendum (Direct Deposit Advance service currently not available in all states). I also agree to the terms of the dispute resolution program described in the account agreement and the Direct Deposit Advance Service Agreement and Product Guide. Under this program our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.

Authorized Signature _____
X

Authorized Signature _____
X

Authorized Signature _____
X

Authorized Signature _____
X

Statement Mailing Name/Address _____



Employment Reference

Gulfstream Goodwill Industries, Inc.

1715 Tiffany Drive East

West Palm Beach, FL 33407

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

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

SECTION I: Applicant completes (Please PRINT).

Applicant's Name _____

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

Applicant's Signature

Date

SECTION II: Reference completes (Please PRINT).

Reference Full Name _____

Reference Address _____

City _____ State _____ Zip Code _____

Day Time Phone Number: _____

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

Company/School Name _____

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

From _____ To _____

Position or job title of the applicant when employed: _____

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

Your position or title: _____

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

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

Additional Comments About Applicant: _____

Signature of Reference

Date



Employment Reference

Gulfstream Goodwill Industries, Inc.

1715 Tiffany Drive East

West Palm Beach, FL 33407

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

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

SECTION I: Applicant completes (Please PRINT).

Applicant's Name _____

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

Applicant's Signature

Date

SECTION II: Reference completes (Please PRINT).

Reference Full Name _____

Reference Address _____

City _____ State _____ Zip Code _____

Day Time Phone Number: _____

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

Company/School Name _____

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

From _____ To _____

Position or job title of the applicant when employed: _____

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

Your position or title: _____

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

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

Additional Comments About Applicant: _____

Signature of Reference

Date



Worker's Compensation (WC) Form

Gulfstream Goodwill Industries, Inc.

1715 Tiffany Drive East

West Palm Beach, FL 33407

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

Location # _____

Job Title/Position: _____

Print Name _____

Maiden/Former Name _____

Date of Birth _____ Social Security # _____

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

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

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

Applicant's signature: _____ Date: _____