



FIRST NAME, M.I., LAST NAME	MAIDEN NAME/NICKNAME	DATE OF APPLICATION
ADDRESS (House #, Street, APT# - PO Boxes <u>must</u> include street add)	CITY & STATE	ZIP
EMAIL ADDRESS	SOCIAL SECURITY NO	DATE OF BIRTH

PLACEMENT: TEMPORARY TEMPORARY TO HIRE CONTRACT CAREER OTHER
(ARE YOU LOOKING FOR...)

HOME PHONE ()	OTHER ()
CELL PHONE ()	CELLULAR PROVIDER

HOW DID YOU HEAR ABOUT TEMPSPLUS? _____

HAVE YOU WORKED FOR AN EMPLOYMENT AGENCY BEFORE? WHO/WHERE WERE YOU PLACED? _____

FOR BONDING PURPOSES, HAVE YOU BEEN CONVICTED/PLEADED GUILTY TO A FELONY OR MISDEMEANOR IN THE LAST 7 YEARS? _____
(Such conviction may be relevant if job related, but does not bar you from employment.)

IF SO WHAT/WHEN/STATE? _____

I authorize TempsPlus/Agent to perform an investigative consumer report for employment purposes: _____
EMPLOYEE SIGNATURE

EDUCATION

<small>(SCHOOL OR INSTITUTION)</small>	<small>(YEARS ATTENDED)</small>	<small>(COURSE OF STUDY)</small>	<small>(DATE GRADUATED)</small>
HIGH SCHOOL			
COLLEGE/TECHNICAL			
MILITARY/OTHER			

EMPLOYMENT

<small>(DATES)</small>	<small>(COMPANY & ADDRESS)</small>	<small>(POSITION)</small>	<small>(SUPERVISOR)</small>	<small>(PHONE)</small>	<small>(SALARY)</small>	<small>(REASON LEFT)</small>

SKILLS

(PLEASE CHECK THE SKILLS WHICH YOU HAVE EXPERIENCE IN)

RECEPTIONIST	INSURANCE	ASSEMBLY	C.N.A./MEDICAL ASSY.
CLERICAL/LEGAL	PAYROLL	WAREHOUSE	VEHICLE DETAILING
CLERICAL/MEDICAL	TAX PREPARATION	MACHINING	CASHIER/RETAIL
CLERICAL/OFFICE	ACCOUNTS PAYABLE	FORKLIFT	BILINGUAL
MICROSOFT WORD	ACCOUNTS RECEIVABLE	MAINTENANCE	WELDING
MICROSOFT EXCEL	S.A.P.	CONSTRUCTION/CARPENTRY	OTHER
POWER POINT	QUICK BOOKS	JANITORIAL	OTHER

Applicant Signature: _____

Date: _____



THIS SECTION IS FOR EMPLOYER USE ONLY!

<u>LANGUAGES SPOKEN</u>	<u>COMMENTS</u>
<u>WAGE DESIRED</u>	
<u>PREFERRED SHIFT</u>	
<u>STATE ISSUED DL#</u>	
<u>ALTERNATE ID</u>	
<u>K-4 STATE</u>	
<u>W-4 FEDERAL</u>	

Additional Notes/Comments:

TempsPlus of Paducah, Inc.
Employment Services

EMPLOYEE EMERGENCY CONTACT FORM

EMPLOYEE INFORMATION:

_____	_____	_____	_____	_____	_____
Last	First	Middle	Social Security #		
_____	_____	_____	_____	_____	_____
Mailing Address	City	State	Zip	Home Phone #	Cell Phone #
_____	_____	_____	_____	_____	_____
Physical Address	City	State	Zip		

EMERGENCY CONTACTS INFORMATION:

_____	_____		
Primary Contact Name	Relationship		
_____	_____	_____	_____
Physical Address	City	State	Zip
_____	_____		
Telephone #	Alternate Phone #		
_____	_____		
Secondary Contact Name	Relationship		
_____	_____	_____	_____
Physical Address	City	State	Zip
_____	_____		
Telephone #	Alternate Phone #		



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

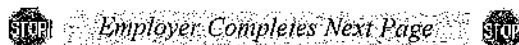
<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR	QR Code - Section 1 Do Not Write In This Space
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C: If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet


Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

		<h2>Employee's Withholding Allowance Certificate</h2>		OMB No. 1545-0074 2019	
▶ Whether you're 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.					
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 filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, 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					
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Social Security Number		
Name—Last, First, Middle Initial		
Mailing Address (Number and Street including Apartment Number or P.O. Box)		
City, Town or Post Office	State	ZIP Code

All Kentucky wage earners are taxed at a flat 5% rate with a standard deduction allowance of \$2,590. The Department of Revenue annually adjust the standard deduction in accordance with KRS 141.081(2)(a).

Check if exempt:

- 1. Kentucky income tax liability is not expected this year (see instructions)
- 2. You qualify for the Fort Campbell Exemption Certificate. I am a resident of _____ State
- 3. You qualify for the nonresident military spouse exemption
- 4. You work in Kentucky and reside in a reciprocal state

Additional withholding per pay period under agreement with employer \$ _____

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.

Signature Date

Instructions to Employees

All Kentucky wage earners are taxed at a flat 5% tax rate with an allowance for the standard deduction.

You may be exempt from withholding if any of the four conditions below are met:

1. You may be exempt from withholding for 2019 if both the following apply:
 - For 2018, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
 - For 2019, you expect a refund of all your Kentucky income tax withheld.

If both the above statements apply you are exempt, check box 1. Your exemption for 2019 expires February 15, 2020.

2. Under the provisions of Public Law 105-261, pay and compensation earned at the Fort Campbell, Kentucky, military base is exempt from Kentucky income tax if you are not a resident of Kentucky. KRS 141.010(17) defines "resident" as an individual domiciled within this state or an individual who is not domiciled in this state, but maintains a place of abode in this state and spends in the aggregate more than one hundred eighty-three (183) days of the taxable year in this state.

Check box 2 if you certify that you are not a resident of Kentucky and only earn wages as an employee at Fort Campbell, Kentucky. This exemption must be revoked within 10 days of a move or change of address to Kentucky.

3. You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that the you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse's military picture ID issued to the employee by the U.S. Department of Defense.

-
1. My spouse is a military servicemember.....(check one) YES NO
 2. I am NOT a military servicemember.....(check one) YES NO
 3. My military servicemember spouse has a current military order assigning him or her to a military location in Kentucky.....(check one) YES NO
 4. I and my military servicemember spouse live at the same address.....(check one) YES NO
 5. My domicile is a state other than Kentucky.....(check one) YES NO
If yes, enter the 2-letter state code of your state _____
 6. My military servicemember spouse's domicile is the same as mine.....(check one) YES NO
 7. I am present in Kentucky solely to be with my military servicemember spouse.....(check one) YES NO

If you checked "YES" to all the statements above, your earned income is exempt from Kentucky withholding tax.

Check box 3 if you checked "YES" to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to "NO". In general, the exemption termination date will be the earlier of:

- The day the military servicemember is no longer in the military;
- The day the employee enlists in the military;
- The day the employee and the military servicemember no longer live at the same address; or
- The day the military servicemember's permanent duty station changes to a location outside of Kentucky.

4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily or Ohio and you are not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in a S corporation.

In order to qualify you must complete the worksheet below:

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

- Illinois, Indiana, Michigan, West Virginia, Wisconsin
 Virginia and commute daily to my place of employment in Kentucky. *(Must commute daily to apply.)*
 Ohio and I am not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in an S corporation.
-

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4's received from employees.

TempsPlus of Paducah, Inc.
Employment Services

CONTRACT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information I provided in the TempsPlus application is complete and correct to the best of my knowledge and I understand that falsification of this information is grounds for disqualification or dismissal from employment. I hereby authorize TempsPlus, or any agent of TempsPlus, to investigate my past and present work, character, education, military, medical, financial credit history, driving, and police records to ascertain any and all information that may be pertinent to my application/employment qualifications at any time after receipt of this authorization and throughout my employment. The release in any manner of any and all information is authorized whether such information is of record or not. I do hereby release all persons, firms, agencies or companies from any and all damages resulting from furnishing such information. I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge that I have the right, upon written request made within a reasonable time, to request if an investigative consumer report has been obtained about me; disclosure to the nature of such report; and a copy of the report from the Agency who provided it.

In consideration of my employment, I agree to conform to the rules, regulations, and policies that TempsPlus may periodically put into force, withdraw, or modify. I understand that work schedules and duties may be modified from time to time at the discretion of the Company that I am assigned to and that alternate position functions and/or positions may be assigned. Please read back of time sheet for further terms and conditions before signing.

I understand that I am required upon employment to serve a probationary period of approximately three months; and if my performance is deemed unsatisfactory, I may be terminated at any time. If hired, I will submit the documentation necessary to verify my eligibility for employment.

I understand and agree that once I have been assigned to a job I will do the following:

- Complete each job assignment to the best of my ability.
- Give at least one (1) week's notice if I am unable to complete an assignment.
- Will not leave an assigned job without prior notice.
- Complete my time sheet accurately and have it signed and verified by my immediate supervisor.
- Immediately notify TempsPlus in the event of an injury.

I understand and agree that if I fail or am unable to keep this agreement, or do anything that TempsPlus believes to be unethical, unfavorable, or cause TempsPlus to lose an assignment, my wage will immediately be reduced to the current minimum wage rate and I may be ineligible for any future assignments.

I understand that the use of information regarding any company, it's customers, prospective customers and employees obtained through all temporary employment assignments through TempsPlus of Paducah, Inc. shall be strictly confidential and under no circumstances be revealed to unauthorized persons or used for my personal benefit or the benefit of my family, friends, or acquaintances.

Applicant's Signature

Date

Applicant's Printed Name

Witness / Date

TempsPlus of Paducah, Inc.
Employment Policy

PROHIBITION OF DISCRIMINATION & HARASSMENT

PLEASE READ CAREFULLY BEFORE SIGNING

TempsPlus is an Equal Employment Opportunity Employer. We enforce a strict policy and intent that all employment relationships shall be conducted in an environment that is not hostile or offensive. Discrimination and harassment based on an individual's age, race, creed, color, religion, national origin, sex, sexual orientation, disability, marital status, or any other basis prohibited by applicable local, state, or federal law will not be tolerated. Harassment of any sort, including sexual harassment or discrimination is strictly prohibited and will not be tolerated.

Sexual harassment is defined as "*unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, especially when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals; (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or of creating an intimidating, hostile, or offensive working environment.*"

Offensive conduct may include such acts as making jokes of a sexual nature, in general or directed at one person, suggestive comments, unsolicited gifts of a sexual nature and physical contact.

If you believe that you have been subject to discrimination or harassment by a supervisor, fellow employee, customer, or any other person in connection with your employment at TempsPlus, you should immediately bring the matter to the attention of your TempsPlus representative.

All complaints of discrimination and harassment will be investigated promptly. Investigations of complaints will be treated confidentially within the bounds of the law and the investigation. No employee will suffer adverse employment action by TempsPlus as a result of bringing any good faith discrimination or harassment complaint to the company's attention.

In the event TempsPlus determines that discrimination or harassment has occurred, effective remedial action will be taken. TempsPlus will not retaliate or tolerate retaliation against any employee who complains of discrimination or harassment or who participates in an investigation process. Any employee who is found to have engaged in harassment or retaliation against an employee for exercising rights protected by this policy will be subject to appropriate discipline, up to and including termination.

Applicant's Signature

Date

Applicant's Printed Name

Witness / Date

TempsPlus of Paducah, Inc.
Employment Services

DRUG SCREEN AUTHORIZATION

Applicant's Printed Name

Last

First

Middle Initial

Date

Social Security Number

I understand that in accordance with TempsPlus' policy of providing and maintaining a safe and healthful working environment for all employees, that I will voluntarily undergo drug screen when requested.

I hereby state my willingness to undergo drug screening examination, for the purpose of evaluating my suitability for specific employment openings. If the results of the drug test are "*positive*" and I have already been hired, I understand that my employment will be terminated and I will not be eligible for benefits or claims against TempsPlus or its clients.

I also understand that this is not a diagnostic examination designed to detect hidden or latent diseases, but is instead for the purpose of predicting job performance effectiveness and possible safety risk to the Company and to me which might arise as a result of such employment.

I hereby authorize the release of the results of my examination to management of the Company. I release the Company and its agents from any and all claims or causes of action resulting from this examination and any decisions resulting from them.

I hereby certify that the information I provide as a part of this evaluation is accurate and true to the best of my knowledge.

Applicant's Signature

Date

Applicant's Printed Name

Witness / Date

TempsPlus of Paducah, Inc.
Employment Services

CONFIDENTIALITY AGREEMENT

Assigned Employee Confidentiality Agreement

As a condition of my assignment by TempsPlus of Paducah, Inc. to their CLIENT, I hereby agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment with the CLIENT or which I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to CLIENT or its operating methods and procedures that come to my attention as a result of the assignment.

Under no circumstances will I remove physical or electronic documents, or copies of documents, from the premises of the CLIENT.

I understand that I will be responsible for any direct or consequential damages resulting from any violation of this Agreement.

The obligations of this Agreement will survive my employment by TempsPlus of Paducah, Inc.

Employee's Signature

Witness' Signature

Employee's Printed Name

Witness' Printed Name

Date

Date

TempsPlus of Paducah, Inc.
Employment Services

ASSIGNMENT INFORMATION SHEET

This form does not constitute an expressed or implied contract of employment. The employee may terminate his or her employment at any time with proper notice. The Employer may terminate the employee's employment at any time, with or without cause. Except as otherwise provide by law, all employment is "at-will." The Employer reserves the unilateral right to change, withdraw or add to these policies at any time. Our Clients also reserve the right to request / reject any of our employees at their discretion.

Nothing on this form is intended to conflict with any state or federal law or regulation. If such a conflict exists, the applicable law or regulation prevails.

1. **ABSENTEE POLICY:** TempsPlus' position in the Purchase Area is a direct result of the employees we provide to leading corporations in the Purchase Area. Employees who are tardy and/or absent have a negative impact on our business interests with our clients, which in many cases, causes our agency to lose an assignment and/or client(s).

Showing up to work when scheduled is of the utmost importance to the reputation, business interest, and image of TempsPlus, Inc. If you are going to be late for work, or are going to miss work for any reason, you must contact TempsPlus and your work place assignment Supervisor before the start of your normal shift. Failure to contact either party in a timely fashion could result in your immediate termination for misconduct as it directly has a negative impact on our business. Absenteeism causes a decrease in our ability to place other applicants who are ready and willing to work.

Sixteen hours or more of unexcused absences in a ten week period is considered misconduct (see "Examples of Misconduct" attached) and willful disregard for company policies and ***may be considered self-termination.***

2. **INJURIES:** One of the keys to providing a skilled workforce to our clients is our focus on safety in the workplace. It is important that you and your immediate supervisor at your perspective workplace discuss site specific safety policies and programs for the company which you are working. Horseplay, running, throwing things, scuffling and practical jokes are dangerous and will not be tolerated.

In the event of a work related injury or an injury at the workplace -- as is also stated in the contract all of our employees sign-- you must IMMEDIATELY notify TempsPlus and your supervisor BEFORE receiving any medical attention.

3. **NOTICE OF TERMINATION:** If you decide that you would like to leave your current work assignment before it is completed you should give your Supervisor a two week notice prior to quitting. If you fail to give proper notice, or if you walk off of your job assignment, your pay may be reduced to the current minimum wage.

4. TIME CARDS: Time cards are required weekly. Some of our clients will keep their own work hour records and report them to us each Monday on your behalf. However, if they do not provide this service to you, it is **YOUR** responsibility to make sure that your time card is properly completed each week, approved by your Supervisor, and submitted to our offices **no later than 9:00 am on Monday** morning. Failure to submit a properly completed time card may cause a delay in payment of your payroll check.

5. PAYROLL: A normal pay week runs from Monday through Sunday but can vary depending on the schedule of your assignment. Hours worked for the week will be paid out on Thursday of the following week. Pay day is on Thursday however this can vary due to holiday schedules. Your rate of pay is based on your assignment and should be given to you when a position is offered. We require all employees to have direct deposit or a bank card will automatically be issued to address on file at the time your assignment begins.

6. MISCONDUCT: Please remember that at this time you are an employee of TempsPlus and you represent our company while you are at this job assignment. Follow all of the rules and procedures that your job assignment requires of you. Any unethical, immoral, illegal, harmful, unsafe, or unfavorable behavior on your part could cause Temps Plus to lose an assignment and/or client, and damages TempsPlus' business interests. If this happens your wage may be immediately be reduced to the current minimum wage and you may become ineligible for any future assignments. (See "Examples of Misconduct" attached.)

7. SAFETY: **Safety ALWAYS comes first.** THINK! Take no chances, be aware of your surroundings, and err on the side of caution when lifting objects or stepping over obstacles. Please wear all required safety equipment (safety glasses, steel toed shoes, etc.) and follow all safety rules and guidelines. Do not engage in any unsafe activity or horse play in the workplace. Wear the proper work attire. Your job duties may change from time to time so please dress appropriately for the position that you are filling.

If you have any questions regarding any information contained in this document please do not hesitate to contact **TempsPlus** at 270-444-0030 for further clarification.

By signing below you are verifying that you have read this information and that you agree to abide by the conditions of your employment as stated above and on your original enrollment application.

Applicant's Printed Name

Witness' Signature

Applicant's Signature

Date

Date

Please remember to sign the attached "*Examples of Misconduct*" sheet indicating that you have read and understand the document. If you have any questions, please ask a staff member. If you would like a copy of the "*Examples of Misconduct*", please let us know and one will be provided to you immediately.

Examples of Misconduct

(This list is not all-inclusive)

1. Falsifying your employment application or other employment records such as time sheets.
2. Excessive or habitual absenteeism or tardiness from work.
3. Using obscene, abusive or threatening language or gestures while at work or on the Employer's premises.
4. Failure to maintain the confidentiality of the Employer, customer or client information.
5. Willfully breaking a known policy of the Employer.
6. Possession or consumption of any alcoholic beverage, illegal drugs or the illegal use of drugs at the work place or on the Employer's property.
7. Insubordination, loitering, or loafing during work hours.
8. Bringing weapons of any kind to work or on the Employer's premises unless specifically authorized by the Employer to do so.
9. Sleeping while on duty.
10. Willful disregard or violation of the Employer's safety rules or procedures.
11. Sexual, racial or general harassment of a fellow employee.
12. Reporting for work under the influence of alcohol, illegal drugs or the illegal use of drugs.
13. Taking more than the specified time for meals or break periods.
14. Filling in another employee's time sheet, or permitting another employee to fill in your time sheet.
15. Excessive use of the Employer's telephone for personal matters or making or receiving personal telephone calls, other than during authorized breaks and lunch periods.
16. Repeated failure to be at a work station ready to begin work at the appointed starting time.
17. Performing personal work on the Employer's time.
18. Unauthorized possession of, or removal of, or cooperation in the unauthorized possession of, or removal of, property or possessions belonging to co-workers, customers, or the Employer...or applying to your own use, any property, record or document of the Employer or of co-workers.
19. Failure to maintain generally accepted standards of hygiene and cleanliness.
20. Leaving the work area without permission from a Supervisor.
21. Failure to perform work assignments according to acceptable standards of workmanship or production.
22. The deliberate hindrance of productive work.
23. Failure to comply with specific orders, instructions or posted notices.
24. Soliciting or collecting of funds in the workplace without the advance approval of the Employer.
25. Posting or distributing written or printed material without the advance approval of the Employer.
26. Fighting or causing harm to others while on the Employer's premises or while performing work for the Employer.
27. Damage to, or unauthorized possession of, unauthorized removal of, or unauthorized use of the Employer's property or the property of fellow employees.
28. Viewing or distributing pornographic material in the work place.

The above list does not include all possible actions that may be unacceptable. The Employer expects employees to behave in a manner that is at all times in the best interests of the Employer and all employees. If an employee engages in behavior which the Employer considers detrimental to the interests of the Employer, or threatens the well-being of other employees or clients, the Employer may terminate the employee immediately.

Applicant's Signature

Date of Acknowledgement



WAIVER FOR ASSIGNED EMPLOYEES

Agreement and Waiver

In consideration of my assignment to (CLIENT) by TempsPlus, I agree that I am solely an employee of TempsPlus for benefits plan purposes and that I am eligible only for such benefits as TempsPlus may offer to me as its employee. I further understand and agree that I am not eligible for or entitled to participate in or make any claim upon any benefit plan, policy, or practice offered by (CLIENT), its parents, affiliates, subsidiaries, or successors to any of their direct employees, regardless of the length of my assignment to (CLIENT) by TempsPlus and regardless of whether I am held to be a common-law employee of (CLIENT) for any purpose; and therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits and agree not to make any claim for such benefits.

Employee Signature

Witness Signature

Employee Printed Name

Witness Printed Name

Date

Date

TempsPlus of Paducah, Inc.
Employment Services

**AUTHORIZATION TO RELEASE WORK REFERENCE
& CONFIDENTIAL INFORMATION**

I, _____, the undersigned, do hereby authorize any and all persons, agencies, companies, corporations, partnerships, government entities and other custodians to release any and all of my work records to TempsPlus of Paducah, Inc., 4720 Village Square Drive, Suite A, Paducah, KY 42001, including any and all of the following information.

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Social Security Number

APPLICANT – DO NOT WRITE BELOW THIS LINE
**** FOR OFFICIAL USE ONLY ****

The above named individual has applied for temporary assignment through TempsPlus of Paducah, Inc. and has given you as a reference.

We would appreciate it if you would complete the requested information below and return the form to us at 4720 Village Square Drive, Suite A, Paducah, KY 42001, or via fax at 270-442-6679. You may be assured that any information you supply will be held in the strictest of confidence.

Employed as: _____ Dates of Employment: _____

Would you re-employ him/her? YES NO

Please rate him/her in the areas listed below:

Reliability:	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR
Punctuality:	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR
Work Attitude:	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR
Cooperation:	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR
Overall Ability:	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR

Total number of days absent: _____

Completed By / Title

Date

TempsPlus of Paducah, Inc.
Employment Services

SAFETY POLICY

It is the policy of TempsPlus:

1. To provide a safe and healthful place of employment that is free of recognized hazards for our employees and to abide by Federal, State, and Local regulations that pertain to our industry.
2. To enforce the rules of this policy.
3. To require subcontractors to abide by and adopt this policy or similar policy.
4. To have operable a procedure for securing treatment of injuries on each active job site.
5. To provide safety education and training for employees as needed.

All employees must abide by the following rules:

1. Report all unsafe conditions to their immediate supervisor.
2. Promptly report all injuries to their immediate supervisor.
3. Wear appropriate personal protective equipment, such as hard hats, steel toed boots, respirators, or safety glasses, to protect against job hazards.
4. Dress properly. Wear appropriate work clothes, gloves and shoes or boots. Loose clothing or jewelry must not be worn.
5. Seat belts are to be used at all times when in a vehicle on company time.
6. Never operate any machine unless all guards and safety devices are in place and in proper operating condition.
7. Keep all tools in safe working condition. Never use defective tools or equipment.
8. Properly care for and be responsible for proper use of all personal protective equipment.
9. Do not operate machinery if you are not an authorized operator and have not been directed to do so by your immediate supervisor.
10. Practice good housekeeping at all times. Do not leave materials or scraps in aisles, walkways, roads or other means or points of egress.

11. Do not engage in horseplay or rough housing.

12. You must comply at all times with all commonly recognized and understood safe work practices. All posted safety rules must be followed.

13. Being under the influence of intoxicating beverages or illegal drugs on the job is prohibited. I understand that *TempsPlus* reserves the right to perform post-accident and suspicion drug testing. A positive drug test will result in a disciplinary action that may include termination.

14. I understand that *TempsPlus* participates in a managed care network administered by BHN to care for all work-related injuries. In the case of a work-related injury, I am required to visit a network doctor, hospital, or clinic. I understand that if I choose to visit a doctor outside of the managed care network, I may be responsible for any charges incurred. If I require emergency medical treatment, I am to go to the nearest medical facility to seek treatment whether or not that facility participates in the network. However, for all non-emergency, follow-up, or rehabilitative care I should treatment within the managed care network.

15. I understand that if I knowingly file a false or fraudulent injury or illness claim that I may be prosecuted.

16. I understand that I will be required to participate in the company's return to work program. This program may provide me with alternative or light duty work after a work-related injury or illness. This alternative program will be developed in consultation with my treating physician. Failure to participate in return to work program may result in the termination of benefits normally associated with work-related injury or illness.

17. I understand that the above stated rules do not represent all safety rules and regulations of this company and that these rules only serve to inform me of minimum specific actions that I must adhere to in order to insure my safety and the safety of others on this job site.

I have this day ___/___/___ been furnished and have read and understood the safety policy of TempsPlus, Inc.

Employee Signature

These recommendations were developed using generally accepted safety standards. Compliance with these recommendations is not a guarantee that you will be in conformance with any safety regulations nor does it ensure the absolute safety of your occupation or place of business. Safety and health remain your responsibility.

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name TEMPLUS OF PADUCAH, INC. (TPI 1) Telephone no. 270-444-0030 EIN ▶ 61-1137076

Street address 4720 VILLAGE SQUARE DR, SUITE A

City or town, state, and ZIP code PADUCH, KY 42001

Person to contact, if different from above VRAIN CORPORATION Telephone no. 276-632-7906

Street address 755 EAST CHURCH STREET PO BOX 5271

City or town, state, and ZIP code MARTINSVILLE, VA 24115

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:
 Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** 6 hr., 27 min.
- Learning about the law or the form** 24 min.
- Preparing and sending this form to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
 Tax Forms and Publications
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

WORK OPPORTUNITY & WELFARE TO WORK TAX CREDITS INFORMATION RELEASE FORM

EMPLOYEE'S NAME: _____ HIRE DATE: ____/____/____
 SOCIAL SECURITY NUMBER: _____ BIRTH DATE: ____/____/____
 ADDRESS: _____

RETURN FORM TO: VRAIN CORPORATION

	YES	NO
ASSISTANCE/MILITARY: Check all that apply		
Received Temporary Assistance for Needy Families (TANF) or a similar program for any 9 of the last 18 months?	()	()
Received TANF payments for any 18 months beginning after August 5, 1997, and earliest 18 month period, beginning after August 5, 1997, ended within the last 2 years.	()	()
Stopped being eligible for TANF payments within the last 2 years because federal or state law limited the maximum	()	()
Are you between the ages of 16 to 39 and received food stamps any 3 of the last 5 months?	()	()
Where were TANF/Food stamp benefits received? City: _____ State: _____		
Case#: _____ Case Worker: _____		
Primary Recipient Name and Social Security # (if not employee): _____		
Are you a veteran of the United States military and received food stamps in the last 15 months?	()	()
Are you a disabled veteran and released/discharged from active duty in the last 12 months?	()	()
Are you a disabled veteran who has been unemployed any 6 of the last 18 months?	()	()
Please send a copy of DD214		

VOCATIONAL REHABILITATION & SSI:

Did you receive SSI (Supplemental Security Income, **not Social Security**) benefits for any month ending within 60 days before you were hired? () ()

Are you in receipt of a "Ticket To Work"? () ()

Have you received any type of vocational rehabilitation in the past 2 years? If answer is "YES" complete below () ()

County: _____ State: _____ Counselor Name & Phone: _____

DEPARTMENT OF CORRECTIONS:

Have you been convicted OR released from prison for a felony in the last year? If answer is "YES" complete below () ()

CONVICTION DATE: ____/____/____ RELEASE DATE: ____/____/____

Was this a Federal _____ or a State _____ conviction? County: _____ State: _____

PROBATION/PAROLE OFFICERS' NAME & PHONE #: _____

LONG TERM UNEMPLOYMENT RECIPIENTS:

Have you been unemployed for at least 27 consecutive weeks and had a period of receiving unemployment compensation under State or Federal law? () ()

Are you a member of a Native American Indian Tribe ? () ()

If yes, Tribe name _____ CDIB # _____ (IEC)

PLEASE READ, SIGN AND DATE:

I hereby authorize any agency, organization, or individuals to supply such verification or information as may be needed to determine tax credit eligibility to my employer, employer representative Vrain, or the Department of Labor.

NEW HIRE SIGNATURE: _____ Date: _____



LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM Work Opportunity Tax Credit (WOTC) Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: _____ Date _____

New Hire Name: _____

Social Security Number: _____ - Date of Birth: _____
(Enter last four digits) (Enter date)

Employer Name: _____

Employer Federal ID (EIN) Number: _____ -
(Enter last four digits)

Please check all the statements that apply to you and provide all requested dates. Sign and date this form where indicated below.

I declare that I was in a period of unemployment that is at least 27 consecutive weeks the day before I began to work for this employer, or, if earlier, the day I completed IRS Form 8850. I have been in a period of unemployment of not less than 27 consecutive weeks, from _____ to _____.
(Enter start date) (Enter end date)

I make this declaration on the day I completed IRS Form 8850 _____.
(Enter date)

I declare I have received unemployment compensation/benefits under State or Federal law during a period of unemployment.

Privacy Act Notice:
The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary, however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.



4720 Village Square Dr., Ste. A, Paducah KY 42001

ACH Authorization Form

Please complete the information below and return to Temps Plus **within a week from receipt or start date.** If this form is not returned within that time frame you will automatically receive a U.S. Bank Pay Card in the mail at the address of record at the time you are hired. You may return your forms to the address above or fax to 270-442-6679.

I authorize Temps Plus to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account **OR** Savings Account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Employee Printed Full Name --**AND**-- last 4 digits of your Social Security Number XXX - XX - ()

Bank Name (please print) _____

Account Number _____

Routing Number _____

Bank City, State, Phone _____

Your Email Address: _____

Account Owner Signature / /
Date

YOU MUST ATTACH EITHER A PRE-PRINTED VOIDED CHECK; A LETTER FROM YOUR BANK; OR DIRECT DEPOSIT FORM FROM YOUR BANK/CARD.

DEPOSITS SLIPS AND HAND WRITTEN ITEMS ARE NOT ACCEPTED.

NOTE: Your name must appear on the account as an authorized user.

All IDs On Account? Welcome Letter Given/Sent Advise of Possible Delays