



Your job search JUST GOT EASIER!

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

HOME PHONE ( )	OTHER ( )
CELL PHONE ( )	CELLULAR CARRIER

HOW DID YOU HEAR ABOUT TEMPSPLUS? \_\_\_\_\_

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? \_\_\_\_\_

**EDUCATION**

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

**EMPLOYMENT HISTORY**

(DATES)	(COMPANY & ADDRESS)	(POSITION)	(SUPERVISOR)	(PHONE)	(SALARY)	(REASON LEFT)

**SKILLS --Tell us about your skills/experience!**

(Check all that apply and length of experience)

Example:  Receptionist 4 yrs

SKILL	YRS	SKILL	YRS	SKILL	YRS	SKILL	YRS
<input type="checkbox"/> RECEPTIONIST		<input type="checkbox"/> INSURANCE		<input type="checkbox"/> ASSEMBLY		<input type="checkbox"/> C.N.A./MEDICAL ASST.	
<input type="checkbox"/> CLERICAL/LEGAL		<input type="checkbox"/> PAYROLL		<input type="checkbox"/> WAREHOUSE		<input type="checkbox"/> VEHICLE DETAILING	
<input type="checkbox"/> CLERICAL/MEDICAL		<input type="checkbox"/> TAX PREPARATION		<input type="checkbox"/> MACHINING		<input type="checkbox"/> CASHIER/RETAIL	
<input type="checkbox"/> CLERICAL/OFFICE		<input type="checkbox"/> ACCOUNTS PAYABLE		<input type="checkbox"/> FORKLIFT		<input type="checkbox"/> BILINGUAL	
<input type="checkbox"/> MICROSOFT WORD		<input type="checkbox"/> ACCOUNTS RECEIVABLE		<input type="checkbox"/> MAINTENANCE		<input type="checkbox"/> WELDING	
<input type="checkbox"/> MICROSOFT EXCEL		<input type="checkbox"/> S.A.P.		<input type="checkbox"/> CARPENTRY			
<input type="checkbox"/> POWERPOINT		<input type="checkbox"/> QUICKBOOKS		<input type="checkbox"/> JANITORIAL			

By signing below, I authorize TempsPlus to perform an investigative consumer report for pre-employment purposes.

 Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <input type="text"/>		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name TempsPlus of Paducah, Inc.		Employer's Business or Organization Address, City or Town, State, ZIP Code 4720 Village Square Dr. Suite A, Paducah, KY 42001

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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, sex, height, eye color, and address</li> <li>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, sex, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

# Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to review by the IRS.**

**2026**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	<b>(b) Social security number</b>
	Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	<b>3(a)</b>	\$	
	(b) Multiply the number of other dependents by \$500 . . . . .	<b>3(b)</b>	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>		\$

<b>Step 4: Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <span style="float:right"><input type="checkbox"/></span>
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<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.



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 military servicemember's state of domicile is a state other than Kentucky and I am electing to use that state of domicile .....(check one)  YES  NO  
If yes, enter the 2-letter state code of the servicemember's state of domicile \_\_\_\_\_
  6. 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.**

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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.**

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### 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.

**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](http://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 TempsPlus, Inc Telephone no. 270-444-0030 EIN ▶ 61-1137076

Street address 4720 Village Square Drive, Ste A

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

Person to contact, if different from above MJA & Associates Telephone no. 951-272-8294

Street address 2279 Eagle Glen Pkwy. # 112-217

City or town, state, and ZIP code Corona, CA 92883

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](http://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 Tax Credit  
LONG-TERM UNEMPLOYMENT RECIPIENT (LTUR)  
SELF-ATTESTATION FORM (SAF)**

**Instructions:** The Self-Attestation Form (SAF) is to be completed, signed, and dated by the applicant / new hire, only. Employers or their authorized representatives should submit the completed SAF along with IRS Form 8850, *Pre-Screening Notice and Certification Request for the Work Opportunity Tax Credit*, or if filed separately, with ETA Form 9061/ETA Form 9062, to the State Workforce Agency (SWA) for each certification request submitted for the Long-Term Unemployment Recipient (LTUR) targeted group.

**Applicant Self-Attestation:** Under penalties of perjury, I declare that the information below is true and correct to the best of my knowledge.

**Applicant's Full Name** (Print: *First, Middle Initial, Last*): \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Social Security Number:** \_\_\_\_\_ **Date of Birth:**(mm/dd/yyyy)

**Employer's Name:** \_\_\_\_\_

**Employer's Firm/Company Name:** MJA & Associates

**Applicant Instructions:** Please check "√" the statement below if it applies to you and fill in the requested information below.

I declare that I was/am in a period of unemployment that was/is at least 27 consecutive weeks; **and**, for all or part of that unemployment period, I received unemployment compensation under State or Federal law.

State(s) unemployment compensation was received: \_\_\_\_\_

I have been in a period of unemployment since (Enter unemployment start date: mm/dd/yyyy) \_\_\_\_\_

**Privacy Act Notice:**

Section 51 of the Internal Revenue Code of 1986, 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 process. The information you have provided by 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 work opportunity 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 Act – OMB Control No. 1205-0371). Please do not submit completed WOTC processing forms to this address.

**WOTC (Work Opportunity Tax Credit) Questionnaire**

TempsPlus, Inc is participating in the WOTC program offered by the government. The program has been designed to promote the hiring of individuals who qualify as a member of a target group and to provide a Federal Tax Credit to employers who hire these individuals. This questionnaire will assist TempsPlus, Inc in qualifying individuals for the WOTC. This program will not affect any hiring decisions. Thank you for your participation.

Start Date	_____
Pay Rate	_____
Job Title	_____
Branch	_____

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Last Name First Name Middle Initial

**Please circle ID type:** Driver's License State ID US Passport Federal/State Government ID

\*Government Identification #: \_\_\_\_\_ State: \_\_\_\_\_ (ID must contain Age & Birthdate)

**Please answer YES or NO to the following questions:**

	YES	NO
1. Are you a <b>Veteran</b> of the U.S. Armed Forces? (If <b>NO</b> , go to Question # 2) Are you a Veteran entitled to compensation for a service-connected disability? Were you discharged or released from active duty within 1 year before you were hired? Were you unemployed for a combined period of at least 6 months during the year before you were hired? Were you unemployed for at least 4 weeks but less than 6 months during the year before you were hired? <b>* If you have your DD-214, Discharge Papers, or Letter of Separation, please provide a copy to your Employer</b>	<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"/>
2. Are you a member of a family that received <b>SNAP</b> (Food Stamps) benefits for the <b>6 months</b> before you were hired? Did you receive <b>SNAP</b> benefits (Food Stamps) for at least a <b>3-month period within the last 5 months</b> , but you are no longer receiving them? Are you a member of a family that received <b>SNAP</b> benefits (Food Stamps) for at least <b>3 months during the 15 months</b> before you were hired? Name of <i>primary recipient</i> : _____ City & State where benefits were received: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Were you referred to an employer by a <b>Vocational Rehabilitation Agency</b> approved by a State? Name of Agency: _____ City and State: _____ Were you referred by an Employment Network under the <b>Ticket to Work</b> Program? Were you referred by the <b>Department of Veterans Affairs</b> ?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Are you a member of a family that received <b>Temporary Assistance to Needy Families (TANF)</b> assistance for at least the last 18 months before you were hired? Are you a member of a family that received <b>TANF</b> benefits for <b>any</b> 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Did your family stop being eligible for <b>TANF</b> assistance within 2 years before you were hired because a Federal or State law limited the maximum time those payments could be made? Are you a member of a family that received <b>TANF</b> assistance for any 9 months during the 18-month period before you were hired? If yes to ANY, Name of <i>primary recipient</i> : _____ City & State where benefits were received: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Were you convicted of a felony or released from prison after a felony conviction <b>during the year before you were hired</b> ? If <b>YES</b> , please enter <i>date of conviction</i> : _____ and <i>date of release</i> : _____ <input type="checkbox"/> Federal <input type="checkbox"/> State / What State _____ Dept. of Corrections ID # _____ Date Probation began: _____ *Name of Facility: _____ City: _____ State: _____ Parole Officer's Name: _____ Parole Officer's Phone Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive <b>Supplemental Security Income (SSI)</b> benefits for any month ending within 60 days before you were hired?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been <b>unemployed for a period of 27 consecutive weeks</b> or more? <b>AND</b> Did you receive unemployment compensation for all or part of that period? Which State? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Employee Release: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. I hereby authorize agencies, organizations, or individuals to release requested information to MJA & Associates. I understand that this information will be used solely for the purpose of qualifying my employer for the Work Opportunity Tax Credit program.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date

*TempsPlus of Paducah, Inc.*  
*Employment Services*

**EMPLOYMENT AGREEMENT**

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.
  - Complete my time sheet accurately and have it signed and verified by my immediate supervisor.
  - Immediately notify TempsPlus in the event of an injury.
- 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.

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.

Applicant Initial \_\_\_\_\_

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

*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

*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.*



## 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.



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Employee Signature

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Employee Printed Name

---

Date

*TempsPlus of Paducah, Inc.*  
*Employment Services*

**DRUG SCREEN AUTHORIZATION**

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 Social Security Number: \_\_\_\_\_--\_\_\_\_--\_\_\_\_\_



\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

*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

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Date

*TempsPlus of Paducah, Inc.*  
*Employment Services*

**ASSIGNMENT INFORMATION SHEET**

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. **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.

3. **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.**

4. **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.

5. **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.

6. **PAYROLL:** A normal pay week runs from Sunday through Saturday 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. If you have worked for us before, your previous banking history is on file and will be used unless updated.

7. **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.)

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.

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.

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

\_\_\_\_\_  
Applicant's Signature



\_\_\_\_\_  
Date