



Email Address to send pay statements: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Gender: (M / F) \_\_\_\_\_ Marital Status: (M / S / W / D) \_\_\_\_\_

US Citizen (Y / N) \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_ Worker Comp Code: \_\_\_\_\_

Hourly / Salaried Exempt / Salaried Non-Exempt / Commission (Circle one) Base Rate: \_\_\_\_\_

Pay Frequency: (Weekly / Bi-weekly / Semi-monthly / Monthly) \_\_\_\_\_

Payroll Hire Date: \_\_\_\_\_ Original Hire Date: \_\_\_\_\_

**THE FOLLOWING STATEMENTS MUST BE READ BEFORE SIGNING BELOW**

The facts set forth in my application and this employee packet are true and complete. I authorize the exploration of all statements contained in this packet and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employer from all liabilities on account of providing such information. I understand that if employed, false statements, omissions, or misleading statements on this packet shall be considered cause for dismissal and I agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or misleading statements. My employer is hereby authorized to investigate my employment history, including the contacting of employers I have listed on employee application.

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

Client Name: \_\_\_\_\_

DM Employer Services, Inc.  
PO Box 21524  
Saint Petersburg, FL 33742  
Phone (727)547-1683, Toll Free (877)303-8233, Fax (727)546-3500  
[www.dmemployerservices.com](http://www.dmemployerservices.com)

**GENERAL SAFETY RULES**

The safety rules and procedure are developed to assist in achieving job safety by having no employee accidents. Some of the rules are OSHA requirements.

Employees must follow the safety policy, rules and procedures established by your company. Violations may result in disciplinary action, which could include termination.

1. Report the employee's injury, no matter how small to your supervisor. The injury should be reported within 24 hours to ensure proper filing of the incident.
2. All non-emergency treatment for accidents must be first authorized by your supervisor.
3. Report to the designated medical facility for treatment. Non-approved treatment will be paid at your own expense. If it is a life threatening injury, immediately go to the nearest emergency room.
4. Hazardous conditions should be reported to your supervisor immediately for prompt correction. When in doubt about the safety of a situation, contact the supervisor to find the proper procedures.
5. Proper eye protection, hard hats, gloves, leather ankle high shoes and appropriate clothing may be required and should be worn when mandated. Management will determine the safety equipment needed and insure you are properly equipped.
6. Obey all posted and spoken safety rules from your company.
7. When the employer holds safety meetings, employee attendance is required.
8. Employees are expected to conduct themselves in a professional manner. Be courteous. Avoid distracting others as distractions may cause or contribute to accidents. Do not engage in horseplay on the job.
9. Uncontrolled drugs and alcohol are prohibited in the vehicles, at the jobsite and on company property. The possession or consumption of alcohol, drugs, or any controlled substance is against policy and violators are subject to dismissal.
10. Employees should report any equipment or condition considered to be unsafe, as well as what they consider to be unsafe work practices. This type of information should be reported to the supervisor or to the person in charge of the job.
11. Employees are not to use equipment or perform work activities not known to them. Immediately contact your supervisor. Other trades equipment, scaffolding and ladders will not be used.
12. Good housekeeping practices improve the safety for everyone. When clutter is left in the work area by someone else, clean it up and report this to your supervisor.
13. When lifting, use your legs and/or get assistance. Over 70 lbs, two persons will be used. Aids such as hand trucks, pallet jacks and wheelbarrows may used.
14. Employees will not ride in the back of a truck.
15. Employees will use approved seatbelts when in any moving vehicle.
16. Employees will not work below ground level or at elevated heights such as scaffolding or ladders unless proper sloping, scaffold erection and ladder tie offs are in place. The Competent Persons of the company will review the jobsite and provide approval to use. If conditions are unsafe, immediately contact the Safety Coordinator/Supervisor for further direction.
17. Equipment use is prohibited unless there has been prior approval and training.
18. Do not remove or bypass any guards on any machinery.
19. Wear seatbelts at all times when in company vehicles or on company business.
20. Forklifts will not be operated unless there is formal and current documentation of training by the location company. Copies of the employer's training program must be in the worker's personnel file before use.
21. Fall protection harness will be worn if in man lifts or working off the rail of the scissor lifts. Proper scaffolding procedures will be in place before working on them.

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



# EMPLOYER SERVICES

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U.S. Department of Justice  
Immigration and Naturalization Service

OMB No. 1115-0135  
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

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

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

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

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

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

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

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

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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# EMPLOYER SERVICES

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## VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The companies believe all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, martial status or any other protected group status.

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

Position applied for: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

**Race/Ethnic Data:**

☐ White (Non-Hispanic) ☐ Asian or Pacific Islander ☐ American Indian

☐ Black (Non-Hispanic) ☐ Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

**Disabled/Veteran Classification (s):**

Disabled Person ☐ Vietnam Era Person ☐ Special Disabled Veteran ☐  
(30% or more disability)

<b>To Be Completed By Employer</b>
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From the EEO job classification listed below, which one best describes the position filled

☐ 1 – Officials and Managers ☐ 4 – Sales ☐ 7- Operative (Semi-skilled)

☐ 2- Professionals ☐ 5- Office and Clerical ☐ 8-Laborers (Unskill)

☐ 3- Technicians ☐ 6- Craft Workers (skilled) ☐ 9- Service Worker





# EMPLOYER SERVICES

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## AUTHORIZATION FORM FOR PAYROLL DEDUCTION

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

I understand that during my employment there may be deductions from my paycheck for various reasons.

LET THIS FORM SERVE AS voluntary authorization to deduct monies from my paycheck for the purposes checked below. I also understand by my signature that upon termination from my employment for any reason, all monies owed will be deducted from my final paycheck without further authorization. I will also upon termination or upon request immediately return all company property.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Reasons For Deduction:

TOOLS ☐

COMPANY LOAN ☐

UNIFORMS ☐

CELL PHONE ☐

401 (k) ☐

LOSS OF COMPANY EQUIPMENT ☐

OTHER \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

Total amount of deduction: \$ \_\_\_\_\_

Is this a one-time deduction? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No", please deduct \$ \_\_\_\_\_ per pay period until paid in full

\_\_\_\_\_  
Client Authorized Signature

\_\_\_\_\_  
Date

**ORIGINAL EMPLOYEE SIGNATURE REQUIRED FOR PROCESSING**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed By: \_\_\_\_\_  
Authorized Signature

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## Authorization for Automatic Payroll Deposits

I, \_\_\_\_\_, hereby authorize and instruct DM Employer Services, Inc. to deposit the amount of each of my payroll payments directly into my checking and/or savings account indicated below in the amounts indicated below in the Deposit Instructions. I grant DM Employer Services, Inc. the right to correct any Automatic Payroll Deposits resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I further hereby authorize and instruct my bank to accept such automatic deposits to and withdrawals from my account or accounts by DM Employer Services, Inc. and to cause my account or accounts to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by DM Employer Services, Inc. without any responsibility for correctness of any such deposit or withdrawal. Further, I will not hold DM Employer Services, Inc. responsible for any fee that I may incur for any reason related to the Automatic Payroll Deposits and will hold harmless DM Employer Services, Inc. in the event that my paycheck is late, misrouted, returned to the bank, or any other unforeseen cause or bank error and any and all results from that bank error.

### Deposit Instructions

\_\_\_\_\_ Please deposit the full amount of each of my payroll payments to my CHECKING account.

Initial \_\_\_\_\_

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_ Please deposit the full amount of each of my payroll payments to my SAVINGS account.

Initial \_\_\_\_\_

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_ Please deposit the full amount, indicated below, of each of my payroll payments to my  
Initial SAVINGS account and the remainder of each payroll payment to my CHECKING account.

Savings Acct: % \_\_\_\_\_

Whole %

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Checking Acct: % \_\_\_\_\_

Whole %

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both DM Employer Services, Inc. and my bank. Please allow 2-3 weeks for these transactions to appear or be discontinued from your account(s).

I understand that all automatic deposits and credits to or withdrawals and debits from my account or accounts under this authorization will be subject to all rules, regulations, agreements and disclosure statements of DM Employer Services, Inc. and the Bank governing accounts and preauthorized transfers to and from accounts.

By signing, I acknowledge receiving a completed copy of this authorization on the date I signed below and agree to every term and condition of this Authorization.

VALID E-MAIL ADDRESS: \_\_\_\_\_

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Printed Name

Signature

Social Security Number

Date

PLEASE BE ADVISED A VOIDED CHECK IS REQUIRED FOR PROCESSING. FOR SAVINGS PLEASE ENTER YOUR ACCOUNT NUMBER AND A CORRECT ROUTING NUMBER THAT YOUR BANK WILL SUPPLY. DEPOSIT SLIPS DO NOT HAVE THE CORRECT INFORMATION TO PROCESS YOUR REQUEST.

# Form W-4 (2010)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li><li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li></ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"><li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li></ul>	<b>H</b> _____

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

<b>Form W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>			
1 Type or print 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. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6	
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶ 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.					
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

<b>Form W-11</b> Revised June 2010 Department of the Treasury Internal Revenue Service	<b>Hiring Incentives to Restore Employment (HIRE) Act Employee Affidavit</b>  ➤ Do not send this form to the IRS. Keep this form for your records.	OMB No. 1545-2173
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**To be completed by new employee. Affidavit is not valid unless employee signs it.**

I certify that I have been unemployed or have not worked for anyone for more than 40 hours during the 60-day period ending on the date I began employment with this employer.

Your name \_\_\_\_\_ Social security number \_\_\_\_\_

First date of employment \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of employer \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this affidavit and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To be completed by new employee. Affidavit is not valid unless employee signs it. I certify that I have been unemployed or have not worked for anyone for more than 40 hours during the 60-day period ending on the date I began employment with this employer.

#### Purpose of Form

Use Form W-11 to confirm that an employee is a qualified employee under the HIRE Act. You can use another similar statement if it contains the information above and the employee signs it under penalties of perjury. Only employees who meet all the requirements of a qualified employee may complete this affidavit or similar statement. You cannot claim the HIRE Act benefits, including the payroll tax exemption or the new hire retention credit, unless the employee completes and signs this affidavit or similar statement under penalties of perjury and is otherwise a qualified employee. A "qualified employee" is an employee who:

- begins employment with you after February 3, 2010, and before January 1, 2011;
- certifies by signed affidavit, or similar statement under penalties of perjury, that he or she has not been employed for more than 40 hours during the 60-day period ending on the date the employee begins employment with you;
- is not employed by you to replace another employee unless the other employee separated from employment voluntarily or for cause (including related to you if he or she is your child or a descendent of your child, your sibling or stepsibling, your parent or an ancestor of your parent, your stepparent, your niece or nephew, your aunt or uncle, or your in-law. An employee also is related to you if he or she is related to anyone who owns more than 50% of your outstanding stock or capital and profits interest or is your dependent or a dependent of anyone who owns more than 50% of your outstanding stock or capital and profits interest. If you are an estate or trust, see section 51(i)(1) and section 152(d)(2) for more details.

*Do not send this form to the IRS. Keep it with your other payroll and income tax records.*