

Applicant Name _____

**** Please check all
that apply ****

**Must have
ACTUAL EXPERIENCE**

- INDUSTRIAL**
- Assembly
 - Buffer
 - Carpentry
 - Concrete Finisher
 - Concrete Worker
 - Construction
 - Electronic Assembly
 - Electronic Technician
 - Forklift
 - Foundry
 - General Labor
 - Industrial Sewer
 - Inspection
 - Inventory
 - Landscaper
 - Loading/Unloading
 - Masonry
 - Material Handling
 - Medical Assembly
 - Order Selector
 - Packaging
 - Painting
 - Plastics
 - Plating
 - Plumber
 - Polisher
 - Sanding
 - Shipping & Receiving
 - Soldering
 - Sorting
 - Warehouse

- INDUSTRIAL EQUIPMENT**
- Blue Prints
 - Calipers
 - Hard Hat
 - Micrometer
 - Safety Glasses
 - Steel Toed Boots
 - Tools
 - Work Gloves
 - Work Shoes

- MAINTENANCE**
- Building
 - Housekeeping
 - Janitorial

- MACHINE OPERATORS**
- Boring Mill
 - Brown & Sharp
 - CNC
 - Drill Press
 - Grinder
 - Hand Held Crane
 - Holst
 - Injection Molding
 - Lathe
 - Metal Shear
 - Milling
 - Overhead Crane
 - Printing
 - Punch Press
 - Set Up
 - Turret Lathe

- HOSPITALITY**
- Banquet Server
 - Bartender
 - Cook
 - Dishwasher
 - Food Service
 - Host
 - Hostess
 - Black Pants
 - White Shirt

- SKILLED POSITIONS/
TRADES**
- CNC
 - Electrician
 - Machinist
 - Machine Maintenance
 - Millwright
 - Tool & Die
 - Welder - All
 - Welder Arc
 - Welder Mig
 - Welder Spot
 - Welder Stick
 - Welder Tig

- ACCOUNTING**
- AS400
 - MAS 90
 - Peachtree
 - Quickbooks
 - Quicken

- DRAFTING**
- CAD Operator
 - Drafter

- SECRETARIAL**
- Admin. Assistant
 - Executive Secretary
 - Legal Secretary
 - Medical Secretary
 - Receptionist
 - Sales Secretary
 - Switchboard Operator

- OFFICE EQUIPMENT**
- 10 Key
 - Copy Machine
 - Fax Machine
 - Scanner

- SHIFT**
- First
 - Second
 - Third
 - Part-Time
 - Overtime
 - Weekends

- ACCOUNTING**
- Accounting Clerk
 - Accounts Payable
 - Accounts Receivable
 - Bank Teller
 - Billing
 - Bookkeeping
 - Cashier
 - Cost Accounting
 - Credit Collections
 - General Accounting
 - General Ledger
 - Medical Billing
 - Payroll

- OFFICE**
- Call Center
 - Customer Service
 - Demonstrator
 - Email
 - Filing
 - General Office
 - Internet
 - Mail Clerk
 - Telemarketer

- MECHANICS**
- Auto Detailer
 - Auto Mechanic
 - Diesel Mechanic

- OFFICE SKILLS**
- Data Entry
 - Dictaphone
 - Dispatcher
 - Legal Terminology
 - Medical Terminology
 - Shorthand
 - Speed Writing
 - Typing

- PROFESSIONAL**
- EMT
 - Engineering
 - Hotel Manager
 - Human Resources
 - Manager
 - Retail
 - Sales

- SOFTWARE**
- Access
 - ACTI
 - Auto Cad
 - Excel
 - Fax Pro
 - Lotus 1-2-3
 - Macintosh
 - Microsoft Publisher
 - Office Suite
 - Outlook
 - Power Point
 - Photoshop
 - Windows XP
 - Word
 - Word Perfect

- TRANSPORTATION**
- Car
 - Public
 - Ride

Innovative Hiring Technology, Inc.

1361 21st Ave N # 109, Myrtle Beach, SC 29577 • O: (843) 626-7970 • F: (843) 626-7974
www.ihstaffing.com • ihtmyrtlebeach@hotmail.com

TO:	Applicant
FROM:	Innovative Hiring Technology, Inc.
DATE:	May 2014
SUBJECT:	Homeland Security Employment Eligibility Verification & Tax Forms Emergency Contact and W/C Acknowledgement

Homeland Security requires that we review and verify your employment eligibility.

Please:

- Complete Page 1 – Employee Personal Information Section.
- Complete the Employee Authorization & Acknowledgements form.
- Complete the POST HIRE Personal Health History Questionnaire form.
- Complete the I9 form ****Note – I9 Documents – Choose 1 from A OR you may choose 1 item each from List B & C.**
- Provide a legible copy of your ID.
- Provide a legible copy of your Social Security Card or Birth Certificate.
- Complete the 2014 FEDERAL TAX FORM (W-4).
- Complete the **direct deposit** information page if you have a checking account. You must include a voided check or the direct deposit form which your bank can provide. We can deposit your check for you the week that you will be paid!

We cannot process your payroll check if we are missing any of this information. Thank You.

IHT POLICIES and PROCEDURES

Please initial each line after you have read and completely understand each statement:

- I understand that I am expected to complete any job assignment that I accept unless the work is unsafe. If I consider the job unsafe I will call IHT immediately. A 24 hour answering service is available seven days a week for your convenience, (843) 626-7970.
- I understand that failure to complete a job assignment without reasonable cause will result in a pay rate of the Federal Minimum Wage for that particular assignment. This includes but is not limited to the following: quitting a position without giving a 48 hour notice to IHT Staffing, no show, no call, disorderly or improper conduct while on the job causing reason for dismissal.
- If for some unexpected reason such as an emergency or illness and I cannot make an assignment or if I will be arriving late I will contact IHT as soon as possible so that a replacement can be scheduled in my place. I also agree to give IHT 48 hour notice if I need time off for doctor's visits, car repairs, etc. My failure to do so will be grounds for IHT to assume that you have voluntarily quit, Non-compliance with this availability policy is regarded as voluntary quit and you may be ineligible for unemployment benefits. Also, it states on the back of IHT's time card when signed you are agreeing to the terms and conditions. An employer may not hire an IHT employee before said hours are completed without IHT being paid a fee.
- Full time is defined as 40 hours per week. Details of an assignment will be given once it is accepted by the employee.
- IHT has a very strict SUBSTANCE ABUSE POLICY and by signing this form I consent to submit to random drug testing. I understand that failure to comply with this agreement will be grounds for my immediate termination.
- IHT is not liable for drug screenings, physicals and/or credit/background checks. The employee will pay for the required pre-employment screenings upfront when applicable.
- Time cards are the responsibility of the employee. They can be picked up at the office or printed off the IHT website, ihtstaffing.com. I understand that IHT will not recognize or pay for any hours worked by me without a timecard signed by the client.
- As an employee of IHT it is my responsibility to fill out a timecard properly and make sure that it is turned in to IHT's office by 9am every Monday morning. If the timecard is faxed it is my responsibility to follow up and confirm that my timecard has been received. Pay checks are available for pick-up every Friday from 7:30am-5:00pm if not direct deposited or a pay card has been issued.
- I understand that if I give IHT permission to mail my paycheck to the address I have provided it is my responsibility to pay \$35 stop payment fee to IHT in the event I do not receive it and need a check reissued.

By signing below you are agreeing to IHT's policies and procedures.

Employee Signature: _____

Date: _____



NEW EMPLOYEE PACKET

Worksite Employer (Client): _____ Client Number: _____

Work Location: _____ Work State: _____

NOTE: ***45 day notice required for new Location/State***

Please complete this packet only **AFTER** you have accepted an offer of employment with your Worksite Employer.

Welcome to CEO! Your Worksite Employer has entered into a relationship with CEO to provide certain administrative services which typically include: preparation of your paycheck, management of work-related injuries or illnesses via our workers' compensation program, human resources support services and certain optional benefits. Your Worksite Employer will continue to have day-to-day direction and control of your employment; including but not limited to: policies, procedures, pay rate and hours of work.

Employee Instructions: Complete all items marked in **YELLOW**, sign and promptly return to your Worksite Supervisor.

Worksite Employer (Client) Instructions:

- 1) Complete all items marked in **BLUE**, Page 1(a) and Page 4(b) – Section 2 "Employer or Authorized Rep Review and Verification;"
- 2) Verify employee has completed packet, including signatures on all forms and acknowledgements;
- 3) Fax Pages 1(a) through 6 to your CEO Payroll Specialist at (941) 907-9617; and
- 4) Keep the original New Employee Packet for your records. **Note:** Pages 3(a) 3(b), 5 and 6 should be kept separate from personnel file.

EMPLOYEE PERSONAL INFORMATION

Social Security Number (SSN): _____ / _____ / _____

PRINT name exactly as shown on your Social Security Card:

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: _____ / _____ / _____

Home Street Address: _____ Apt/Bldg. #: _____

Zip: _____ City: _____ State: _____

Home or Cell Phone: (_____) _____ Marital Status: Single Married

Email Address: _____ Gender: Male Female

Emergency Contact: _____ Relationship: _____ Phone: (_____) _____

WORKSITE EMPLOYER (CLIENT) ONLY

CEO Start Date: _____ / _____ / _____ Client Date of Hire: _____ / _____ / _____

Employment Type: Full Time Part Time Seasonal Temporary

Primary Rate of Pay: \$ _____ Per: _____ Secondary Rate: \$ _____ Per: _____

Pay Method: Hourly Salaried Commission Tipped Standard Hours per Week: _____

FLSA Status: Non-Exempt Exempt

EEO Job Classification: which classification best describes the position? (Check One)

- | | | |
|--|--|---|
| <input type="checkbox"/> 1.1 Executive/Senior Level Officials & Managers | <input type="checkbox"/> 2 Professionals | <input type="checkbox"/> 6 Craft Workers (skilled) |
| <input type="checkbox"/> 1.2 First/Mid-Level Officials & Managers | <input type="checkbox"/> 3 Technicians | <input type="checkbox"/> 7 Operative (semi-skilled) |
| | <input type="checkbox"/> 4 Sales | <input type="checkbox"/> 8 Laborers (unskilled) |
| | <input type="checkbox"/> 5 Office and Clerical | <input type="checkbox"/> 9 Service Workers |

Job Title: _____ W/C Code: _____ Location Code: _____

Department Code: _____ Division: _____ Project/Cost Center: _____

Authorized Signature: _____ Title: _____ Date: _____



Employment Authorization & Acknowledgement

Employment: I understand that my Worksite Employer has entered into an Agreement with Century Employer Organization, LLC or an affiliated company ("CEO") whereby CEO has agreed to provide certain specifically identified employment related services for me and my Worksite Employer. I understand that my Worksite Employer will still manage, direct and control day-to-day activities, and that I remain an at-will leased employee. Employment is on a probationary basis for the first ninety (90) days after hiring.

Acknowledgement/Disclaimer of Employment Status: I understand I will NOT be considered a CEO employee for any purpose until a completed New Employee Packet and required paperwork is fully COMPLETED and RECEIVED by CEO.

Wages: I acknowledge that my Worksite Employer is responsible for paying my wages. In the event my Worksite Employer does not pay CEO for services provided by me to my Worksite Employer for a particular pay period, CEO may terminate the Agreement with the Worksite Employer, with no further obligations to me or my Worksite Employer. If the Agreement with my Worksite Employer remains in place, CEO may terminate my employment with no further obligations, or may elect to pay me for such pay period no more than the then-current minimum wage rate and my applicable overtime pay based on such minimum wage rate or the minimum salary for that pay period, as permitted by law. I understand that my Worksite Employer remains ultimately obligated to me for any unpaid wages I may be due. In the event that my Worksite Employer files a petition in bankruptcy at a time when monies are due to CEO from my Worksite Employer for wages paid to me, I hereby assign CEO any and all rights I have to assert a priority wage claim in the bankruptcy proceeding. I also authorize CEO and its affiliates to initiate any adjustments on future wages for any entries made in error.

Unemployment: I hereby agree to notify CEO in the event I resign or am terminated by my Worksite Employer, regardless of the reason within 48 hours for possible reassignment and that unemployment benefits may be denied if I fail to do so.

Safety/Injuries: I agree to immediately report to CEO and my Worksite Employer any accidents or injuries I suffer while working or while on my Worksite Employer's premises. I further agree to follow all safety rules and regulations established by either CEO or my Worksite Employer and realize that failure to do so may alter any workers' compensation benefits provided to me. In recognition of the fact that any work related injuries which might be sustained by me are covered by state Workers' Compensation statutes, and to avoid the circumvention of such state statutes which may result in suits against the customers or clients of CEO based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suits against any client or customer of CEO for damages based upon injuries which are covered under such Workers' Compensation statutes.

Drug Testing: I understand that CEO or my Worksite Employer may now have, or may establish, a drug-free workplace or a drug and/or alcohol testing program consistent with applicable federal, state, or local law. I understand that, pursuant to the Worksite Employer's policy and federal, state, or local law, I may, as a condition of hire or continued employment, be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. I also understand that I may be subject to an alcohol and/or drug test before any treatment of a work-related accident or injury. I understand that refusal to submit to an alcohol and/or drug test may be considered a positive test result and/or grounds for termination.

Background Check: I understand that all information contained in this New Employee Packet is subject to verification. In the event my Worksite Employer required a complete background and/or credit check, I authorize and consent, to the extent permitted by federal, state, and local law, to allow my Worksite Employer, CEO, or their respective agent(s) to obtain information including, but not limited to, motor vehicle reports (driving records), credit history, employment or educational references, criminal history, and any other information concerning me.

Duty to Report Harassment: CEO does not and will not tolerate harassment of or discrimination against employees, applicants, customers or vendors. All CEO employees are strictly prohibited from engaging in any form of harassing and/or discriminatory conduct. If you think you are being harassed or discriminated against by another employee, manager, customer, or vendor, you should promptly notify the Worksite Employer's President and the Human Resource Department at CEO, 6901 Professional Pkwy E. #104, Lakewood Ranch, FL 34240; telephone 941-907-4520, fax 941-907-8811, whereupon the matter will be discreetly and thoroughly investigated. Immediate steps will be taken to stop any improper behavior. Disciplinary action, up to and including termination of employment, will be taken, when appropriate, against the offender(s). I agree that if at any time during my employment I am subject to any type of discrimination, including but not limited to discrimination because of race, sex, including same-sex, sexual orientation, pregnancy, age, religion, color, military status, veteran status, national origin, citizenship, handicap, disability, or marital status, or if I am subject to any type of harassment, including but not limited to sexual harassment, or any other treatment which I believe is unfair or improper, I will immediately contact the Worksite Employer's President and the Human Resource Department at CEO, telephone 941-907-4520, in order to obtain assistance in the resolution of such matters.

Authorizing Release: I hereby authorize any party or agency contacted by my Worksite Employer, CEO, or their respective agent(s) to furnish information requested. I understand that I may be required to complete additional releases authorizing my Worksite Employer or its agents to investigate all statements contained in this or any other employment related documents. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, or local law, my Worksite Employer, CEO, their respective agent(s), and any party delivering information to them pursuant to this authorization from any liabilities, claims, charges, or cause of action that I may have a result of gathering delivery or disclosure of any requested information.

Employee Certification

I hereby certify that all information contained in this New Employee Packet or in any other application, resume, or document provided to my Worksite Employer or CEO is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate, or incomplete information may result in disciplinary action, up to and including termination of my employment.

Employee Signature: _____

SSN: _____

Printed Name: _____

Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the 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 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 <input type="text"/> - <input type="text"/> - <input type="text"/>		E-mail Address			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):

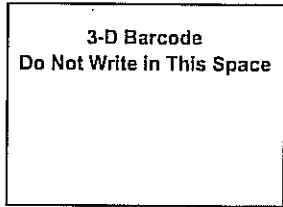
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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.

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



Employer Completes Next Page





POST HIRE ONLY

PERSONAL HEALTH HISTORY QUESTIONNAIRE

Applicable state and federal laws prohibit discrimination based on disability or prior filing of claim for workers' compensation or taking medical leave to which you were entitled. This personal health history questionnaire will be maintained in a file separate from your employment file. Any false statements, misrepresentations, or concealments to secure employment are sufficient grounds for dismissal.

Circle YES or NO if you now have, or if you are being treated now by a health care provider, OR if you have had in the past, or have been treated in the past by a health care provider, for any of the following: Please provide the details of any "YES" answer, including the duration of the condition, dates of treatment, work restrictions or impairment level (if any), and outcome. Please use additional sheets of paper if necessary to fully answer each question.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1.	Carpel Tunnel diagnosis or surgery	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2.	Heart Disease or Attack	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3.	Bone or Joint problems, ie. Knee/shoulder/wrist, etc.	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4.	Dizziness, fainting spells or frequent headaches	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5.	Depression/Nervous Disorder/Mental Illness	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6.	Back or neck condition/injury?	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7.	Have you ever had surgery?	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8.	Do you have any physical limitations that limit or reduce your ability to perform any work related duties?	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9.	Have you ever had a workers' compensation claim due to an on-the-job injury or illness?	DETAILS:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	10.	Have you had any medical condition, illness, or disease that resulted in your absence from work or inability to perform the essential functions of your job for more than 7 consecutive work days?	DETAILS:

Have you ever had or been treated for any of the following conditions or diseases?

Repetitive Stress Trauma:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Diabetes:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Back or neck problems or injury:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Alcoholism:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Knee injury:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Drug Addiction:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Major illness in the past five years:	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

Employee Signature _____

Date _____

Print Name _____

Social Security Number (SSN) _____

6901 Professional Pkwy E #104, Lakewood Ranch, FL 34240 PH: (941) 907-4520 FAX: (941) 907-9617 ceopeo.com

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	
<p>For accuracy, complete all worksheets that apply. {</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2015</h1>			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)	



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. CEO and your Worksite Employer believe all persons are entitled to equal employment opportunities and do not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

Name: _____ Date: ____ / ____ / ____

Position applied for: _____

Social Security Number (SSN): _____ Date of Birth: ____ / ____ / ____ Gender: ___ Male ___ Female

Race/Ethnic Data: (Select One Category)

- White (Non-Hispanic)**
Origins of Europe, North Africa, or Middle East
- Asian (Non-Hispanic)**
Origins of Far East, Southeast Asia, or the Indian subcontinent
- Native Hawaiian or Other Pacific Islander**
Origins of Hawaii, Guam, Samoa, or other Pacific Islands
- Black or African American (Non-Hispanic)**
Origins in any of the black Racial groups of Africa
- Hispanic or Latino**
Mexican, Cuban, Puerto Rican, South or Central American, or Other Spanish culture or origin regardless of race
- American Indian or Alaskan Native**
Origins of North and South America (including Central America), who maintain tribal affiliation or community attachment
- Two or more races (Non-Hispanic)**
All persons who identify with more than one of the above races

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veteran 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, for use one in accordance with regulations, and without subjecting the individual to adverse treatment.

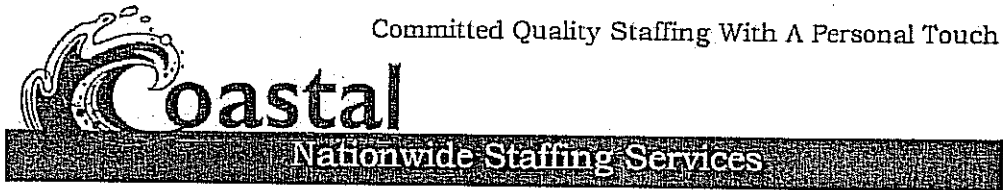
Disabled/Veteran Classification(s):

- Special Disabled Veteran (30% or more disability)
- Vietnam Era Veteran
- Other Eligible Veteran
- Disabled Individual

To be completed by the Worksite Employer (Client)

Check here if the employee elected not to complete this form, the Worksite Employer (Client) has completed it through visual identification as required by law.

6901 Professional Pkwy E #104, Lakewood Ranch, FL 34240 PH: (941) 907-4520 FAX: (941) 907-9617 ceopeo.com



Direct Deposit Acceptance Form		
Name: Last, First, Initial		Date of Birth (MM/DD/YYYY):
Address (Mailing):		City:
		State:
Home Phone:	Daytime Phone	Employee ID or SS:
Employer Name and Address		Name of Issuing Financial Institution ("Bank"):

Please choose from the following options:

Direct Deposit – I have a bank account already. Here is the information to set me up.

rapid! PayCard – I would like to Register my new rapid! PayCard® Visa® Payroll Card.

Bank Name _____
 Bank Routing Number _____
 Account Number _____
 Checking Savings

Name rapid! PayCard
 Bank Routing # 031101169
 Account Number _____
(13 digits starting with 933)

I authorize THE COASTAL GROUP, INC. to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize THE COASTAL GROUP, INC. to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify THE COASTAL GROUP, INC. in writing of my intent to cancel. Upon THE COASTAL GROUP, INC.'s receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize THE COASTAL GROUP, INC. to debit my account(s) not to exceed the original amount of the credit.

I understand that THE COASTAL GROUP, INC. reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: If sending this form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.

For Direct Deposit to a bank account or a rapid! PayCard, please attach a voided check below, sign and date

Routing Number Account Number Check Number

Print Name _____
 Signature _____ Date _____