

ALL STAFF, INC

Application for Employment

Date: _____

S.S. #: _____

ALL STAFF, INC is an Equal Opportunity Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PERSONAL INFORMATION

NAME _____

ADDRESS _____

PHONE _____

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE UNITED STATES? YES NO ARE YOU 18 YEARS OR OLDER? YES NO

POSITION APPLIED FOR _____ SALARY DESIRED _____

REFERRED BY _____

HAVE YOU APPLIED WITH ALL STAFF, INC BEFORE? YES NO IF YES, WHEN? _____WOULD YOU PREFER TO WORK FULL TIME PART TIME TEMPORARY DATE AVAILABLE _____ARE YOU EMPLOYED NOW ? YES NODOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? YES NO

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? IF NOT , INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LAGUAGES, ETC

U.S. ARMED FORCES YES NO IF YES, BRANCH _____ RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO IF YES, PLEASE EXPLAIN:
(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT)

IN CASE OF EMERGENCY, NOTIFY: _____

Name

Phone

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Work History (List below last three employers, starting with last one first)

Employer	Dates Employed FROM TO		Duties
Phone Number	Hourly Rate/ Salary START ENDING		
Job Title			
Supervisor			
Reason for leaving			

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References: List names of three references not related to you, whom you have known at least one year

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>AFFILIATION</u>

SKILL ASSESSMENT

<u>ELECTRICIAN</u>		<u>CARPENTRY</u>	
Number of years		Number of years	
Journeyman	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skilled	<input type="checkbox"/> YES <input type="checkbox"/> NO
Licensed	<input type="checkbox"/> YES <input type="checkbox"/> NO	Helper	<input type="checkbox"/> YES <input type="checkbox"/> NO
State of License		Laborer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Apprentice	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skills (list)	
Helper	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Pull wire	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Bend pipe	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<u>HVAC</u>		<u>CLERICAL/OTHER</u>	
Number of years		Number of years	
Skilled	<input type="checkbox"/> YES <input type="checkbox"/> NO	Microsoft –	
Semi-Skilled	<input type="checkbox"/> YES <input type="checkbox"/> NO	Word	<input type="checkbox"/> YES <input type="checkbox"/> NO
Helper	<input type="checkbox"/> YES <input type="checkbox"/> NO	Excel	<input type="checkbox"/> YES <input type="checkbox"/> NO
Duct Work	<input type="checkbox"/> YES <input type="checkbox"/> NO	PowerPoint	<input type="checkbox"/> YES <input type="checkbox"/> NO
System Install	<input type="checkbox"/> YES <input type="checkbox"/> NO	Outlook	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service	<input type="checkbox"/> YES <input type="checkbox"/> NO	QuickBooks	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Other (list)	
<u>PLUMBER</u>			
Number of years			
Journeyman	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Apprentice	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Helper	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please list or describe any other skills or certifications you may have :

ALLSTAFF COMMENTS

ALL STAFF, INC

DISCLAIMER

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I understand that ALL STAFF, INC is hired by the facilities to do their recruiting and sometimes their hiring. I agree that I will notify ALL STAFF, INC of any offer or discussion regarding potential employment made to me within one year of my interview arranged by or through ALL STAFF, INC. I further understand that if I fail to notify ALL STAFF, INC as above or if I accept a position with the employer without going through ALL STAFF, INC, I may be held jointly and severally liable for the fee. If I am hired through ALL STAFF, INC there will be no fee to me as the employee.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

Applicant Signature: _____

Date: _____

Form W-4 (2009)

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 2009 expires February 16, 2010. 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 their 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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

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 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: {	c You are single and have only one job; or	B _____
		c You are married, have only one job, and your spouse does not work; or	
		c Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	
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 \$1,800 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.		
	c 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.		
	c 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" additional if you have six or more eligible children.	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	_____
	For accuracy, complete all worksheets that apply. {	c 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.	
		c If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	
		c If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">© Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2009</div>
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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. 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 2009, and I certify that I meet both of the following conditions for exemption.		
c Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and		
c 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 (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)

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

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

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

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

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

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

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

Employee's Signature	Date <i>(month/day/year)</i>
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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 <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

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: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

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

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

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

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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