



2021 New Hire Guide

HUMAN CAPITAL
A Vensure Employer Services Company

New Hire Data Input Form

Employee Section

Client:

First Name:

MI:

Last Name:

Social Security Number:

Date of Birth:

Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Personal E-Mail Address:

Work E-Mail Address:

Home Number:

Cell Phone:

Sex: Male Female

Vet Status (optional):

Marital Status: Single Married Divorced

Race: Caucasian African-American/Black Hispanic/Latino American Indian/Alaskan Native
 Asian Two or More Races Native Hawaiian/Pacific Other/Opt Out

Emergency Contact Name:

Relationship:

Emergency Contact Phone:

Human Capital has entered into a service agreement with your present employer. This agreement enables Human Capital payment of fees for services rendered by your present employer. In the unlikely event that your present employer fails to render payment to Human Capital, your status with Human Capital will be automatically terminated. Human Capital is under no obligation to inform you should such an event occur.

Are you subject to wage assignment order pursuant to section 25-504, 25-505, 25-323, or 25-25-323.01 to provide child support; or any other garnishment order? Yes No

(Initial) I certify that all answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.

Client Section

Job Title:

Pay Period: Weekly Bi-weekly Semi

Job Description:

Pay Type: Hourly Salary Commission Piece

Original Hire Date (MM/DD/YYYY):

Salary: Exempt Non-Exempt

Start Date (MM/DD/YYYY):

Pay Rate: Primary #2 #3 #4

Department:

Amount: \$

Division:

Status (Full/Part-Time/Seasonal/Temp):

Location:

Workers' Comp Code:

Application for Employment

We consider applicants for all positions without regard for race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. All employees are subject to Form I-9 Employment Eligibility Verification and Social Security Number Verification upon hire.

Today's Date:

Position(s) Applied For:

*For the following sections on this page, please print or type in your information above each line:



Applicant Last Name First Name Middle Name Social Security Number

Address City State Zip

Township/Locality County E-mail address

Home Phone Cell Phone Alternate Phone

Your preferred shift (select one option): 1st 2nd 3rd

Shifts you are available to work (select all options that apply): 1st 2nd 3rd

Emergency Notification:

Name Home Phone

Address Cell Phone

Military Record ~ Did you serve in the United States military? Yes No

Branch of Services Dates: From Dates: To

Rank Occupation

Education

Check Highest Grade Completed In Each School Category Below:

High School

9 10 11 12 GED

Tech School

1 2 3 4

College

1 2 3 4

Graduate School

1 2 3 4

Type of School

School Name & Location

Graduated
Yes/No

Major

Degree

Senior High School

College

Technical School

Graduate School

Other / Certifications

Applicant Name (Last, First, Middle):

Employment History

Please list all jobs held in the past ten (10) years starting with your present or last job.
Attach additional sheets if necessary.

Employer <i>(Current or Most Recent)</i>		Supervisor	
Start Date		End Date	
Phone			
Address			
Job Title & Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer <i>(Previous #1)</i>		Supervisor	
Start Date		End Date	
Phone			
Address			
Job Title & Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer <i>(Previous #2)</i>		Supervisor	
Start Date		End Date	
Phone			
Address			
Job Title & Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer <i>(Previous #3)</i>		Supervisor	
Start Date		End Date	
Phone			
Address			
Job Title & Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Professional References Familiar with Your Work ~ (Supervisors/Managers)

Supervisor/Manager Name	Title/Occupation	Company Name and E-mail Address	Phone
1.			
2.			
3.			

1.	Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you currently legally authorized to work in the United States for any employer without restrictions and without requiring immigration sponsorship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you currently on layoff status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	What are your salary requirements? \$_____ per _____	
6.	On what date will you be available for work?	
7.	Do you have a valid driver's license? If yes, state DL number & issuing state below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Driver's License Number: _____ State: _____	
9.	Do you have a commercial driver's license? Class _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Distance willing to travel to a job site one way: Miles _____ Hours _____	_____

READ THIS SECTION CAREFULLY BEFORE ANSWERING THE NEXT QUESTIONS:

CRIMINAL BACKGROUND – STATE, CITY, AND COUNTY-SPECIFIC NOTICES:

California Applicants: Do not answer the question below unless: (1) you are applying for a position for which a state or local agency is otherwise required by state or federal law to conduct a conviction history background check; (2) you are applying for a position with a criminal justice agency, as defined by Section 13101 of the California Penal Code; (3) you are applying for position as a Farm Labor Contractor, as described in Section 1685 of the California Labor Code; or (4) you are apply for a position where an employer or an agent thereof is required by any state, federal, or local law to conduct criminal background checks for employment purposes or to restrict employment based on criminal history. For purposes of this paragraph, federal law shall include rules or regulations promulgated by a self-regulatory organization as defined in Section 3(a)(26) of the Securities Exchange Act of 1934, as amended by the 124 Stat. 1652 (Public Law 111-203), pursuant to the authority in section 19(b) of the Securities Exchange Act of 1934, as amended by 124 Sta. 1652 (Public Law 111-203).

Do not Identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550, related to marijuana offenses that occurred two (2) or more years before the date of this application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, or any referral to or participation in a pre-trial or post-trial diversion program.

California – Los Angeles, CA Applicants: Do not answer the question below.

California - San Francisco, CA Applicants: Do not answer the question below unless it is required by federal or state law. Do not disclose a conviction that has been expunged or made inoperative, any juvenile justice conviction, or a conviction more than seven years old unless required to do so by state or federal law.

Connecticut Applicants: Applicants for employment are not required to disclose the existence of any arrest, criminal charge, or conviction for which the records have been erased in accordance with the provisions of Connecticut State Law. Records subject to erasure are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled (not prosecuted), a criminal charge for which a person has been found guilty, or a conviction for which a person received an absolute pardon. Any person whose criminal records have been erased in accordance with the provisions of Connecticut State Law shall be deemed to have never been arrested within the meaning or Connecticut General Statutes and may so swear by oath. Do not answer the question below unless (1) the employer is required to ask about your criminal record by state or federal law; or (2) a security or fidelity bond is required for the position for which you are applying.

Georgia Applicants: Do not identify records of crimes for which you were a "first offender" and were exonerated and discharged without a court adjudication or guilt.

Hawaii Applicants: You are NOT required to respond to questions about your conviction records until after the Company has made you a conditional offer of employment. At that time, the Company may and will inquire about and consider your conviction records from the previous 10 years that bear a rational relationship to job(s) for which you are applying.

Illinois Applicants: Do not answer the question below unless (1) you are applying for a position for which the employer is required by state or federal law to exclude from employment applicants with criminal convictions; (2) you are applying for a position for which a standard fidelity bond or equivalent is required and you have been convicted of a specified offense that would disqualify you from obtaining such a bond; or (3) you are applying for a position that requires you to be licensed under the Emergency Medical Services (EMS) Systems Act.

Illinois - Chicago, IL Applicants: Do not answer the question below unless (1) you are applying for a position for which the employer is required by state or federal law to exclude from employment applicants with criminal convictions; (2) you are applying for a position for which a standard fidelity bond or equivalent is required and you have been convicted of a specified offense that would disqualify you from obtaining such a bond; or (3) you are applying for a position that requires you to be licensed under the Emergency Medical Services (EMS) Systems Act.

Illinois - Cook County, IL Applicants: Do not answer the question below unless: (1) you are applying for a position for which the employer is required by state or federal law to exclude from employment applicants with criminal convictions; (2) you are applying for a position for which a standard fidelity bond or equivalent is required and you have been convicted of a specified offense that would disqualify you from obtaining such a bond; or (3) you are applying for a position that requires you to be licensed under the Emergency Medical Services (EMS) Systems Act.

Kentucky Applicants: Do not identify misdemeanor convictions more than five (5) years old as of the date of this application.

Maryland Applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Maryland - Baltimore, MD Applicants: Do not answer the question below unless (1) you are applying for a position for which the employer is required by state or federal law to inquire about your criminal history; or (2) you are applying for a position at a facility or with an employer that provides programs, services, or direct care to minors or vulnerable adults.

Maryland - Montgomery County, MD Applicants: Do not answer the question below unless (1) the question is expressly authorized by federal, state, or county law or regulation; or (2) you are applying for a position with an employer that provides programs, services, or direct care to minors or vulnerable adults; or (3) you are applying for a position that requires a federal government security clearance.

Maryland - Prince George's County, MD Applicants: Do not answer the question below unless (1) you are applying for a position for which the employer is authorized by state or federal law to exclude from employment those applicants with criminal convictions; (2) you are applying for a position with any County public safety agency, or to positions, in the judgement of the County, have access to confidential or proprietary or personal information, money or items of value, or involve emergency management; (3) you are applying to a position that provides programs, services or direct care to minors or vulnerable adults.

Massachusetts Applicants: You are NOT required to provide information regarding your conviction records until the interview stage of the hiring process. At that time, the Company may and will inquire about and consider your conviction records in accordance with Massachusetts state law. By law this inquiry cannot include:

- First conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance or the peace;
- Conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting therefrom, whichever date is later, occurred five (5) or more years prior to the date of such application for employment or such request for information, unless such person has been convicted or any offense within five (5) years immediately preceding the date of such application for employment or such request for information; or
- Sealed records or juvenile offenses.

An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases or

delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

Missouri – Columbia, MO Applicants: Do not answer the question below unless (1) you are applying for a position for which the employer is required by local, state or federal law to exclude from employment any applicants with certain criminal convictions; (2) you are applying for a position for which a standard fidelity bond or equivalent is required and you have been convicted of a specified offense that would disqualify you from obtaining such a bond; or (3) you are applying for a position that requires you to be licensed under the Emergency Medical Services (EMS) Systems Act.

Missouri- Kansas City, MO Applicants: Do not answer the question below unless you are applying for a position for which the employer is required to exclude applicants with certain criminal convictions from employment due to local, state, or federal law or regulation.

Minnesota Applicants: Do not answer the question below unless you are applying for a position as to which the employer is required by a statute to conduct a criminal background check or otherwise must take into consideration a potential employee's criminal history during the hiring process.

New Jersey Applicants: Do not answer the question below unless you are applying for a position (1) where a criminal history record background check is required by law, rule or regulation; (2) where your arrest or conviction for one or more crimes or offenses would or may preclude you from holding that position under any law, rule or regulation; or (3) where any law, rule, or regulation restricts an employer's ability to engage in specified business activities based on the criminal records of its employees.

New York - Buffalo, NY Applicants: Do not answer the question below (1) unless you are applying for a position that requires a license and the trade or licensing body asks the same question; (2) except to disclose any convictions or violations that would bar your employment in the position for which you are applying under state or federal law; or (3) unless you are applying to a position with a school or other facility that provides care or supervision to children, young adults, senior citizens, or the physically or mentally disabled.

New York – New York City, NY Applicants: Do not answer the question below unless you are applying for a position for which federal, state or local law requires a criminal background check to be obtained or which bars employment in a particular industry based on criminal history.

New York - Rochester, NY Applicants: Do not answer the question below (1) unless you are applying for a licensed position for which employers are required to inquire about applicants' criminal histories by the licensing authority or state or federal law; (2) except to disclose any convictions or violations that would bar your employment in the position for which you are applying under state or federal law. Do not disclose any conviction that was sealed unless the inquiry is specifically required or permitted by state or federal law.

Ohio Applicants: Convictions for certain minor misdemeanor marijuana violations do not constitute a criminal record and need not be reported in response to employer inquiries. Please consult Ohio Rev. Code§ 2925.04 to see if this provision applies to you before responding.

Oregon Applicants: Do not answer the question below unless (1) you are applying for a position where federal, state or local law, including corresponding rules and regulations, requires the consideration of an applicant's criminal history; (2) you are applying for a position with a law enforcement agency; (3) you are applying to a position in the criminal justice system; or (4) are applying for a non-employee volunteer position.

Oregon – Portland, OR Applicants: Do not answer the question below unless (1) you are applying for a position with a law enforcement agency; (2) you are applying for a position with direct access to children, the elderly, or the disabled; or (3) you are applying for a position which presents public safety concerns.

Pennsylvania - Philadelphia, PA Applicants: The Fair Criminal Record Screening Standards Ordinance prohibits an employer from making any inquiry or requiring any person to disclose or reveal any Criminal convictions during the application process, which begins when the applicant inquires about the employment being sought and ends when an employer makes a conditional offer of employment. An employer may not make any inquiries regarding or require any person to disclose or reveal any criminal convictions or ask if the applicant is willing to submit to a criminal records check until a conditional offer of employment has been made (9 Phil Code§ 9-3500,et seq.).

Rhode Island Applicants: Do not answer the following question unless (i) state or federal law disqualifies an applicant from employment due to certain criminal histories; or (ii) a standard fidelity bond is required for the position, and the applicant's criminal convictions would disqualify him or her from obtaining the bond.

Texas - Austin, TX Applicants: Do not answer the question below unless you are applying for a position for which state, federal or local law disqualifies an individual based on criminal history.

Vermont Applicants: Do not answer the question below unless you are applying for a position for which state or federal law disqualifies an individual based on criminal history.

Washington D.C. - District of Columbia Applicants: Do not answer the question below unless you are applying for a position (1) for which federal or district law or regulation requires the consideration of an applicant's criminal history for the purposes of employment; or (2) with a facility or employer that provides programs, services, or direct care to minors or vulnerable adults. Do not disclose convictions for which you completed your sentence more than ten (10) years before the date of this application.

Washington Applicants: Do not answer the question below unless you are applying for a position (1) which will or may have unsupervised access to children under the age of eighteen, a vulnerable adult, or a vulnerable person. (2) for which an employer, including a financial institution, is expressly permitted or required under any federal or state law to inquire into, consider, or rely on information about an applicant's or employee's criminal record for employment purposes (3) for employment by a general or limited authority Washington law enforcement agency (4) as a nonemployee volunteer; or (5) with an entity required to comply with the rules or regulations of a self-regulatory organization, as defined in section 3(a)(26) of the securities and exchange act of 1934.

Washington - Seattle, WA Applicants: Do not answer the question below unless you are applying for a position for which state or federal law requires that applicants be asked about their criminal histories.

Washington – Spokane, WA Applicants: Do not answer the question below unless you are applying to a position: (1) which an employee will have unsupervised access to children under the age of eighteen, a vulnerable adult, or a vulnerable person; (2) with an employer who is expressly permitted or required under any federal or Washington state law to inquire into, consider, or rely on information about an applicant's arrest or conviction record for employment purposes; (3) to any General Authority Washington law enforcement agency; or (4) where criminal background checks are specifically permitted or required under state or federal law.

12.	Have you ever been convicted (including a plea bargain) of a crime? If yes, please explain below. Conviction will not necessarily disqualify an applicant from employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.		

I certify that the information on this application is correct and I agree that this information may be verified by Human Capital unless I have indicated otherwise. I also authorize you to check my references of past and present employers and personal history and agree to hold Human Capital and all parties harmless and free from all liability for any damages from furnishing this information to Human Capital in addition to the use or the disclosure of that information.

I agree that any falsification, omission, or misrepresentation of the information on this application may result in my not receiving an offer of employment, or if I am hired, in the termination of my employment. If I accept employment from Human Capital, I agree to follow all standards of employment established by Human Capital. I understand that the employment relationship can be terminated at will, by either me or Human Capital, with or without cause, and without notice, at any time. I understand that all offers of employment are conditional upon proof of my identity and legal authority to work in the United States.

READ CAREFULLY BEFORE SIGNING:

I agree that any action, claim or suit against Human Capital, its parent company or subsidiaries, arising out of my employment or the termination of my employment, including but not limited to claims arising under State civil rights statutes, must be brought within 180 days of the event giving rise to the claims or they will forever be barred, except that this does not apply to claims under Federal civil rights statutes. I waive any limitation periods to the contrary.

Applicant Printed Name:	
Applicant Signature:	
Date:	



AUTHORIZATION AND UNDERSTANDING

I certify that the information given herein is true and complete without qualification. I understand that Human Capital, LLC and/or affiliated companies may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize Human Capital, LLC and/or affiliated companies to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references of former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Human Capital, LLC and/or affiliated companies may terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at anytime during my employment.

If terminated, I authorize Human Capital, LLC and/or affiliated companies to use any information in its possession concerning me for reference purposes and/or if legally required to furnish information, including disclosure of information to any third party, future employer or prospective employer, without receiving any prior notice, and I release Human Capital, LLC and/or affiliates from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and regulations of Human Capital, LLC and/or affiliated companies and the direction of the worksite employer(s). I understand and acknowledge that, if employed unless my employment becomes subject to collective bargaining agreement, my employment and compensation will be at the will of Human Capital, LLC and/or affiliated companies and can be terminated, with or without cause, and with or without notice, at anytime at the option of either Human Capital, LLC and/or affiliated companies or myself. I further understand and agree that no manager, representative, agent or employee of Human Capital, LLC and/or affiliated companies, other than the Chief Executive Officer or President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above described employment relationship, and that any such agreement or representation must be in writing and signed by myself, the President, and the Chief Executive Officer of Human Capital in order to be effective.

I further understand that my employment is conditional until such time as the results of any pre-employment drug testing, if any is received. I also understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations at the employer's discretion and expense.

I agree that any action or suit against the company arising out of my employment or termination of employment, including but not limited to, claims arising under state or federal civil rights statutes, must be brought 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Applicant's Signature _____ Date _____

Please Print Name _____

HUMAN CAPITAL, LLC AND/OR AFFILIATED COMPANIES IS AN EQUAL OPPORTUNITY EMPLOYER

Human Capital, LLC and/or affiliated companies is an Equal Opportunity employer and therefore complies with the laws prohibiting discrimination on such factors as race, color, religion, sex, genetics, national origin, marital or veteran status, and disability.

FOR OFFICIAL USE ONLY

INTERVIEWED BY _____

DATE _____

REMARKS _____

HIRED _____

REFERRED BY _____

JOB TITLE _____

APPROVED _____

DEPARTMENT _____



DRUG SCREEN AUTHORIZATION & CONSENT

I authorize and give full permission to have **Human Capital**- and/or its company physician obtain a specimen of my urine, saliva, hair strands, hair follicles, and/or blood and send it to a laboratory to be scientifically tested for the presence of illegal drugs, alcohol, or illegal prescription medications.

I will not sue, nor hold responsible, any parties involved in this matter for any alleged physical or psychological harm to me, which may result from any part of this drug screening process. This includes, but is not limited to, possible clerical or laboratory error.

I hereby acknowledge that this authorization and policy has been explained to me and that I have a full understanding of it. I also understand that this is a legally binding document because I have agreed to it.

I further understand that Human Capital- will require a drug and alcohol screen test at any time an accident occurs involving myself at a worksite, or anytime an injury is reported in accordance with HumanCapital- policy and this authorization and consent.

Printed Name	Signature	Date

CONSENT TO CONDUCT BACKGROUND INVESTIGATIONS

ON SITE EMPLOYER _____	COMPANY CODE _____					
APPLICANT NAME _____	OTHER NAMES YOU HAVE USED _____					
DOB _____ / _____ / _____	SS# _____	RACE _____	MALE _____	FEMALE _____		
DRIVER'S LICENSE NUMBER _____		STATE ISSUED _____				
LIST BELOW ALL ADDRESSES FOR THE LAST SEVEN YEARS STARTING WITH MOST CURRENT (ATTACH ADDITIONAL PAGE IF NECESSARY)						
	STREET ADDRESS	CITY	STATE	ZIP	COUNTY	DATES
1						
2						
3						
4						
5						
6						
7						

I understand that, as a condition of my employment, Human Capital, its parent and subsidiary companies, affiliates, and clients, including my worksite employer, will use the services of a consumer reporting agency to verify the information on my employment application, and may, during my employment if hired, use the services of a consumer reporting agency for purposes of making an employment decision. If I start work before the investigation is completed, my employment will be contingent on the results.

I understand the investigation may include obtaining information covering up to the last seven years regarding my work habits, education, general reputation, personal characteristics, credit history, driving records, mode of living, government-issued licenses, judgment liens, and criminal background.

I understand such information may be obtained by direct or indirect contact from former employers, schools financial institutions, landlords and public agencies and through personal interviews with my neighbors, friends and associates, acquaintances or other persons who may have such knowledge. The information requested is required by law enforcement agencies and other entities for positive identification purposes and will not be used for any other purpose.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the fair credit reporting act.

I understand if I disagree with the accuracy of any information in the report, I must notify Human Capital within two days of the receipt of the report, that I am challenging information in the report. Human Capital will not make a final decision on my employment status until after I have had reasonable opportunity to address the discrepancy.

I hereby consent to this investigation and authorize Human Capital to procure a report on my background from a consumer reporting agency. I release Human Capital and any or all persons or entities providing information or reports about me from any liability arising out of the request or release of information.

Minnesota and California applicants only: If you want a copy of the reports, check this box _____.
They will be sent to you at your most current address listed. They will be sent to you by the agency of your most current address listed.

EMPLOYEE SIGNATURE _____ DATE _____

FOR WORKSITE EMPLOYER USE ONLY

Request Submitted By: _____ Today's Date _____
A CRIMINAL HISTORY SEARCH WILL BE FOR A 7-YEAR PERIOD BY JURISDICTION - * If less than a 7-year criminal history is required, please circle only those numbers corresponding to the address above which you want checked: 1 2 3 4 5 6 7

Has a conditional job offer been made? Yes _____ No _____ Position offered/applied for _____

For other items check here:

CREDIT _____ MVR _____ CRIMINAL _____ STATEWIDE _____ COUNTY _____ FEDERAL _____ EMPL* _____ EDU _____

RETURN RESULTS BY FAX TO: _____ @ FAX _____ Phone # _____

Fax this form to _____ @ FAX _____

*Please include Employment Application with ordering these items

FOR HUMAN CAPITAL USE ONLY

DATE FORM WAS RECEIVED _____

PROCESSED BY _____ DATE _____



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)									
Address (Street Number and Name)		Apt. Number	City or Town	State ZIP Code								
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Employee's E-mail Address		Employee's Telephone Number

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

STOP Employer Completes Next Page **STOP**



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

USCIS
Form I-9

OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p> <p>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</p>		<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p>For persons under age 18 who are unable to present a document listed above:</p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>		<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p>(1) NOT VALID FOR EMPLOYMENT</p> <p>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</p> <p>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</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>7. Employment authorization document issued by the Department of Homeland Security</p>

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

Refer to the instructions for more information about acceptable receipts.

- ▶ 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.

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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, when to use the estimator at www.irs.gov/W4App, and privacy.

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 for most accurate withholding for this step (and Steps 3–4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► <input type="checkbox"/>
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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.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____ Multiply the number of other dependents by \$500 ► \$ _____ Add the amounts above and enter the total here	
Step 4 (optional): Other Adjustments	<p>(a) Other income (not from jobs). 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</p> <p>(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here</p> <p>(c) Extra withholding. Enter any additional tax you want withheld each pay period</p>	3 \$ _____ 4(a) \$ _____ 4(b) \$ _____ 4(c) \$ _____

Step 5: Sign Here	<p>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>► Employee's signature (This form is not valid unless you sign it.) ► Date</p>		
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

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.

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). 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 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount 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 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 (optional).

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 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 1 \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$ _____

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income 1 \$ _____
- 2 Enter:

• \$25,100 if you're married filing jointly or qualifying widow(er)	}
• \$18,800 if you're head of household	
• \$12,550 if you're single or married filing separately	

 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. 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 Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,300	3,300	4,070	4,070	
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,160	4,160	5,160	5,930	5,930	
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

Authorization for Direct Deposit

General Information

Name:	Client/Employer Name:	
Phone:	Email Address:	SSN (last 4 digits):
Action Requested (Check One):		
Start Direct Deposit	Stop Direct Deposit	Change (add/delete a bank, increase/decrease fixed amount or select a new bank account)
Effective Date:	As Soon as Possible	Future Pay Date:

Account #1

Bank Name:	Account Type:	Checking	Savings
Bank Routing # (ABA #):	Account #:		
Percent or Dollar Amount to be Deposited to this Account:			

Account #2 (Remainder to be deposited into this account)

Bank Name:	Account Type:	Checking	Savings
Bank Routing # (ABA #):	Account #:		
Percent or Dollar Amount to be Deposited to this Account:			

DIRECT DEPOSIT CANCELLATION REQUEST

I, _____, wish to cancel my direct deposit for the following:

Accounts

Bank Name:	Account #:	Effective Date:
Bank Name:	Account #:	Effective Date:

AUTHORIZATION

I authorize Human Capital to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize Human Capital to direct the financial institution(s) to return said funds. I understand that it is my responsibility to verify that payments have been credited to my account(s) and that Human Capital assumes no liability for overdrafts for any reason.

I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, Human Capital cannot issue funds to me until the funds are returned to Human Capital by my financial institution(s). I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with Human Capital; or c) 120 days after my last paycheck was issued.

I understand I must immediately notify Human Capital before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature: _____

Today's Date: _____

For Internal Use Only

Verified SSN & Employee ID	Date:	Payroll Specialist:
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Global Cash Card

Cash Card Enrollment / Cancellation Form

Card Information

Card

New Card Replacement Card Cancel Card

PEO Name: Human Capital LLC

On-Site Employer:

Global Cash Card - Account Owner Information

Employee Name (Last):			Employee Name (First):	
M.I.:	Gender:	Male	Female	DOB:
Social Security Number:			Government Issued ID #: <small>* [i.e. Passport, Visa, Drivers License, State ID, etc.]</small>	
Street Address:			City:	
State:	Zip:		Name Change	Address Change
Home Phone:	Cell Phone (Optional): <small>* [For Text Messaging Confirmations/Balance Inquiry]</small>		Date of Hire:	
Check Type:	Payroll	FSA		
Email Address:			* [For Email notifications]	

****** Funds will be transferred at 100% of net pay. ******

By signing this I certify that the information on this form is correct.

I understand that there may be fees associated with using the card as a debit/credit card or in non-network ATMs.

Signature of Employee: _____ Date: _____ Phone: _____

Signature of HC Representative: _____ Date: _____

Internal Information (All fields must be completed by a company representative)

Branch Name: Meta Bank	Routing #: 073972181
Form Processed By:	Notes: NO PRENOTES

Please submit completed enrollment form to payroll@human-capital.com