

Fill in all applicable fields and click on the submit button at the end of this document.



A PROFESSIONAL EMPLOYER ORGANIZATION

EMPLOYMENT ACKNOWLEDGMENT

PLEASE PRINT

EMPLOYEE NAME: _____
(EXACTLY AS IT APPEARS ON SOCIAL SECURITY CARD)

SSN: ____-____-____ HOME PHONE # (____) _____
CELL PHONE # (____) _____

ADDRESS: _____

CITY: _____ STATE: __ ZIP CODE: _____-_____
EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE # (____) _____
RELATIONSHIP: _____

I understand that I am a leased employee and that this acknowledgement is not intended to imply a contract for employment.

EMPLOYEE SIGNATURE: _____ DATE: __/__/__

TO BE COMPLETED BY SUPERVISOR OR CLIENT DESIGNEE

CLIENT NAME: _____ CLIENT # _____

DATE OF HIRE: __/__/__ RATE OF PAY \$_____/__HR_DAY_PIECE_ANNUAL(check one)

WORK CODE: __FULL-TIME __PART-TIME __TEMPORARY __SEASONAL _____OTHER

DEPARTMENT: _____ DIVISION # _____ COMP CLASS CODE _____

JOB TITLE: _____

PAY CYCLE: __WEEKLY __BI-WEEKLY __SEMI-MONTHLY __MONTHLY __COMMISSION __ANNUAL

CLIENT DESIGNEE SIGNATURE: _____ DATE: __/__/__

Staffing & Payroll Alternative, Inc. is an **Equal Opportunity Employer**. To help us comply with government recordkeeping requirements, we would appreciate your completing the following information. You are not required to provide this information. If you choose not to provide the information, your decision will not affect your employment. This data will be kept confidential and will only be used in accordance with applicable state and federal laws and regulations.

Date of birth: : __/__/__ Sex: __M __F Vietnam Vet: __Yes __No Disabled: __Yes __No

Ethnic Code: __White __Black __Hispanic __American Indian, Alaskan Native __Asian, Pacific Islander



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EMPLOYEE NAME: _____

COMPANY STATEMENT REGARDING: ILLEGAL DRUGS, ALCOHOLIC BEVERAGES, FIRE ARMS & WEAPONS

It is our Company policy to maintain a work environment that is safe for all employees and conducive to attaining high work standards. As part of this policy, no illegal drugs, inhalants, related drug paraphernalia, intoxicating beverages, firearms or weapons are allowed on company property, including offices or other work locations of the company, or in company vehicles at any time, or in the vehicles of employees while such vehicles are located on company property (including parking lots, garages, etc.), or while such vehicles are being used in company business by the employee. In addition, no employee shall report to work under the influence of illegal drugs, inhalants and/or intoxicating beverages.

The manufacturing, distribution, dispensation, presence or use of controlled substances in or around Company property which includes any Company vehicles used in whole or part in the course of any employee's employment by the Company is prohibited. Employees violating this policy will be disciplined, which discipline will include termination, and may be subject to criminal investigation or prosecution. As further precaution, entry into or upon any vehicle, office or other work location of the Company is conditional upon the Company's right to search the person and personal effects of any entrant for illegal drugs, inhalants, intoxicating beverages, fire arms or weapons.

It is the policy of Staffing & Payroll Alternative, Inc. to protect the health and safety of our employees by identifying and removing the adverse affects of intoxicating beverages, inhalants and/or drugs on job performance and the work environment in general. Urine, breath, hair, blood and/or saliva testing to determine the use of intoxicating beverages, inhalants, drugs and/or other controlled substances will be conducted under the following circumstances:

POST ACCIDENT DRUG SCREENING – at the time of primary medical treatment when an employee sustains an accidental bodily injury or illness arising out of or in the course of employment with Staffing & Payroll Alternative, Inc.

No part of this policy is intended to affect the Company's right to manage its workplace or establish terms and conditions of employment. The Company reserves the right to alter or amend this policy at any time at its sole discretion. Violations of this policy or refusal to submit to search will be cause for disciplinary action up to and including immediate discharge. By your signature, you acknowledge your understanding of this policy and agree to comply with the state policies and procedures.

Additional alcohol and/or drug testing may occur as authorized by Staffing & Payroll Alternative, Inc. Drug & Alcohol Policy. Refusal to cooperate with or consent to drug and alcohol testing, or positive results of a drug and alcohol screen, may result in disciplinary action up to and including discharge from employment with Staffing & Payroll Alternative, Inc.

I consent to the release of the drug screen authorizing Staffing & Payroll Alternative, Inc. representatives for appropriate review. I release and agree to hold harmless Staffing & Payroll Alternative, Inc. and its employees and its agents from liability to include any liability stemming from negligence, to me based on the results of the drug screening.

EMPLOYEE SIGNATURE: _____ DATE: __/__/__



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EMPLOYEE NAME: _____

EMPLOYMENT AT WILL

In order for all personnel to understand the general policies of Staffing & Payroll Alternative, Inc. (hereafter referred to as the Company) the following outline must be read and agreed to. In the event a policy is not covered, the management of the Company and our Client Company will render a decision and determine what discipline will be required for the particular violation. The Company also reserves the right to alter any policy if it so desires.

DISCIPLINE

The implementation of this policy or procedure should not be construed as preventing, limiting or delaying the Company from taking disciplinary action, including immediate discharge in circumstances where the Company deems such action appropriate.

Nothing in this policy is intended to alter the "AT WILL" status of each employee's relationship to the Company. Either an employee or the company may terminate the employment relationship at any time, with or without prior notice. The Company also reserves its right to terminate any employment relationship without resorting to the disciplinary procedures set forth below.

Disciplinary action shall be initiated in cases of violation of the Company rules and/or standards of behavior. Listed below are some of the rules, regulations or categories of conduct. This list should not be viewed as being all-inclusive or as limiting in any way the Company's right to terminate employment. Types of behavior and conduct that the Company considers inappropriate include but are not limited to the following:

CATEGORY A

1. Theft or acts of dishonesty
2. Falsification of company records including application for employment
3. Unexcused absences (three or more within any six (6) month period)
4. Insubordination or flagrant disobedience to any member of management.
5. Reporting for work under the influence of any intoxicants and/or drugs
6. Using or consuming any intoxicants and/or drugs during work hours
7. Possession of intoxicants and/or drugs on the job
8. Assaulting, intimidating, threatening and or coercing any member of management, co-employee, customer
9. Commissions of any felony
10. Disclosure of confidential company information without express written consent of the company

CATEGORY B

1. Careless or ineffective performance of duties
2. Excessive tardiness and/or absences
3. Smoking in unauthorized areas



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4. Violation of safety rules
5. Leaving assigned work areas without permission
6. Soliciting during working hours (this includes working time of either individual doing the soliciting or the Employee being solicited)
7. Failure to follow orders of superiors

CATEGORY C

1. Failure to conform to work schedules
2. Improper use of time during work hours
3. Malicious gossip or attacks on company or property
4. Excessive or unauthorized use of company equipment

The following lists the various categories and the degrees of discipline subsequent to the violation. However, these are guidelines only and the Company may initiate discipline, including immediate termination, at any time without notice or advance disciplinary warnings.

CATEGORY	1 ST OFFENSE	2 ND OFFENSE	3 RD OFFENSE
A	Discharge and/or Prosecution		
B	Warning	Discharge	
C	Warning	Warning	Discharge

EMPLOYEE SIGNATURE: _____ DATE: __/__/__

PRINTED NAME: _____



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EMPLOYEE NAME: _____

STAFFING & PAYROLL ALTERNATIVE, INC
IS LICENSED UNDER THE STAFF LEASING SERVICES ACT CHAPTER 91
OF THE TEXAS LABOR CODE.

UNRESOLVED COMPLAINTS REGARDING STAFFING & PAYROLL ALTERNATIVE, INC
OR ANY ASSIGNEE THEREOF MAY BE ADDRESSED TO THE
TEXAS DEPARTMENT OF LICENSING & REGULATION BY MAIL AT:

P. O. BOX 12157
AUSTIN, TX 78711-2157

OR

BY TELEPHONE AT
(800)252-8026
OR (512)463-6599

EMPLOYEE SIGNATURE: _____ DATE: __/__/__

PRINTED NAME: _____



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EMPLOYEE NAME: _____

ACKNOWLEDGEMENT OF NOTICE AND RECEIPT

THE ADR PROGRAM

BOOKLET AND INFORMATION

I acknowledge receiving the notice that THE ADR PROGRAM covers me.

I have also received a copy of **THE ADR PROGRAM** booklet containing a description of the Company Policy regarding the application of **THE ADR PROGRAM** to both the Company and myself. I also acknowledge receiving the copy of the Arbitration Agreement and Rules contained in **THE ADR PROGRAM** booklet and I understand that **THE ADR PROGRAM**, Company Policy, Arbitration Agreement and Rules apply to me should I chose to voluntarily accept employment or continue my current employment subsequent to receiving this notice and personal copy of **THE ADR PROGRAM** booklet.

APPLICANT/EMPLOYEE SIGNATURE: _____

PRINTED NAME: _____ DATE: __/__/__



**Individual Characteristics Form (ICF)
Work Opportunity Tax Credit**

1. Control No. (For Agency use only)		APPLICANT INFORMATION (See instructions on reverse)		2. Date Received (For Agency Use only)	
EMPLOYER INFORMATION					
3. Employer Name		4. Employer Address and Telephone		5. Employer Federal ID Number (EIN)	
APPLICANT INFORMATION					
6. Applicant Name (Last, First, MI)		7. Social Security Number.		8. Have you worked for this employer before? Yes ___ No ___ If YES, enter last date of employment: _____	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION					
9. Employment Start Date		10. Starting Wage		11. Position	
12. Are you at least age 16, but under age 40? Yes ___ No ___ If YES, enter your <i>date of birth</i> _____					
13. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___ If NO, go to Box 14. If YES, are you a member of a family that received benefits under the Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) for at least 3 months during the 15 months before you were hired? Yes ___ No ___ If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? Yes ___ No ___ If YES, were you discharged or released from active duty within a year before you were hired? Yes ___ No ___ OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes ___ No ___					
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? Yes ___ No ___ OR, received Food Stamps for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes ___ No ___ If YES to either question, enter name of <i>primary recipient</i> _____ And <i>city and state</i> where benefits were received _____.					
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ___ No ___ OR, by an Employment Network under the Ticket to Work Program? Yes ___ No ___ OR, by the Department of Veterans Affairs? Yes ___ No ___					

<p>16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes___ No___</p> <p>OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes___ No___</p> <p>OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes___ No___</p> <p>If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes___ No___</p> <p>If YES, to any question, enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____.</p>		
<p>17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes___ No___</p> <p>If YES, enter <i>date of conviction</i> _____ and <i>date of release</i> _____.</p> <p>Was this a Federal ___ or a State conviction ___? (Check one)</p>		
<p>18. Do you live in an Empowerment Zone or Renewal Community? Yes___ No___</p> <p>OR, in a Rural Renewal County (RRC)? Yes___ No___</p> <p>If YES, enter <i>name of the RRC</i>: _____</p>		
<p>19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes___ No___</p>		
<p>20. Are you an <i>Unemployed Veteran</i> who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes___ No___</p> <p>OR were you discharged or released from active duty in the Armed Forces for a service-disconnected disability? Yes___ No___</p> <p>If YES, were you discharged or released from active duty at any time during the 5-year ending on the hiring date? Yes___ No___</p> <p>If YES, did you receive unemployment compensation for not less than four weeks during the One-year period ending on the hiring date? Yes___</p> <p>No___</p>		
<p>21. Are you a member of the <i>Disconnected Youth</i> group because you are at least age 16 but under age 25? and Yes___ No___</p> <p>Not regularly attending any secondary, technical, or post-secondary school during the 6-month period before your hiring date? and Yes___ No___</p> <p>Not regularly employed (other than occasionally) during that 6-month period? and Yes___ No___</p> <p>Not employable for lacking a sufficient number of basic skills? Yes___ No___</p>		
<p>22. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when determination was made)</p>		
<p>I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.</p>		
<p>23(a). Signature: (See instructions for Box 21 for who signs this signature block)</p>	<p>23. (b) Indicate with a ✓ who signed the form:</p> <p><input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA,</p> <p><input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or</p> <p><input type="checkbox"/> Parent/Guardian (if applicant is a minor)</p>	<p>24. Date:</p>

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or by 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification.

Boxes 1 and 2. **SWA.** For agency use only.

Boxes 3-5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. **Applicant Information.** Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the "48-hour" reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of "qualifying rehires" during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 408) during the first year of employment.

Boxes 12-21. **Applicant Characteristics.** Read questions carefully, answer each question, and provide additional information where requested.

Box 22 **Sources to Document Eligibility.** The applicant or employer is requested to provide documentary evidence to substantiate the **YES answers on page 1.** List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate Food Stamp agency stating to whom Food Stamp benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs will use this box to document the sources used when verifying target group eligibility, followed by their initials and the date the determination was completed.

Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered **YES.**)

QUESTION 12³

- Birth Certificate
- Driver's License
- School I.D. Card¹
- Work Permit¹
- Federal/State/Local Gov't I.D.¹
- Copy of Hospital Record of Birth

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- FL 21-802 (Issued only by the DVA. Certifies a Vet with a Service-disconnected disability)
- UI claims records (for unemployed status)

QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History
- Signed Statement from Authorized Individual with Specific Description of the Months Benefits Were Received
- Case Number Identifier

QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration
- Signed Statement from Authorized Individual With Specific Description of Months Benefits Received
- **For SWAs:** To determine *Ticket Holder* (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS to 703-683-1051 to verify if applicant:
1) is a TH, and 2) has an Individual Work Plan from and Employment Network.

QUESTION 17

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTION 18

- Driver's License
- Work Permit
- Utility Bills
- W-4
- Lease Papers
- Library Card²
- Voter Registration Card
- Food Stamp Award Letter
- Selective Service Registration Card
- To determine if a Designated Community Resident lives in a RRC, visit the site: www.usps.com. **Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information,** then compare the county of the address to the list in the June 2007 Instructions to IRS 8850.

QUESTION 19

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

Notes. 1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.

2. Where a Library Card does not contain the holder's address another document, issued in the jurisdiction where the EZ/RC or RR County is located, must be obtained showing the holder's address.

3. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. **Therefore, the I-9 is no longer a valid piece of documentary evidence.**

QUESTION 20

- DD-214
- FL 21-802
- Discharge Papers
- UI claims records (for unemployment status)

QUESTION 21

To determine age:

- Birth Certificate
- Driver's License
- Work Permit
- Copy of Hospital Record of Birth
- School I.D. Card/School Records
- Federal/State/Local Government I.D.

To determine youth has not regularly attended any secondary, technical, or post-secondary school:

- Self-Attestation
- Signed letter from parent/guardian (if minor)

To determining unemployed status during the 6-month period before hiring date:

- UI Wage Records

To determining unemployable status due to lack of basic skills:

- Self-Attestation that he/she has a High School (HS) Diploma or GED Certificate that was awarded no less than 6 months preceding his or her hiring date and has not held a job (other than occasionally) or been admitted to a technical or post-secondary School since receiving a Diploma or GED certificate.

Box 23. **Signature.** The person who completes the form signs the signature block. **Options:** (a) Employer or Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (If applicant is a minor, the parent or guardian must sign).

Box 24: **Date.** Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of Adult Services, 200 Constitution Ave., NW, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

.....
(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*