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**MAINTENANCE APPLICATION**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS \_\_\_\_\_  
STREET NUMBER & NAME APT # CITY/STATE ZIP CODE

HOME # ( ) EMAIL: \_\_\_\_\_

CELL # ( ) EMERG ( ) EMAIL: \_\_\_\_\_

POSSIBLE START DATE \_\_\_\_\_

POSITION(S) APPLYING FOR: (Please check all that apply)

Housekeeping  Porter  Make Ready  Maint. Tech (not certified)  EPA/ HVAC Maint.

Asst. Maint. (certified)  Lead Maint. (certified)  Other \_\_\_\_\_

HOURS DESIRED \_\_\_\_\_ WILL YOU WORK WEEKENDS? YES  NO  OVERTIME ? YES  NO

HOURLY DESIRED \_\_\_\_\_ MINIMUM HOURLY CONSIDERED \_\_\_\_\_

DO YOU HAVE TRANSPORTATION? YES  NO  AREA OF TOWN DESIRED \_\_\_\_\_

FOREIGN LANGUAGES? YES  NO  IF YES: SPEAK  WRITE  READ  \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES OF AMERICA? YES  NO  REFERRED BY \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. ARE YOU AC/HEATING CERTIFIED? \_\_\_\_\_

<u>SKILLS</u>	<u>YES/NO</u>	<u># YEARS/MONTHS EXPERIENCE</u>
SHEETROCKING		
CARPETING		
PAINTING		
PLUMBING		
AC/HEATING		

4. LIST ANY OTHER SKILLS YOU MAY HAVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_ YEAR \_\_\_\_\_ DIPLOMA? \_\_\_\_\_

COLLEGE \_\_\_\_\_ YEAR \_\_\_\_\_ DIPLOMA? \_\_\_\_\_

TRADE/VOCATIONAL SCHOOL \_\_\_\_\_ YEAR \_\_\_\_\_ DIPLOMA/CERTIFICATE? \_\_\_\_\_

CERTIFICATES AWARDED/SEMINARS ATTENDED \_\_\_\_\_ YEAR \_\_\_\_\_

List your last three employers. Do NOT skip any employers, no matter the length of employment.

**EMPLOYMENT HISTORY**

1111 **MOST RECENT POSITION** 1111

COMPANY/PROPERTY NAME \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_ THEIR TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ TO \_\_\_\_\_ HOURLY \_\_\_\_\_ COMMISSION/BONUS \_\_\_\_\_ APT. CONCESSION \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

JOB DESCRIPTION/DUTIES \_\_\_\_\_

1111 **PREVIOUS EMPLOYMENT** 1111

COMPANY/PROPERTY NAME \_\_\_\_\_ SUPERVISOR=S NAME \_\_\_\_\_ THEIR TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ TO \_\_\_\_\_ HOURLY \_\_\_\_\_ COMMISSION/BONUS \_\_\_\_\_ APT. CONCESSION \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

JOB DESCRIPTION/DUTIES \_\_\_\_\_

1111 **PREVIOUS EMPLOYMENT** 1111

COMPANY/PROPERTY NAME \_\_\_\_\_ SUPERVISOR=S NAME \_\_\_\_\_ THEIR TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ TO \_\_\_\_\_ HOURLY \_\_\_\_\_ COMMISSION/BONUS \_\_\_\_\_ APT. CONCESSION \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

JOB TITLE \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

JOB DESCRIPTION/DUTIES \_\_\_\_\_

## REFERENCES

Supervisors	Company	Title	Telephone No. (s)	E-Mail Address	May We Contact?

Co-Workers	Company	Title	Telephone No. (s)	E-Mail Address	May We Contact?

Other (Personal)	Company	Title	Telephone No. (s)	E-Mail Address	May We Contact?

I authorize Hire Priority, Inc. to check and release references provided by me for the purpose of employment. I represent that all information provided to Hire Priority by me is accurate and complete, and release Hire Priority from any liability of any type or character resulting from such investigations or any disclosures of information learned as a result of such investigations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Consultant's Name



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**AGREEMENT TO WORK FOR HP CLIENTS  
ONLY THROUGH HIRE PRIORITY**

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I understand and agree that Hire Priority, Inc. (“Hire Priority”) will introduce me to its clients for purposes of possibly assigning me to a client of Hire Priority on a temporary assignment and that I will be provided access to confidential information about such client(s), which may include, but is not necessarily limited to, the type of assignment sought, the duration of the assignment, and other information related to the assignment.

I agree that I will not directly or indirectly (e.g., through any other agency or firm) accept a position of employment with or otherwise provide services to (e.g., as an independent contractor) any HP Client for a period of twelve (12) months following the later of (a) my initial introduction to the HP Client, (b) my interview with the HP Client, or (c) the conclusion of my temporary assignment with the HP Client (“Restricted Period”). As used herein, the term “HP Client” means a company, business, or person that Hire Priority introduced me to in an effort to secure me a temporary assignment through Hire Priority, or that Hire Priority provided me information about with regard to a possible assignment, or that I was assigned to on a temporary basis through Hire Priority. Specifically, I agree that I will not “convert” to the direct employment of the HP Client or provide services to the HP Client directly or through any company other than Hire Priority prior the conclusion of my temporary assignment and prior to the conclusion of the Restricted Period.

I hereby certify, by my signature below, that I have read, understand, and agree to the terms listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Initial

\_\_\_\_\_ Text me about NEW open Positions!



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**PRE-EMPLOYMENT  
APPLICANT PROFILE & RELEASE**

**Pre-Employment Background Release and Notice of Request for Investigative Consumer Report**

Position Applying for: \_\_\_\_\_ Company Name & Branch: Hire Priority Staffing

In pursuit of excellence, the company requires as a condition of employment, and/or continued employment, that each applicant consent to and authorize a verification of the background information submitted on the application in addition to an investigative consumer report. Please note that an investigative consumer report may involve interviews with sources such as neighbors, friends, or associates regarding your character, general reputation, personal characteristics and mode of living.

This release and authorization acknowledges that the company may now, or at any time while you are employed, conduct a verification of your education, previous employment/work history, motor vehicle records, contact personal references, may require that you submit to a drug test, and receive any criminal history information pertaining to you which may be in the files of any Federal, State, County or Local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under this company’s employment policies.

I authorize the company and any of its agents/designated company personnel to disclose orally or in writing the results of this verification process. The information obtained will not be provided to any parties other than to the designated authorized representative of this company.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for termination of employment. I have read and understand this consent for release of information, and I authorize the request for investigative consumer report and back-ground verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide the chosen investigative firm with any information that is requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the company, the investigative firm, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my perspective employer, and to receive upon request, a disclosure of the public record information and of the nature and scope of the investigative report. I have read the above release in its entirety and fully understand its contents. I agree to such a pre-employment background investigation being conducted. I can read, write and speak the English language.

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**APPLICANT CONSENT & AUTHORIZATION  
FOR RELEASE OF INFORMATION  
(Voluntary/Particular Client)**

In connection with the Drug-and-Alcohol Free Workplace Policy of Hire Priority, I voluntarily consent to have a sample of my urine and/or blood collected for the purpose of drug and alcohol testing for clients, to whom I will be assigned through Hire Priority, Inc, "Client." I understand that the sample will be collected and the test conducted at a certified laboratory chosen by Hire Priority or Client. I further understand that this test is required by Client, and that I am not obligated by Hire Priority to agree to this test.

I hereby authorize the results of the drugs and alcohol test be released to Hire Priority by the laboratory (ies) chosen to perform the test. I hereby release Hire Priority and hold it harmless for the test and the results there-from.

I understand that if the result of the drug and alcohol test is positive, then a second test, at a different laboratory, may be conducted at my option. If a second test is also positive, or if I refuse to undergo testing, I understand that I will be removed from consideration for employment by Hire Priority for a period of one year.

I understand that once I am instructed to report to the laboratory chosen by Hire Priority for testing, that I must report for test within 24 hours. I understand that failure to do so, without an adequate excuse, will result in my removal for consideration for employment for period of one year.

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, acknowledge that I have received a copy of Hire Priority's Drug and Alcohol Free Workplace Policy ("Policy"). I understand that I am responsible for knowing and adhering to my job responsibilities set forth in the Policy during my employment with Hire Priority. I also understand that the Policy is not a contract of employment and does not change my "at will" status with Hire Priority.

I understand and agree to the terms of the Policy and of this Consent and Release. I acknowledge that I have been given the opportunity to ask questions pertaining to the Policy, and to receive a copy of this signed Consent.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

Social Security No: \_\_\_\_\_



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**PHYSICIAN TREATMENT REQUEST FOR WORKER’S COMPENSATION**

I understand that if I am injured on the job, I may choose to be treated by my personal physician or personal chiropractor, who has treated me before, who has my medical or chiropractic records and who is designated below. I understand that if I do not choose a physician at this time or by the end of the first pay period, I will be sent to the designated medical provider of Hire Priority if I am injured on the job. I understand that Hire Priority has designated the following primary medical provider for all work related injuries or illnesses:

- Austin:**                      **Concentra 512-467-7232**
- Dallas/ Ft. Worth:**      **Concentra 214-630-2331**
- Houston:**                    **Concentra 713-223-0838**
- San Antonio:**             **Concentra 210-520-8070**
- The Woodlands:**         **Concentra 281-873-0111**

I understand that if I do not receive medical care for work related injuries or illnesses from either my designated physician or from the employer’s designated provider, I may be financially responsible for that care.

Employees Name: \_\_\_\_\_

*If you don't have a regular doctor, please write "N/A"*

*YOUR DOCTOR'S INFORMATION*

DOCTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*



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Apartment Industry Acceptable Job Duties and Limitations –  
Service Techs, Porters, Leasing Consultants

<b>ALLOWED-Service Tech</b>	<b>ALLOWED-Porter</b>	<b>NOT ALLOWED-Tech/Porter</b>
Painting	Cleaning Grounds	NO Construction
Carpet/flooring removal	Empty trash	NO Demolition
Baseboard removal	Spray pool deck	NO Air remediation
Replace wall faceplates	Pressure wash	NO Major electric/plumbing
Change ceiling fans	Vacuum office	NO Ladders or scaffold
Change shower heads	Sweep garage	NO Purchase of supplies
Replace faucets	Wash windows	NO Leaving property for supplies
Unplug/replace toilet parts	Paint red curbs	NO Mold removal
Minor plumbing repair	Clean office bathroom	NO Carpet installation
Minor electric repair	Rake/Blow leaves	NO Distribute pest control
Replace garbage disposal	Change bulbs	NO Lifting, moving furniture
Patch wallboard	Clean trash chutes	NO Performing off-site work
Insert wall air conditioner	Touch-up hall painting or Related activities	
General cleaning and repair	Clean ponds/algae	NO Major repairs without
Perform all resident work orders	Polish brass mailboxes	Hire Priority approval
Change locks	Carry/move office supplies	
Replace windows	Change office water bottle	
Fix door hinges	Mop floors	
Change sinks	Clean gym equipment	
Remove stove/fridge	Carpet cleaning	
Building preventive maintenance	Remove graffiti	

**LIMITATIONS-Leasing Consultant**

- NO acceptance of cash or incomplete money orders at any time
- NO errand running for the client requiring driving off the property while on the clock
- NO lifting/moving office or residential furniture
- NO lifting more than 50lbs.
- NO standing on office chairs/furniture
- NO service request taken for mold complaints, or service requests requiring air remediation
- NO open toed shoes or heels over 1 inch
- NO personal phone calls, emails, social media, texting, etc.
- NO handling of keys for occupied units. NO taking office keys overnight.
- NO smoking in the office area

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# EMPLOYMENT POLICIES



## *Initial*

### \_\_\_\_\_ ATTENDANCE

If you accept a job assignment from Hire Priority, you are expected to complete that assignment. Please report to and leave from work at the times specified by Hire Priority. Absenteeism and tardiness can be considered misconduct. In the event you will be late or absent, you must notify Hire Priority at least 3 hours prior to the scheduled start time. Absences due to medically verifiable illness, jury duty and military leave are acceptable in moderation with valid documentation. **In case of an after hour emergency please call the emergency number provided.**

## *Initial*

### \_\_\_\_\_ AVAILABILITY

All employees of Hire Priority are required to call in their availability on a daily basis. It is important that you call **during the scheduled call-in times (9am-9:30am or 4pm-4:30pm)**. You are also required to call in your availability within 24 hours after ending an assignment. Failure to call to report your availability may cause Hire Priority to assume that you have voluntarily quit without good reason and a voluntary quit may result in your being denied future assignments and unemployment benefits.

## *Initial*

### \_\_\_\_\_ COMPENSATION

TFI Services is the payroll company for Hire Priority. Time worked in excess of 40 hours will be paid at time and one-half unless you are classified as exempt from overtime laws and regulations. You must obtain written authorization from the client company to work overtime. Your time sheet must reflect actual hours worked. Bonuses, severance pay, parking or toll reimbursements, vacation or holiday pay, and sick leave are not paid except in instances where the client company agrees to reimburse Hire Priority for these expenses. Deductions will not be made from paychecks unless authorized. In the event of time sheet error or miscalculation, paychecks may be adjusted to reflect actual hours worked.

## *Initial*

### \_\_\_\_\_ CONFIDENTIAL INFORMATION

Employees must exercise care in reference to all confidential information of the client company. Information may not be taken, copied or communicated to other parties. Office equipment and work areas are for business use and are subject to the rules and regulations of the client company. While on a temporary assignment, please do not accept office or model keys, parking cards, etc. from a client or property and keep overnight.

## *Initial*

### \_\_\_\_\_ DISCIPLINARY ISSUES

Failure to act appropriately is considered misconduct. You should follow the client company's policies while on assignment. Use of offensive language, illegal drug or alcohol use, absenteeism, tardiness, harassment and/or violence is considered disciplinary issues and may result in termination. Also, personal use of the Internet, email or telephone is not permissible while on assignment.

## *Initial*

### \_\_\_\_\_ DISCRIMINATION

Hire Priority is an Equal Opportunity Employer and complies with all state and federal laws regarding discrimination. Please inform Hire Priority immediately of any situation that you believe is discriminatory. If you believe you've been discriminated against on an assignment or by a Hire Priority employee, please contact [Loa@hirepriority.com](mailto:Loa@hirepriority.com) (512-983-4800) or [James@hirepriority.com](mailto:James@hirepriority.com) (713-819-7700).

## *Initial*

### \_\_\_\_\_ DRUG POLICY

The use, sale or possession of illegal drugs or alcohol on the premises of the client company is strictly forbidden. The client company may conduct drug tests and/or reasonable searches for drugs. Refusal to submit to a drug test or search may be cause for termination. Drug testing will be required as part of any investigation involving an on-the-job accident or near accident, including but not limited to any accident where an employee suffers an on-the-job injury. Testing positive for an on-the-job accident can effect worker's compensation benefits, and result in the termination on the employee.

## *Initial*

### \_\_\_\_\_ EMPLOYMENT TERMINATION

Please be aware that your employment is "at-will". Either the employer (Hire Priority) or you may terminate employment at any time. Termination may occur with no notice and for any or no reason. Before filing a claim for unemployment benefits, you should contact Hire Priority immediately regarding your availability for other assignments. Failure to do so may result in denial of unemployment benefits.

## *Initial*

### \_\_\_\_\_ FORM W-2

TFI Services will issue a Form W-2 by January 31<sup>st</sup> of the following year for your tax records. If you move during the year, please notify both TFI Services and Hire Priority immediately of your change of address and contact information. If you need to change your W-4 or update your employment records with new information, please call TFI Services at 713-975-7576.

*Initial*

\_\_\_\_\_ **PAYROLL**

TFI Services is the payroll service for Hire Priority. For all weekly, hourly employees: Payday is every Wednesday unless Wednesday is a holiday, in which case payday will be Thursday. Checks are available to be picked up from Hire Priority, mailed to your home or processed for direct deposit by Wednesday at 12:00, noon. Please be sure to indicate, on your timesheet, the method in which you would like to receive your pay check. Any paychecks that are not marked for “pick up” will be dropped off at the post office Wednesday EVENING from our payroll dept. in Houston.

*Initial*

\_\_\_\_\_ **SAFETY**

It is the responsibility of each employee to become familiar with the safety and emergency procedures of the client company. Any job related injury should be immediately reported to the job site supervisor and to the office of Hire Priority. If any job related injury or illness is not reported immediately, reimbursement for medical claims may be denied. Please remember that you are employed by Hire Priority, and it’s very important that your report any unsafe working conditions to the office of Hire Priority as soon as possible. Drug testing will be required as part of any investigation involving an on-the-job accident or near accident, including but not limited to any accident where an employee suffers an on-the-job injury. Testing positive for an on-the-job accident can effect worker’s compensation benefits, and result in the termination on the employee.

*Initial*

\_\_\_\_\_ **SEXUAL HARASSMENT**

Inform Hire Priority immediately if you are sexually harassed or accused of harassment on the job. Harassment is defined by the Equal Opportunity Commission as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to the conduct enters into employment decisions and/or the conduct unreasonably interferes with an individual’s work performance or creates an intimidating, hostile, or offensive working environment.” If you believe you’ve been discriminated against on an assignment or by a Hire Priority employee, please contact [Loa@hirepriority.com](mailto:Loa@hirepriority.com) (512-983-4800) or [James@hirepriority.com](mailto:James@hirepriority.com) (713-819-7700).

*Initial*

\_\_\_\_\_ **TIMESHEETS**

**Time sheets MUST be faxed in to TFI Services (713-783-1566) before 12:00 p.m. (noon) on Monday following the week you worked (or on the day the assignment is completed) to guarantee timely check processing.** Time sheets received without a supervisor’s signature will **not** be processed. It is **your** responsibility to obtain a supervisor’s signature. It is also your responsibility to call TFI Services to confirm receipt of your time sheet. Failure to do so could result in you not receiving a check for that week. Lena is your payroll representative at TFI Services.

Please complete your timesheet by filling out the following information:

- Employee name.
- Hours in, out, less lunch, total straight time and total overtime to the nearest ¼ hour (every 15 minutes).
- Total hours for the week.
- The date as well as the dates of each day worked.
- The name of the company or apartment community and the department for whom you are working.
- Sign the timesheet.
- Have the supervisor sign/approve the timesheet.
- Indicate the method in which you would like to receive your pay check.

These employment policies are a guideline and are not intended to imply any contractual rights. These guidelines may be changed or modified by Hire Priority at any time without prior notice.

Your signature constitutes understanding, acceptance and acknowledgement of the policies stated. Please keep a copy for your records. If you have any questions regarding these policies, please call Hire Priority at (866) 906- HIRE

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

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

\_\_\_\_\_  
Date



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By accepting an assignment with Hire Priority, Inc., I agree that I will work the assignment to its completion. The said employee (temp) is exclusive to Hire Priority Staffing for the duration of the assignment. I may call and request to be released from the assignment, but if I no call/ no show or walk off of an assignment, regardless of the reason, I agree that I will be paid at minimum wage for any hours I've worked, and yet to be paid.

By signing, you are agreeing that you read and understand the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Employee Acknowledgment of Workers' Compensation Network**

I have received information that tells me how to get health care under my employer's workers' compensation insurance. If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

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

\_\_\_\_\_  
Printed Name

I live at: \_\_\_\_\_  
Street Address

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

Name of Employer:     Hire Priority Staffing    

Name of Network: *Texas Star Network*<sup>®</sup>  
**Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.**  
Please indicate whether this is the:

- Initial Employee Notification
- Injury Notification (Date of Injury:    /    /    )

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED**

# Form W-4 (2016)

**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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>		

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2016</span>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 50%; padding: 2px;">Last name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2 Your social security number</td> </tr> </table>		1 Your first name and middle initial	Last name	2 Your social security number		
1 Your first name and middle initial	Last name					
2 Your social security number						
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.				
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>				
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>      </u>				
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ <u>      </u>				
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.						
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶				
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)				



# Employment Eligibility Verification

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

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

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

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

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

Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town		State Zip Code
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	E-mail Address			Telephone Number	

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

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

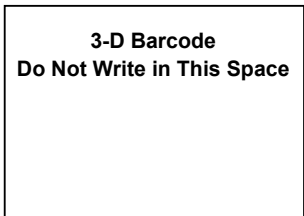
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



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

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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

Signature of Employee:	Date ( <i>mm/dd/yyyy</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.

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



*Employer Completes Next Page*



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Hire Priority Staffing	
Employer's Business or Organization Address (Street Number and Name) 3701 Executive Center Dr. 154		City or Town Austin	State TX	Zip Code 78731

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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