

# **Application for Employment**

At Spot On Staffing, our policy is to provide equal employment opportunities for all applicants and employees regardless of any legally protected statuses such as race, color, religion, gender, nationality, age, disability or veteran status.

# **Applicant Information** \_\_\_\_\_APT.\_\_\_\_ City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Applicant Date of Birth: \_\_\_\_\_ Email Address: Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Do you have anything that would keep you from working at any time in the next 60 days? Do you have a valid Driver's License: Do you own or lease or a vehicle: \_\_\_\_\_ What are your salary/hourly wage requirements: \_\_\_\_\_\_ What shifts are you willing to work: \_\_\_\_\_ If applicable, are you willing and able to work overtime: When would you be available to begin work: \_\_\_\_\_ Are you legally eligible to work in the United States:



Have you ever been convicted of a crime, including traffic violations? Yes: \_\_\_\_\_ No: \_\_\_ If yes, please describe, including dates on conviction: The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment. **Employment History** - List current or most recent employer first Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ Temp Agency Worked For:\_\_\_\_\_ Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_\_ Temp Agency Worked For:\_\_\_\_\_ Employer Name: Dates Employed: Temp Agency Worked For:\_\_\_\_\_ **Applicant Education and Training** High School: Did you graduate: \_\_\_\_\_ Type of Degree: \_\_\_\_\_ College/University: \_\_\_\_\_ Did you Graduate: \_\_\_\_\_ Type of Degree: \_\_\_\_

# Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

#### **General Instructions**

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions. Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/ W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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**

#### **Personal Allowances Worksheet**

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account. follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

------ Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

# **Employee's Withholding Allowance Certificate**

OMB No. 1545-007
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			led to claim a certain numbe le IRS. Your employer may b	2018				
1	Your first name and middle initial Last name				2	Your social	security number	
Home address (number and street or rural route)				3 Single Married Married, but withhold at higher Single rate.				
				Note: If married filing separately, check "Married, but withhold at higher Single rate."				
	City or town, stat	te, and ZIP code		4 If your last name di	ffers from that show	n on your so	cial security card,	
				check here. You must call 800-772-1213 for a replacement card. ▶ □				
5	Total number	of allowances you're claim	ning (from the applicable	worksheet on the foll	owing pages)		5	
6	Additional am	nount, if any, you want with	held from each paychecl	k			6 \$	
7	I claim exemp	otion from withholding for 2	2018, and I certify that I n	neet <b>both</b> of the follow	wing conditions fo	r exemptio	on.	
	<ul><li>Last year I h</li></ul>	nad a right to a refund of <mark>al</mark>	I federal income tax with	held because I had n	o tax liability, and			
	• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.							
	If you meet both conditions, write "Exempt" here							
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.								
Employee's signature								
(This form is not valid unless you sign it.) ▶ Date ▶				te ▶				
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to boxes 8, 9, and 10 if sending to State Directory of New Hires.)			IRS and complete	9 First date of employment		loyer identification per (EIN)		

#### **Notice to Employee**

- 1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
- 2. You may file a new certificate at any time if the number of your exemptions increases.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

Signature -

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

- 3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

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please detach here

Ohio	Department of Taxation Employee's Withholding Exemption Certificate					
Print full name		Social Security number				
Public school district of residence School district no School district no						
1. Personal exemp	otion for yourself, enter "	1" if claimed				
		spouse if not separately claimed (enter "1" if claimed)				
		ed above and enter total				
		der agreement with employer				
Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.						

Date



## **Employment Eligibility Verification**

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

#### USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

▶ 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						_	
than the first day of employment, but not b	before accepting a jo	ob offer	:.)	or complete al	ia oigii c		or rom r-3 no tater
Last Name (Family Name)	First Name (Given Name)			Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Number)						Total	
Address (Street Number and Name)	Apt. Number	Apt. Number City or Town				State	ZIP Code
Date of Birth (mm/dd/yyyy)  U.S. Social Secul	urity Number Employee's E-mail Add			ess	E	Employee's Telephone Number	
I am aware that federal law provides for in connection with the completion of this fo	mprisonment and/o	or fines	s for false	statements	or use o	f false do	ocuments in
I attest, under penalty of perjury, that I an	n (check one of the	follov	ving boxe	s):			
1. A citizen of the United States							
2. A noncitizen national of the United States (	(See instructions)						
3. A lawful permanent resident (Alien Regis	stration Number/USCI	S Numb	er):				
4. An alien authorized to work until (expirati							
Some aliens may write "N/A" in the expirati	•						
Aliens authorized to work must provide only one An Alien Registration Number/USCIS Number C	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.						
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					<sup>1</sup> /уууу)	,	
(Fields below must be completed and signed	A preparer(s) and/or tra If when preparers an	nslator( d/or tra	anslators a	ssist an empl	oyee in d	completing	g Section 1.)
I attest, under penalty of perjury, that I ha knowledge the information is true and cor	ve assisted in the o	comple	etion of Se	ection 1 of th	is form	and that t	to the best of my
Signature of Preparer or Translator  Today's Date (mm/dd/yyyy)				dd/yyyy)			
Last Name (Family Name) First Name (Given Name)							
Address (Street Number and Name)		City or	r Town			State	ZIP Code



Employer Completes Next Page

