



New Employee Checklist:

- Complete and sign the attached paperwork.
- Include a copy of your driver's license and social security card.
- Include a copy of a voided check if you wish to have your check direct deposited.
- Fax back to 888.293.5055.

If you have any questions, please call 877.543.9540.

Form W-4 (2006)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two 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.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } . . . **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____

(Note. Do not include child support payments. See **Pub. 503**, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):

- If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.
- If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have four or more eligible children.

H Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► 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.		2006
1	Type or print your first name and middle initial.	Last name	2	Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption.			
	<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no 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 ►			7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ►				
Date ►				
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9	Office code (optional)
			10	Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

- 1 Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$150,500 (\$75,250 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . **1** \$ _____
- 2 Enter:

{	\$10,300 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$ 7,550 if head of household				
	\$ 5,150 if single or married filing separately				
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter “-0-” **3** \$ _____
- 4 Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) **5** \$ _____
- 6 Enter an estimate of your 2006 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than “-0-” **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,300 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earner/Two-Job Worksheet (See *Two earners/two jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here **2** _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others	
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$42,000	\$0 - \$4,500	0	\$42,001 and over	32,001 - 38,000	6	\$0 - \$6,000	0
	4,501 - 9,000	1		38,001 - 46,000	7	6,001 - 12,000	1
	9,001 - 18,000	2		46,001 - 55,000	8	12,001 - 19,000	2
	18,001 and over	3		55,001 - 60,000	9	19,001 - 26,000	3
					60,001 - 65,000	10	26,001 - 35,000
\$42,001 and over	\$0 - \$4,500	0		65,001 - 75,000	11	35,001 - 50,000	5
	4,501 - 9,000	1		75,001 - 95,000	12	50,001 - 65,000	6
	9,001 - 18,000	2		95,001 - 105,000	13	65,001 - 80,000	7
	18,001 - 22,000	3		105,001 - 120,000	14	80,001 - 90,000	8
	22,001 - 26,000	4		120,001 and over	15	90,001 - 120,000	9
	26,001 - 32,000	5				120,001 and over	10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$500	\$0 - \$30,000	\$500
60,001 - 115,000	830	30,001 - 75,000	830
115,001 - 165,000	920	75,001 - 145,000	920
165,001 - 290,000	1,090	145,001 - 330,000	1,090
290,001 and over	1,160	330,001 and over	1,160

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also 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, and the District of Columbia for use in administering their tax laws, and using it 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.

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.

You are not required to provide the information requested on a form that is subject to

POST-JOB OFFER MEDICAL HISTORY STATEMENT



NOTICE TO APPLICANTS: In compliance with the Americans with Disabilities Act of 1990, you have received a conditional offer of employment from this employer. The answers to this medical history statement and any medical examination will be kept confidential and in separate files by this employer. The job offer which you received from this employer is "conditioned" upon the results of this medical history statement and any medical examination.

Note: THIS FORM IS FOR WORKERS' COMPENSATION PURPOSES ONLY

Full Name: _____ **SS#** _____

Home Address: _____ **Client Name:** _____

Mark an "X" or check Yes or No for the following: (Please do not draw a line down the columns)

	Yes	No		Yes	No		Yes	No
1. Allergies			18. Rheumatism			30. Do you have a lung or respiratory disorder?		
2. Ankle Pain or Foot Pain			19. High Blood Pressure			31. Have you ever had trouble with your back or back spasm?		
3. Asthma			20. Other disease(s) of the heart or blood vessels.			32. Have you ever had back surgery?		
4. Blackout Spells			21. Thrombophlebitis			33. Have you ever been advised to have or do you intend on having surgery?		
5. Bronchitis			22. Ulcer			34. Have you ever requested or received a pension benefit or payment because of an injury, sickness or disability?		
6. Cancer or Tumor of any kind.			23. Wrist or Hand trouble			35. Epilepsy, Seizures or Convulsions?		
7. Chest Pains			24. Arthritis			36. Do you have shoulder pain or trouble?		
8. Stroke			25. Disorder of the muscles or bones including the spine or joints?			37. Do you have hip pain or trouble?		
9. Diabetes			26. Do you wear glasses, contacts or hearing aid?					
10. Disorder of eyes or ears			27. Do you have problems when standing or walking on your feet for long periods of time?					
11. Emphysema			28. Have you ever had trouble with your neck?					
12. Headaches (Migraine)			29. Have you ever worn a back brace or back support?					
13. Heat Stroke								
14. Hernia or Rupture								
15. Knee Pain								
16. Chronic Bone Infection								
17. Pneumonia								

Explain fully all "Yes" answers. Including diagnosis, treatment, results, dates, names and addresses of all doctors and hospitals (ATTACH A SEPARATE SHEET(S) IF NECESSARY).

Have you ever had surgery? Yes No If yes, give date(s) and the name(s) of dr.(s)

Have you ever had a Workers' Comp. Injury?* Yes No if Yes, give details.

Have you ever received Workers' Comp. Benefits due to an on-the-job injury or illness? Yes No

If yes, give details: _____

Have you ever received a permanent impairment rating as a result of any on-the-job injury or illness? Yes No

If yes, give details: _____

If you ever received a permanent impairment rating as a result of an on-the-job injury or illness, what are your permanent restrictions?

Other than the above, have you ever been injured? Yes No If yes, give details: _____

Are you limited in any work activities due to a medical condition? Yes No

If Yes, give details and indicate any accommodation to your disability that may be required. _____

CERTIFICATION

I Certify that all the information on this form is true and correct.

I authorize an investigation of all matters contained in this questionnaire and hereby give Accord Human Resources, Inc. permission to contact previous employers, doctors, medical provider, and all other pertinent references. I hereby release Accord Human Resources, Inc. from any and all liability as a result of such contacts.

I agree that if, in the judgment of the company, any omission or misrepresentation has been made by me, any offer of employment made by the company will be terminated immediately at any time without previous notice and without obligation or liability to me other than payment, at the rate agreed upon, for services actually rendered if I have been employed.

Signature of Applicant: _____ **Date:** _____

Name of Applicant (please print): _____

Signature of Witness: _____ **Date:** _____ **Title:** _____

NOTICE

TO ALL JOB APPLICANTS AND EMPLOYEES

THIS IS A DRUG FREE WORKPLACE. ALL OFFENDERS WILL BE DENIED EMPLOYMENT OR SUBJECT TO TERMINATION FOR USE OF OR POSSESSION OF ILLEGAL DRUGS AND/OR ALCOHOL.

As a condition of employment, the applicant agrees to:

- a. Abide by the terms of this statement;
- b. Notify the employer of any criminal drug statute conviction so the Company is able to make its required notifications to any federal contracting agencies;
- c. Accept Company sanctions and participate in a drug and/or alcohol abuse assistance or rehabilitation program (if available) for violating Company policies on drug abuse.

The release of an individual's drug and/or alcohol testing results and rehabilitation information is permitted only with the written consent of the individual involved. This information, however, may be released to the DOT to examine employee records and to the National Transportation Safety Board (NTSB) as part of an accident investigation and upon request or as required.

APPLICANT'S STATEMENT

I understand that I am required to be pre-employment drug tested and consent to the urine sample collection and illegal substance testing. I understand that I may also be subject to further tests as follows: Periodic; Post-Accident; Reasonable Cause; Return to Duty; Random and follow up.

Drugs to be tested for include: MARIJUANA, COCAINE, OPIATES, PHENCYCLIDINE (PCP), AMPHETAMINES AND/OR ALCOHOL OR A METABOLITE OF THESE DRUGS

If offered a position with the Company and as a condition of employment, I understand that I am subject to further drug and/or alcohol testing, including random testing.

A verified positive test result will disqualify me from employment with this company.

The Company's policies and procedures have been discussed with me.

If I am employed by **ACCORD HUMAN RESOURCES**, I understand and agree that I will be required to comply with the Company's policies; moreover, that if I have a verified positive drug and/or alcohol test result or refuse to submit to a drug and/or alcohol test, I will be removed from the covered position and will be subject to further disciplinary actions and/or termination.

Type or Print Applicant's Name

Applicant's Signature

Date

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- * If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- * If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- and
- * If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and
 - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20536; and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): A citizen or national of the United States A Lawful Permanent Resident (Alien # A _____) An alien authorized to work until ___/___/___ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. **Examine one document from List A OR examine one document from List B and one from List C** as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #- _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #- _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

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

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

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

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ___/___/___	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	<div style="border-left: 2px solid gray; height: 100%;"></div>	<ol style="list-style-type: none"> 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, sex, height, eye color, and address 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, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



**ACCORD HUMAN RESOURCES, INC.
PERSONNEL INFORMATION**

Client Name _____ Client # _____

Employee Name _____ Marital Status _____

Emergency contact person _____

Relationship _____

Emergency phone #(home) (____) _____ (work) (____) _____

Race _____ 1 =White
2 =Black
3 =Hispanic
4 =Asian or Pacific Islander
5 =American Indian or Alaskan

Gender _____ F = Female
M= Male

Accord Human Resources Inc. wishes to comply with various laws and regulations which require us to file annual statistical reports on our population. In addition, we wish to comply with the various laws and regulations which protect the handicapped, disabled veterans and veterans who served on active duty during the Vietnam era for more than 180 days. Submission of this information by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. This supplement will be maintained separately from your personnel file.

Disabled Veteran

Handicap

Vietnam-Era Veteran

MISource, Inc./TLS,L.L.C.

EMPLOYEE POLICY AND SAFETY RULES

The purpose of this policy is to insure that all employees enjoy the benefits of a safe and harmonious work environment, as well as understand their responsibilities in terms of their personal conduct with respect to the company, fellow employees, customers, vendors, and the public.

Rules of conduct

Participation in any of the following activities shall be considered a violation of establish rules of conduct and may result in disciplinary action, ranging from a warning to immediate discharge depending on the severity of the violation:

1. Willfully clocking the time card of another employee, habitual failure to clock your own time card or unauthorized altering of a time card.
2. Failure to report absence or being absent from work without proper explanation. Must call in no later than (2) two hours after the start of work shift.
3. Excessive absence or tardiness.
4. Driving company vehicle with out a Class D license.
5. Theft, unauthorized possession or conversion of company property.
6. Reporting to work or working under the influence of alcohol or narcotics.
7. Disorderly conduct, such as throwing objects, fighting, or playing pranks which could result in injury or damage to company property.
8. Threatening, intimidating, coercing, or interfering with fellow employees on company premises.
9. Insubordination or refusal to carry out any reasonable instruction or directions.
10. Willful destruction of company or customer equipment, merchandise, or property.
11. Leaving company premises without supervisor's permission.
12. Unauthorized possession of firearms, knives, explosives, acids or similar items on company premises.
13. Immoral or lewd behavior on company premises.
14. Failure to report personal or equipment accidents or injuries promptly. These incidents must be reported immediately.
15. Smoking inside company buildings and or vehicles.
16. Any act of dishonesty, gross misconduct or gross neglect, not listed above.
17. Willful violation of quality control/regulations.

Company Safety Rules

1. All employees are responsible to know of and abide by the General Safety Rules including the Injury Illness Prevention Program and the company safety rules. No employee shall knowingly violate any company safety policy or rule.
2. Employees will report all injuries/accidents immediately to the supervisor in charge. If the injury or accident is not reported immediately disciplinary action might be taken. No employee shall go to a physician or other medical practitioner for treatment of any on-the-job injury without authorization from the office or supervisor in charge- except under absolute emergency conditions.
3. The use of/or being under the influence of intoxicating liquor or drugs on the job or reporting to work under the influence of intoxicants is prohibited.

4. If an employee is injured or has an accident on the job the company will request the employee to submit to a drug and/or alcohol test.
5. All employees are required to cooperate in accident investigations conducted by the Company.
6. All employees are required to attend safety meetings called by their supervisors.
7. No practical jokes, fighting or horse play will be permitted.
8. No employee shall use their hand or any portion of their body to reach between hazardous moving parts of a machine or equipment for any reasons.
9. Report all defective tools or equipment to your supervisor immediately. Never use defective tools or equipment. Always use the correct tool or equipment for the job. If you do not know what tool or equipment to use, ask your supervisor.
10. Only authorized persons shall operate equipment or machinery.
11. All work areas will be kept clean. Each employee is responsible for cleaning up any debris or hazards that he or she may create or any debris or hazard found on the premises.
12. All employees shall correct any unsafe condition or practice to the extent of their authority. If an employee does not have the authority to correct an unsafe condition or practice, he/she shall report it to a supervisor who has the authority to see that it is corrected.
13. Only clothing and footwear appropriate to the safe performance of the employee's job may be worn.
14. Wearing of SAFETY SHOES is required on all jobs.
15. Gloves should be worn when necessary for protection against cuts, slivers and or burns. Gloves should always be worn when using any sharp tools.
16. An employee shall not work alone in any situation where the work might be considered dangerous. If there is doubt, consult your supervisor.
17. There will be no smoking on company offices, in company equipment, at builder's sites and or at offices of customers.
18. Caution should be taken when walking through the shop and or job sites. All visitors/customers/invitees must be accompanied by a company employee.
19. Do not jump from heights, no matter how slight.
20. Never leave tools or pieces of material on walkways or where they may fall onto another worker or be-stepped on by another worker.
21. Only authorized persons shall operate equipment and or machinery.
22. When lifting an object, the large muscles of the legs instead of the small muscles of the back shall be used. Keep your back as straight as possible, do not arch. Reverse the procedure when putting heavy objects down. Never try to lift excessive loads by yourself. GET HELP.
23. No worker shall remove, deface or destroy any warning/danger signs, or barricade, or interfere with any other form of an accident prevention device. Always obey warning signs.

24. If you are ever in doubt about a safety procedure, consult your supervisor immediately.
25. Supervisors shall enforce Company safety regulations. Any supervisor not implementing this programs will be subject to disciplinary action up to and including termination.

Forklift Operations

1. Do not operate a forklift unless specifically authorized and trained by the employer.
2. Riders in addition to the operator are not permitted
3. Forklifts must be operated with care and at a safe speed.
4. The load rating must not be exceeded.
5. The operator must sound the horn or other warning devices when crossing intersections.
6. Operators must conduct inspections of the equipments controls and safety devices once per shift.
7. No equipment shall be operated with a leak in the fuel, hydraulic or oil system.

Driving Safety

Fueling Vehicles

- Turn the vehicle off before fueling it.
- Do not smoke while fueling a vehicle.
- Wash your hands with soap and water if you spill gasoline on your hands.

Driving Rules

- Shut your door and fasten your seat belt before moving the vehicle.
- Obey all traffic laws and signals at all times.
- Maintain a three point contact using both hands and one foot or both feet and one hand when climbing into and out of vehicles.
- All drivers of company vehicles must be approved by the office.
- All vehicles are to be kept clean inside and out and serviced by Company authorized mechanic.
- No riders (except for company employees) are allowed in or on company vehicles.

What to do in case of a Medical Emergency.....

During a medical emergency the key is to remain calm. Access the situation and call emergency medical services immediately, a delay in second can determine the life or death of the victim. If you are First Aid/C.P.R. certified, administer first aid and/or CPR to the victim while waiting for E.M.S.

It is a pleasure to welcome you to MISource/TLS, L.L.C. You have joined what we feel is a very good and well managed organization.

MISource/TLS, L.L.C. management staff and employees have a joint responsibility for preventing and reporting accidents. It is Company responsibility to provide a safe and healthful working environment, to comply with all laws and regulations pertaining to safety and health, to provide aid and medical care, and to establish emergency procedures. It is the employee's responsibility to become familiar with the safety guidelines established by Company, and to apply safe working practices in a daily basis. No employee shall knowingly violate any company safety policy or rule. Violation of safety rules may lead to disciplinary action including verbal warning, written warning, suspension, and or termination.

ACKNOWLEDGMENT PAGE

MISource, Inc./TLS, L.L.C. has prepared this policy as a guide for general information that should assist you during your employment.

I acknowledge receipt of the Employee Policy and Safety Rules and agree to comply with MISource, Inc./TLS, L.L.C.'s Employee Policy and Safety Rules. Violation of safety rules may lead to disciplinary action including verbal warning, written warning, suspension, and or termination.

Employee Signature

Date

Print Employee Name

Supervisor Signature

Date

Print Supervisor Name

Human Resources Manager

Date

Cc: Personnel file



PAYROLL DEDUCTION AUTHORIZATION AGREEMENT

Client Name _____ Client Number _____

Employee Name _____

I hereby authorize Accord Human Resources to make deductions from any compensation that may be due to me, up to and including the total amount for any of the following:

Uniform usage fee, if required by client.

Reasonable replacement costs of keys, training manuals, tools, supplies, uniforms, etc. supplied to me by the Client which are not returned upon request.

Educational expense reimbursed to me by the Client, if termination occurs within six months of completion of the course.

Stop payment fees for lost payroll checks.

Other (loan, advanced sick leave, company monies, damages, etc.)

I have read this agreement and fully understand its contents and agree to its terms.

Employee Signature _____ Date _____

Supervisor Signature _____

Payroll Deduction

Total Deduction Amount \$ _____ Check Date _____

Explanation/Breakdown of Deduction

Supervisor Signature _____ Date _____



CRIMINAL RECORD AFFIDAVIT FOR EMPLOYEES

If you have never been convicted of a felony crime please sign the following affidavit:

I hereby certify, under penalty of perjury, that I have never been convicted of a felony crime in any state. I understand that it is a crime to provide false information in this affidavit and that if it is found that I have lied in signing this document, I will not only be subject to summary dismissal from any work assignment through MISource, but I may also be subject to both civil and criminal proceedings.

Signature:

X _____ Date: _____

If you have been convicted of a felony please complete and sign the following affidavit:

I hereby certify under penalty of perjury that I have been convicted of a felony crime as stated below. I understand that it is a crime to provide false information in this affidavit and that if it is found that I have lied in signing this document, I will not only be subject to summary dismissal from any work assignment through MISource, but I may also be subject to both civil and criminal proceedings.

Specify the crime(s) of which you were convicted, the date of conviction(s), the criminal jurisdiction(s), and the penalties resulting from your conviction(s). Include any other pertinent information:

Signature:

X _____ Date: _____

WITNESS

I attest, that I have witnessed the signing of the affidavit above, that the affidavit was made by the employment candidate of their own free will and that I have confirmed the identity of the employment candidate signing the affidavit to be as on the Application for Employment to which this affidavit is attached.

Employment Candidate Name (Printed): _____

Witness Name (cannot be a relative): _____

Witness Legal

Address: _____



Witness Signature:

X_____

Date:_____



Authorization to Release Records and Information

I grant both MI Source Inc. & CEO Information Solutions, Inc permission to perform a comprehensive background investigation for the purpose of securing employment. I understand that this investigation may include, but is not limited to, criminal history, driving history, credit history, employment history, educational verification, drug testing and reference verification.

I further understand that this information will be utilized to make a general assessment of my character, reputation and overall integrity.

I release and hold harmless MI Source Inc. & CEO Information Solutions, Inc. against any liability, which may result in performing this investigation.

I hereby affirm that all information supplied on this form & employment application is true and accurate to the best of my knowledge. I also understand that any falsification of information may result in disqualification of my application and/ or dismissal.

Applicant Information: (please print)

Applicant Name: _____ Sex/Race: _____
(First, Middle, Last)

Current Address: _____

City: _____

County: _____ State: _____ Zip Code: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

*Date of Birth: _____ Drv. License: _____ SSN: _____
(mm/dd/yy)

Applicant Signature: _____ Date: _____

Employer Use:

Type of Investigation Requested: (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Driver's History |
| <input type="checkbox"/> <i>County</i> | <input type="checkbox"/> Employment History |
| <input type="checkbox"/> <i>State</i> | <input type="checkbox"/> Educational Verification |
| <input type="checkbox"/> Credit | <input type="checkbox"/> Other _____ |

(please specify)

Please provide necessary documentation when submitting requests for employment history or educational verifications.

* Date of Birth is requested for "Identification Purposes Only" to conduct a background check, as permitted by US Code Title 29, Section 1625.5 of the Age Discrimination in Employment Act.



DIRECT DEPOSIT AUTHORIZATION

Employee Name _____ Employee No. _____ Social Security No. _____

I here by authorize and request that the net amount of salaries or wages due me be paid by credit to my account with the bank indicated below beginning with the pay for the next full pay period possible and continuing until canceled by me in writing. NOTE: There will be one pay period used as a test for which you will receive a check before actual direct deposit begins.

Name of Your Bank _____ City _____ State _____

Account Name (As it appears on your bank statement) _____

Bank Address (number and street) _____ () _____
Bank Phone Number _____

City _____ State _____ Zip _____

Account to be credited: Checking \$ _____ Account Number: _____
 Savings \$ _____ Account Number: _____

Routing (ABA number):

Signature Date

This form should be used for all direct payroll deposit initiated through Accord Human Resources. If for any reason this authorization is canceled, the payroll department should be notified in writing to this effect prior to the next regular scheduled payment date.

ATTACH A VOIDED CHECK TO THIS FORM



This time sheet must be personally filled out and signed by employee and manager.

Name of Employee: _____

For Week Ending: _____ Company: _____

	<u>Morning</u>		<u>Afternoon</u>		<u>Overtime</u>		<u>Total Hours</u>	
	In	Out	In	Out	In	Out	Regular	Overtime
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total								

Employee's Signature _____ Manager's Signature _____

Fax signed timecard by 2:00 p.m. Monday to MISource at 888.293.5055

405 Reo Street, Suite 110; Tampa, FL 33609; 813.286.9888; Fax 813.286.9968



Payday is about to become *easier, safer and more convenient!*

Electronic Payroll – Take the headaches & hassles out of getting paid

Don't waste any more time going to check-cashing services or standing in line at a bank to get your paycheck cashed. Switch to Electronic Payroll!

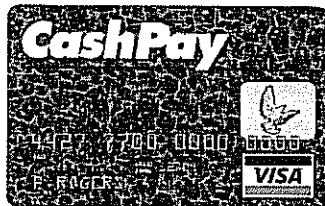
Contact your Payroll Coordinator to Sign-Up.

1) If you have a bank account...

You may select direct deposit and your pay will automatically be sent to your personal checking or savings account. Bring a deposit slip to attach to the sign-up form.

2) If you do not have a bank account...

You may select to have your pay automatically deposited to your own Bank of America CashPay® card. No one is turned down. It's not a credit card - as you're using your own money. Your purchases and ATM withdrawals are deducted from your available funds and you receive a monthly statement of activity.



With the Bank of America CashPay card you can:

- Make purchases everywhere Visa is accepted. Shop online, by phone, and mail order, too.
- Get cash-back with purchase at many major retailers.
- Get cash worldwide at ATMs displaying the Visa/PLUS® logo.

What's in it for you?

Easy

- Eliminate cash checking fees and waiting in lines.
- Avoid spending time and energy picking up a check and then going to get it cashed.

Safe

- Your money is safe. Nobody can get access to your funds without your permission.
- You'll feel more secure when not carrying large sums of cash in your wallet or purse.

Convenient

- You choose how you get paid...to your bank account or your own Bank of America CashPay card.
- Your money is automatically available on the morning of payday.

CashPay Visa® • CashPay ATM Same Day Recurring Payroll Enrollment Form

Choose one: CashPay Visa® CashPay ATM Same Day Recurring Payroll

THE FOLLOWING CONFIDENTIAL INFORMATION IS USED TO ENSURE PROPER IDENTIFICATION:

CashPay Card Kit Number (If company issuing CashPay ATM card, please complete.
This number will show through the outer window of the card kit.)

5 , 0 , 5 , 7 , 4 , 6

CashPay Account Owner Information (Please Print)			
Name: First Name	Middle Initial	Last Name	
Address		Apartment #	
City	State	Country	Zip Code
Home Telephone (Area Code Required) () -	Work Telephone (Area Code Required) () -	Date of Birth (19YY/MM/DD) 19 - -	
<small>(Outside US include country and city code for Home and Work numbers.)</small>			
Social Security Number		Other legal form of I.D. if Social Security Number not available. (i.e., passport # US 1234567)	
Mother's Maiden Name <small>(Last name only before married):</small>			
Statement - Must select one: <input type="checkbox"/> Regular <input type="checkbox"/> Internet <input type="checkbox"/> Braille <input type="checkbox"/> Large Print			

Company Information (All fields must be completed by a company representative)			
Company Name			
Account Owner Work Location - Address			
City	State	Country	Zip Code
Anticipated first CashPay deposit date for this individual (MM/DD/YY)			
Form completed by			
Phone Number (Area Code required) () -	Fax Number (Area Code required) () -	Outside US include country and city code for Phone and Fax numbers	
<p><u>Certification of Company</u> By providing to Bank of America enrollment information to establish a CashPay account for the above-described recipient of payments from the Company (the "Payee"), I certify that the following statements are true and accurate: 1. As of the date of request for a CashPay account, the Payee is entitled to payments issued by the Company, and is otherwise qualified to participate in the CashPay program. 2. That all information provided about the Payee is correct, including the Payee's date of birth, address, and Social Security Number or information from another form of identification issued by a governmental entity. 3. That if the Payee is to receive wage payments through a CashPay account, the Payee is legally employable in the United States. (Payee is a U.S citizen or is a resident alien legally authorized to work in the United States.) 4. That I have given to the Payee the explanatory information for the CashPay program that has been provided by Bank of America.</p> <p>I agree to notify Bank of America promptly of any changes to the information about the Payee that has been submitted as part of CashPay enrollment. The program will also accept changes to information from the Employee.</p>			
Name of Authorized Company Representative _____ Title _____ Signature _____			
Please Protect - Confidential Information			