



## APPLICATION for CO-EMPLOYMENT

LAST NAME		FIRST NAME		MI
MAILING ADDRESS		CITY	STATE	ZIP CODE
STREET ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE
COUNTY OF RESIDENCE	HOME PHONE		MESSAGE / CELL PHONE	
EMAIL ADDRESS			EMERGENCY CONTACT: NAME / PHONE	
HAVE YOU EVER HAD A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		WHEN?
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(CA applicants need not list marijuana possession crimes older than 2 years.)</small>		IF YES, PLEASE EXPLAIN		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED WITH BBSI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE / BRANCH		IF NO, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO

## EMPLOYMENT HISTORY

<b>CURRENT EMPLOYER</b>		TITLE / POSITION	
EMPLOYEE ID #	DEPARTMENT	DATE OF HIRE	
<b>EMPLOYER (1)</b>		TITLES / DUTIES	
ADDRESS			
SUPERVISOR	PAY RATE	DATES	TO
TELEPHONE	REASON FOR LEAVING		
COMMENTS			
<b>EMPLOYER (2)</b>		TITLES / DUTIES	
ADDRESS			
SUPERVISOR	PAY RATE	DATES	TO
TELEPHONE	REASON FOR LEAVING		
COMMENTS			
<b>EMPLOYER (3)</b>		TITLES / DUTIES	
ADDRESS			
SUPERVISOR	PAY RATE	DATES	TO
TELEPHONE	REASON FOR LEAVING		
COMMENTS			

## EDUCATION

	INSTITUTION	CITY / STATE	FIELD OF STUDY
<input type="checkbox"/> High School Grad			
<input type="checkbox"/> Trade School			
<input type="checkbox"/> GED			
<input type="checkbox"/> AA/AS Degree			
<input type="checkbox"/> BA/BS Degree			
<input type="checkbox"/> Masters			
<input type="checkbox"/> Ph.D.			

## AT-WILL EMPLOYMENT

Employment at your Worksite Employer and Barrett Business Services, Inc. (BBSI) is "AT-WILL". The employment relationship may be terminated for any reason with or without cause or notice at any time by you or either Company. No oral statement shall limit the right to terminate employment at-will.

## EQUAL EMPLOYMENT PRACTICES

BBSI is an equal opportunity employer and makes employment decisions on the basis of merit. BBSI's policy prohibits unlawful discrimination based on race, disability, medical condition, veteran status, sexual orientation or any other consideration made unlawful by federal, state or local laws. BBSI's commitment to equal opportunity employment applies to all persons involved in the operations of the company and prohibits unlawful discrimination by any employee, including supervisors and co-workers.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with disabilities, BBSI will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result.

If BBSI determines that unlawful discrimination has occurred, remedial action will be taken, commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination. BBSI will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your co-workers.

## UNLAWFUL HARASSMENT, SEXUAL HARASSMENT AND WORKPLACE VIOLENCE

BBSI does not tolerate harassment, sexual harassment or violence of any type to our employees, clients, vendors or suppliers. Any form of harassment which is prohibited by the Equal Employment Opportunity Commission and which violates federal, state or local law, including, but not limited to, harassment related to an individual's race, religion, color, sex, sexual orientation, national origin, ancestry, citizen status, marital status, pregnancy, age, medical condition, handicap or disability is a violation of this policy. Any employee who engages in any of the acts or behavior described below, is subject to employee disciplinary action, up to and including immediate discharge.

- **HARASSMENT:** Verbal, physical or visual conduct of a racial, ethnic or other type which, in the employee's opinion, impairs his or her ability to perform the job.
- **SEXUAL HARASSMENT:** Sexual harassment includes unwelcome sexual advances or visual, verbal or physical conduct of a sexual nature. This definition encompasses many forms of offensive behavior, including gender-based harassment of a person of the same sex as the harasser, conduct of a sexual nature that creates an offensive, intimidating or hostile work environment and coerced sexual conduct by a person in a position of authority.
- **VIOLENCE:** Any behavior that could be construed as violent in nature or any physical action that is intimidating or violent to any person.

Complaints of harassment of any type should be reported immediately, without fear of reprisals, to both your Worksite Employer AND to BBSI. Confidentiality will be maintained to the extent permitted by the circumstances.

## ELECTRONIC DATA SYSTEMS

BBSI and/or Worksite Employer may maintain a voice-mail system, an electronic mail (e-mail) system or various other systems to assist in the conduct of business. These systems, including the equipment and the data stored in the system are, and remain at all times, the property of BBSI and/or Worksite Employer. As such, all messages created, sent, received or stored in the system are and remain the property of BBSI and/or Worksite Employer. All information and data maintained by BBSI and/or Worksite Employer should be considered confidential BBSI and/or Worksite Employer information and should not be disclosed to unauthorized personnel.

Messages should be limited to the conduct of BBSI and/or Worksite Employer business. Voice-mail and electronic mail may not be used for the conduct of personal business and may be reviewed by BBSI and/or Worksite Employer.

## EMPLOYEE EXPENSE REIMBURSEMENTS

At the express written request of a Worksite Employer, BBSI, on behalf of the Worksite Employer, will make allowances, advance funds, or reimburse Employees for expenditures made by Employees in connection with services performed for or on behalf of the Worksite Employer.

The Worksite Employer shall maintain and administer an accountable plan for all advances, allowances, or reimbursements made to Employees. Any advances, allowances, or reimbursed expenses paid to the Employees are considered as made by the Worksite Employer and pursuant to the Worksite Employer's accountable plan. BBSI is the Worksite Employer's paying agent in connection with Worksite Employer's accountable plan.

BBSI does not and shall not maintain an accountable plan for the Employees of the Worksite Employer.

## ALCOHOL and DRUG POLICY STATEMENT

Concern for employees' safety and health has always been and continues to be a major commitment of BBSI ("the Company"). The Company expects all employees to assist in maintaining a work place free from alcohol and drugs.

### POLICY

Buying, selling, giving, receiving, possession or use of, or impairment from illegal drugs, while on Company premises, during work hours or meal breaks is not permitted. This includes all behavior-altering substances that could influence job performance. Impairment from or use of alcohol while on Company premises or during work hours is not permitted. Employees are expected to be in suitable mental and physical condition at work, free from all influences of alcohol and drugs.

An employee who is using prescription or over-the-counter drugs that may impair the employee's ability to safely perform the job, or affect the safety or well-being of others, must notify a supervisor of such use immediately before starting or resuming work.

Violations of this policy are grounds for disciplinary action, up to and including termination of employment or denial of employment.

### MEDICAL EVALUATIONS, SCREENING AND TESTING

**CONSENT FORM:** A signed consent form is to be obtained from an applicant or employee before a test, screen, or evaluation is conducted.

**APPLICANTS:** The Company reserves the right to screen, test, or otherwise evaluate for alcohol and drug abuse. If a drug screen result is positive, the applicant has the option to undergo a clinical test or decline going further in the application process. If the clinical test results are "positive" the applicant is not to be hired and must pay for the test. If the clinical test results are negative, the normal application process may be resumed and the Company will pay for the test.

**EMPLOYEES:** The Company reserves the right to test, screen, and otherwise medically evaluate all employees for alcohol and drug abuse. This may be done on a probable cause, post-injury, random, or systematic basis at any time the Company decides to do so. When an employee is screened and the results are "positive," the employee is to be immediately suspended from work and removed from the work site until clinical test results return. When an employee is clinically tested and the results are positive, the employee is to be terminated. If the results are negative from the clinical test, the employee is to be paid for any time missed because of the suspension and be returned to his/her previous position.

**REFUSALS:** A refusal to submit to screening, testing, or evaluations will render the same results as if the confirmation test produced a "positive" result, namely, ineligibility for hire, and if currently an employee, termination of employment.

**TAMPERING:** Tampering or attempting to tamper with a specimen sample will render the same results as if a confirmation test produced a "positive" result, namely, ineligibility for hire and if currently an employee, termination.

This policy in no way should be construed as an employment contract of any kind, implied or otherwise.

### SEARCHES

The Company specifically reserves the right to carry out reasonable searches of personal effects and vehicles when individuals are entering, while on, and leaving company premises including, but not limited to, all occupied or vacant, land, buildings, structures, installations, automobiles, trucks, and all other company owned or leased property. Submission to such a search is voluntary; however, refusal may be cause for expulsion from premises, and if an employee, discipline up to and including termination of employment.

## ACKNOWLEDGEMENT and AGREEMENT

I have been informed of my Worksite Employer's agreement with Barrett Business Services Inc. (BBSI) for Professional Employer Services. I understand that I will be co-employed by my Worksite Employer and BBSI. My signature below acknowledges that I have been informed of this fact and am in agreement with it.

I understand that nothing contained in this employment application creates a contract between the company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company. If an employment relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no representative of the company, other than the president of the company, has any authorization to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and any such agreement to the contrary must be in writing and signed by the president. I also understand that I am required to abide by all of the rules and regulations of the company.

If I am ever injured on the job or unable to perform my job duties because of a job related injury, I agree to immediately report the facts TO BOTH my Worksite Employer and BBSI. I agree to immediately report to BBSI in order to perform any modified work as assigned.

I understand and agree that falsification of information, misleading statements, misrepresentation, or omission of facts on this or other Worksite Employer or BBSI employment forms, is cause for denial of employment or if employed, cause for dismissal regardless of when discovered.

BBSI does not discriminate among applicants or employees on the basis of race, color, age, sex, religion, national origin, marital status, sexual orientation, the presence of medical conditions or disability, or any other legally protected status. BBSI is not an employment agency.

✓ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ ✓

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

# Form I-9, Employment Eligibility Verification

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 documents have 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 of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) \_\_\_\_\_
- ☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

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 authorized 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 and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

## 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 authorization.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

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 (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

# Form W-4 (2013)

**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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**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 2013. 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> _____
<b>B</b>	Enter "1" if: <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> . . . . .	<b>B</b> _____
<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> _____
<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> _____
<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> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children.</li><li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li></ul>	<b>G</b> _____
<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> _____

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 are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs 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.

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2013</b>
▶ <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>				
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____		
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		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.		
		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 _____		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ _____		
7 I claim exemption from withholding for 2013, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• 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></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> 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 (This 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 or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2013 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 . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$12,200 if married filing jointly or surviving spouse }  
 { \$8,950 if head of household }  
 { \$6,100 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2013 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2013 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,900 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-Earners/Multiple Jobs 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-Earners/Multiple Jobs Worksheet (See *Two earners or multiple 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. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . . 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 through 9 below to figure 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 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. 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****Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

# FORM MW 507

**Purpose.** Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

**Basic instructions.** Enter on line 1 below, the number of personal exemptions that you will be claiming on your tax return; however, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 If you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based upon itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

**Additional withholding per pay period under agreement with employer.** If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

**Exemption from withholding.** You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND
- this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

**Students and Seasonal Employees** whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

**Certification of nonresidence in the State of Maryland.** Complete Line 4. This line is to be completed by residents of the District of Columbia, Pennsylvania, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more. Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the **Military Spouses Residency Relief Act**, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 5; enter "EXEMPT" in the box to the right on Line 5; and attach a copy of your **spousal military identification card** to Form MW507.

## Duties and responsibilities of employer.

Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- you have any reason to believe this certificate is incorrect;
- the employee claims more than 10 exemptions;
- the employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- the employee claims an exemption from withholding on the basis of nonresidence; or
- the employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW 507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3, 4 or 5 above, a new exemption certificate must be filed by February 15th of the following year.

**Duties and responsibilities of employee.** If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee shall file a new withholding exemption certificate with the employer within 10 days after the change occurs.

# FORM MW 507

## Employee's Maryland Withholding Exemption Certificate

Print full name	Social Security number
Street Address City, State, Zip	County of residence (or Baltimore City)

☐ Single ☐ Married (surviving spouse or unmarried Head of Household) Rate ☐ Married, but withhold at Single Rate

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2.....	1.	
2. Additional withholding per pay period under agreement with employer .....	2.	\$
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply. <input type="checkbox"/> a. Last year I did not owe any Maryland Income tax and had a right to a full refund of all Income tax withheld and <input type="checkbox"/> b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements). If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here .....	3.	
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies. <input type="checkbox"/> District of Columbia <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Virginia <input type="checkbox"/> West Virginia I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here.....	4.	
5. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here.....	5.	

Under the **penalty of perjury**, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3, 4 or 5, whichever applies.

Employee's signature	Date
Employer's Name and address including zip code (For employer use only)	Federal employer identification number



Personal Exemptions Worksheet

Line 1

- a. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions that you are currently claiming at another job, or any exemptions being claimed by your spouse.** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. .... a. \_\_\_\_\_
- b. Multiply the number of additional exemptions you are claiming for dependents who are 65 years of age or older by the value of each exemption from the table below. .... b. \_\_\_\_\_
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you are currently claiming at another job; or any amounts being claimed by your spouse. **NOTE:** Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000. .... c. \_\_\_\_\_
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse at least 65 years of age and/or blind. .... d. \_\_\_\_\_
- e. Add total of lines a through d. .... e. \_\_\_\_\_
- f. Divide the amount on line e by \$3,200. **Drop any fraction. Do not round up.** This is the **maximum** number of exemptions you may claim for withholding tax purposes. .... f. \_\_\_\_\_

If Your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) Your Exemption is
\$100,000 or less		\$3,200	\$3,200
Over	But not over		
\$100,000	\$125,000	\$2,400	\$3,200
\$125,000	\$150,000	\$1,800	\$3,200
\$150,000	\$175,000	\$1,200	\$2,400
\$175,000	\$200,000	\$1,200	\$1,800
\$200,000	\$250,000	\$600	\$1,200
In excess of \$250,000		\$600	\$600

FEDERAL PRIVACY ACT INFORMATION

Social Security numbers must be included The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.



## EEO / AFFIRMATIVE ACTION / VETERAN DISCLOSURE FORM

DATE: \_\_\_\_\_

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

LAST FOUR DIGITS OF SOCIAL SECURITY #: \_\_\_\_\_

PLEASE PRINT THE EXACT JOB TITLE FOR WHICH YOU ARE APPLYING:

Barrett Business Services, Inc. is committed to **EQUAL EMPLOYMENT OPPORTUNITY (EEO)**, **AFFIRMATIVE ACTION** and **VETERAN EMPLOYMENT** practices. We ask that all applicants **VOLUNTARILY** provide the following information to monitor compliance with various governmental requirements.

Thank you for your cooperation.

CHECK ALL THAT APPLY:

☐ MALE [M]

☐ WHITE [W]

☐ FEMALE [F]

☐ AMERICAN INDIAN / ALASKAN NATIVE [I]

☐ ASIAN [A]

☐ NATIVE HAWAIIAN/PACIFIC ISLANDER [O]

☐ BLACK OR AFRICAN-AMERICAN [B]

☐ TWO OR MORE RACES [T]

☐ HISPANIC OR LATINO [H]

☐ I choose not to provide the information requested. [Z]

VIETNAM ERA VETERAN

\_\_\_\_\_No \_\_\_\_\_Yes

Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released with other than a dishonorable discharge or because of a service connected disability.

SPECIAL DISABLED VETERAN

\_\_\_\_\_No \_\_\_\_\_Yes

Entitled to disability compensation under laws administered by the Veteran's Administration for a disability rated 30 percent or more or rated at 10-20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment disability, or charged/released from active duty because of a service connected disability.

NEWLY SEPARATED VETERAN

\_\_\_\_\_No \_\_\_\_\_Yes

Released or discharged from active duty within last one year period.

# MAXIMUS Tax Credit Questionnaire

## MANAGERS USE ONLY- REQUIRED INFORMATION

Branch Phone # \_\_\_\_\_ BBSI Branch #: \_\_\_\_\_

Worksite Employer: \_\_\_\_\_

Employee Start Date:   /   /

Our company participates in the Work Opportunity Tax Credit (WOTC) program designed by the government and coordinated with MAXIMUS to provide incentives to employers to hire those most in need of employment.

Please check "Yes" or "No" as the following statements apply:

- |       | YES                      | NO                       |  |
|-------|--------------------------|--------------------------|--|
| ✓ 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you at least 16 but under age 40?<br>If yes, please enter your date of birth: ____ / ____ / ____   |
| ✓ 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you, or any member of your family, received Welfare, Temporary Assistance for Needy Families (TANF), or food stamps. If yes, please indicate what was received below:<br><input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Welfare<br>Date benefits started: ____ / ____ / ____ Date benefits ended: ____ / ____ / ____<br>Benefits received in: City: _____ State: _____ |
| ✓ 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you served in the armed forces/military?  |
| ✓ 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Were you discharged within the past five years?  |
| ✓ 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you received unemployment benefits within the past year?  |
| ✓ 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive disability while in the service, or were you discharged from the armed services within the past year?  |
| ✓ 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Were you unemployed for at least six months of the last twelve months?   |
| ✓ 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you received services for vocational rehabilitation or are you a disabled veteran?<br>Date benefits started: ____ / ____ / ____ Date benefits ended: ____ / ____ / ____<br>Counselor Name: _____ Phone: _____<br>Services received in: City: _____ State: _____   |
| ✓ 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a felony or released from prison for a felony within the past year?<br>Parole Officer Name: _____ Phone: _____<br>Convicted in: City: _____ State: _____  |
| ✓ 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you received supplemental security income (SSI) benefits for any month ending within the last 60 days?  |

## AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I hereby authorize my employer or employer representative to obtain information from my records to determine my eligibility for the Work Opportunity Tax Credit Program. I also authorize the appropriate agency to release the requested information from my records to my employer or employer representative; including Social Security Administration for a TPQY printout.

✓ Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_ ✓  
✓ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ✓

## TO THE JOB APPLICANT OR EMPLOYEE

The information and the supporting documentation you have provided in completing this form or in some cases, other information that could help verify the responses you have given to the items/ questions in this form will be disclosed by your employer to the State Employment Security Agency. In order to qualify for a Federal Tax Credit, provision of this information is voluntary. However, the information is required for your employer to receive the Federal Tax Credit. If the information you provide is on a member of your family, you should provide him/her a copy of this notice.

**Pre-Screening Notice and Certification Request for  
the Work Opportunity Credit**

OMB No. 1545-1500

► See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

- ✓ Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_ ✓
- ✓ Street address where you live \_\_\_\_\_
- ✓ City or town, state, and ZIP code \_\_\_\_\_
- ✓ County \_\_\_\_\_ Telephone number \_\_\_\_\_ ✓
- ✓ If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - ✓ • I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

✓ **Job applicant's signature ►** \_\_\_\_\_ **Date** \_\_\_\_\_ ✓

**Social Security Administration**  
**Consent for Release of Information**

Form Approved  
OMB No. 0960-0566

**TO: Social Security Administration**

Name	Date of Birth	Social Security Number
------	---------------	------------------------

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
MAXIMUS	7130 MINSTREL WAY
	SUITE L100
	COLUMBIA, MD 21045

I want this information released because:

FOR THE SOLE PURPOSE OF WOTC ELIGIBILITY  
(There may be a charge for releasing information.)

Please release the following information:

- ☐ Social Security Number
- ☐ Identifying information (includes date and place of birth, parents' names)
- ☐ Monthly Social Security benefit amount
- ☒ Monthly Supplemental Security Income payment amount
- ☐ Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- ☐ Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- ☐ Medical records
- ☐ Record(s) from my file (specify) \_\_\_\_\_
- ☒ Other (specify) TPOY PRINTOUT

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_  
(Show signatures, names, and addresses of two people if signed by mark.)  
Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

## REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)					
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
a. ACTIVE SERVICE					
b. RESERVE SERVICE					
c. NATIONAL GUARD					
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

☒ An UNDELETED Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

☐ A DELETED Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

#### 2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.)

### SECTION III - RETURN ADDRESS AND SIGNATURE

#### 1. REQUESTER IS:

☒ Military service member or veteran identified in Section I, above  
☐ Next of kin of deceased veteran \_\_\_\_\_ (relation)

☐ Legal guardian (must submit copy of court appointment)  
☒ Other (specify) MAXIMUS, INC

#### 2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 3 on accompanying instructions.)

MAXIMUS, INC

Name  
7130 MINSTREL WAY SUITE L100  
Street Apt.  
COLUMBIA, MD 21045  
City State Zip Code

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Signature (Please do not print.)  
Date of this request ( ) Daytime phone  
Email address

# Payroll Election Form



✓ Worksite Employer: \_\_\_\_\_ Date: \_\_\_\_\_ ✓  
✓ Employee Name (print): \_\_\_\_\_  
✓ Employee Signature: \_\_\_\_\_ Social Security #: \_\_\_\_\_ ✓

## ☐ New Enrollment

### ☐ Enroll in Direct Deposit to a Visa Payroll Card:

You will receive your personalized PaychekPLUS! Elite® Visa® Payroll Card in 7–10 business days from your Manager or Payroll Administrator.

☐ Deposit \$ \_\_\_\_\_ on each pay date (Enter "Net" if electing to deposit all net pay)

By checking this box, you are choosing to have your pay direct deposited on a Visa payroll card and agree to the following:

Consent to Payroll Card Account: I hereby designate MetaBank™ as my financial institution to accept the direct deposit of my wages from my employer into an account at MetaBank. I choose to receive a payroll card in my name issued by MetaBank for the purpose of accessing my wages from my Payroll Card account. I acknowledge that third parties other than MetaBank may impose fees and charges in connection with the use of the Payroll Card; however, I understand that I may choose one of several transactions each pay period, which are outlined in the Cardholder Terms and Conditions, by which I can withdraw my entire net pay without the payment of a fee. I declare the foregoing to be true and complete to the best of my knowledge. I authorize Company to deposit my wages each payday directly into my Payroll Card account. This authority remains in effect until I have given written notice by writing to BBSI, Payroll Administrator that I want it terminated. If funds to which I am not entitled are deposited into my Card Account, I authorize BBSI to direct MetaBank to return said funds. I also understand that it is my responsibility to verify deposits prior to any transactions against the Card balance.

### ☐ Enroll in Direct Deposit to a Bank Account:

Please complete the section above and attach a voided check, or a copy of a voided check, or a printed confirmation of the ABA Transit Routing Number and your Account Number as it should appear in BBSI's payroll database.

☐ Deposit \$ \_\_\_\_\_ on each pay date to my:

(Enter "Net" if electing to deposit all net pay into this account)

Name of Financial Institution: \_\_\_\_\_

ABA Transit Routing Number AND Account Number \_\_\_\_\_

☐ Checking ☐ Savings Account

☐ Deposit my remaining (if any) net pay to:

ABA Transit Routing Number AND Account Number \_\_\_\_\_

☐ Checking ☐ Savings Account

## ☐ Change Enrollment

### Change in Direct Deposit:

For any changes to original enrollment, please check this box and make the changes in the spaces provided above. A voided check, copy of a voided check or a printed confirmation of the ABA Transit Routing Number and your account number must be attached if you change financial institutions.

## ☐ Cancel Enrollment

### Cancel Direct Deposit Option:

Please indicate effective Date of Cancellation: \_\_\_\_\_

If you do not wish to participate in Direct Deposit please contact your BBSI representative for instructions.

I hereby authorize BBSI and the financial institution listed above to initiate entries into the account number listed on this Agreement. In the event that the financial institution is notified by BBSI that funds to which the employee is not entitled to have been deposited in error to the above listed account, I authorize the financial institution to return such funds to BBSI.

**Please note:** To ensure prompt and accurate processing of enrollment/change request, forward all employee applications including a voided check (no deposit slips) to BBSI as soon as completed. This agreement may only be terminated as outlined in the CANCEL DIRECT DEPOSIT option listed above. Direct Deposits will typically be effective within 14 days from the date this form is received by BBSI.

If you do not choose one of the direct deposit options above, you will automatically receive a Visa payroll card.

**\*\*Direct Deposit into a Bank Account will not be entered without one of the below items. (Not applicable for Visa Payroll Card.)**

**ATTACH**  
**Voided Check OR Bank Printout of Account and ABA Routing Number\*\***  
**No Deposit Slips**

The PaychekPLUS! Elite Visa Payroll Card is issued by MetaBank™ pursuant to a license from Visa U.S.A. Inc.

✓  
Printed Name

Signature

Date

Rev 6-2010

## AUTHORIZATION FORM

Please read the following statements carefully.

The purpose of this form is to notify you that **BBSI** ("Company") may obtain information about you from Quick Search for employment purposes to the extent permitted by law. **Investigative Consumer Reports:** I authorize the Company to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records and/or military records.

**Education and Employment:** I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested. I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all drug and alcohol testing results.

**Authorization and Understanding:** I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent or representative of the Company. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I understand that the information requested is for the use by the Company and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above.

**If you are a Minnesota, California, Oklahoma or New York resident only and you want a copy of your report, check here \_\_\_\_\_.**

The reports will be mailed to you at the address below. I indemnify, release, and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, an/or liabilities arising out of, or related to, such investigations, disclosures, or admissions. Copies, scans and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

**Applicant Signature:**

[illegible]



# 2013 Summary of FCRA Rights

Please read the following statements carefully.

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.

See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

# 2013 Summary of FCRA Rights

Please read the following statements carefully.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in Item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580, Phone: (877) 382-4357