



New Employee Payroll Form

Date: _____ Date of Birth _____ Email _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

County _____ Marital Status: _____

Home Telephone ____-____-____ Social Security Number: ____-____-____

Direct Deposit: Y _____ N _____ (YOU ARE ALLOWED A TOTAL OF ACCTS)

*All new accounts **and changes** to your direct deposit will require **Pre-note processing**. The Pre-note processing time takes at least two (2) pay cycles. This means that if you cancel or change an active direct deposit, you will receive a “live” payroll check and the pre-note process begins again.

Primary Account Information (**ATTACH VOID CHECK**)

If Yes: Bank Name _____ ___ Checking ___ Saving
 Bank Account Number _____
 Bank Routing Number _____

Secondary Account Information: Amount = \$ _____
 Bank Name _____ ___ Checking ___ Saving
 Bank Account Number _____
 Bank Routing Number _____

Third Account Information: Amount = \$ _____
 Bank Name _____ ___ Checking ___ Saving
 Bank Account Number _____
 Bank Routing Number _____

Please attach a voided check with this form for checking accounts. Deposit slips are **NOT** accepted for savings accounts. Submit a “Direct Deposit” form completed and signed by your financial institution.

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. 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.

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 \$1,500 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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
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 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 \$50,000 (\$20,000 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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ 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.		2015
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. 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 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 2015, and I certify that I meet both of the following conditions for exemption. • 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 (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)	

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature _____ Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA, check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.



Emergency Contact Form

Date: _____

Employee Name: _____



Emergency Contact Information:

In emergency situation, please notify: (please print)

(Primary Contact)

Emergency Contact Name: _____

Address: _____

Street Address

City

State

Zip

Daytime Phone: ____ - ____ - ____ Cellular Phone: ____ - ____ - ____

Home Phone: ____ - ____ - ____

Relationship: _____



(Secondary Contact)

Emergency Contact Name: _____

Address: _____

Street Address

City

State

Zip

Daytime Phone: ____ - ____ - ____ Cellular Phone: ____ - ____ - ____

Home Phone: ____ - ____ - ____

Relationship: _____



I-9 COMPLETION INSTRUCTIONS

If you have received an offer and are going to accept an assignment with Premier Staffing Source, Inc., you must complete a Department of Homeland Security Form I-9, Employment Eligibility Verification for our file between your date of offer and no later than three (3) business days of your first date of employment.

Following is a 2-page letter and an instructions sheet, which should be given to the Notary Public who will be acting as an Authorized Representative for Premier Staffing Source, Inc. These contain an explanation for Section 1 to be completed by the employee, and for Section 2 to be completed by the Notary Public.

Please print a copy of your assignment letter, which includes your hire date, the instruction sheets, the I-9 form, the List of Acceptable Documents and the Notary Public I-9 Information Verification Certificate. Take these documents to a Notary and in front of the notary complete Section 1, sign it, date it, and DON'T FORGET to check the appropriate box indicating your citizenship status. The Notary should then complete either Section 2 of the I-9 Form, or the Notary Public I-9 Information Verification Certificate. Both do not need to be completed by the Notary.

Present the Notary with your **original** document(s) (copies are not acceptable), indicating your eligibility to work in the US. The Notary should enter the appropriate document information on the appropriate lines: i.e. if you are using a passport, this is a document from List A (no additional documents are needed). Document title should be "USA Passport", Issuing Authority should be whichever governmental department or agency issued the passport such as Maryland Passport Agency, or Department of State. This information is generally found near the bottom right of the passport. The document number will be the passport 9-digit number in the upper right portion of the passport, and the expiration date needs to be listed as well. If you are not using a passport or another document from List A, you must have a document from List B **AND** a document from List C. Refer to the Lists of Acceptable Documents which follows the I-9 form.

If the Notary does not want to enter the document information on the I-9 form, the I-9 Information Verification Certificate can be used, as long as there is document information from a List A document entered on the first line OR document information from a List B document on the first line and from a List C document on the second line.

Immediately upon completion, send the Original I-9 form with copies of the documents used for verification to our office. The address is at the bottom of the Notary Public memo.



TO: NOTARY PUBLIC

RE: I-9 FORM COMPLETION AND SUPPORTING DOCUMENTATION

Premier Staffing Source, Inc. is an organization that provides temporary staffing throughout the United States. Our business requires the company to hire remote workers. The Immigration Reform and Control Act (IRCA) require all U.S. employers to verify the employment eligibility and identity of all employees hired to work in the United States after November 6, 1986. To implement the law, employers are required to complete Employment Eligibility Verification forms (Form I-9) for all employees, including U.S. citizens. A blank copy of the I-9 form is enclosed with this letter.

NOTARY AS EMPLOYER'S AGENT: The person presenting the I-9 form to you is a prospective employee for our company. Because it is not physically possible for this person to come to our offices to complete the I9 paperwork, the United States Customs and Immigration Service (USCIS) allow employers to designate agents, such as you, to carry out their I-9 responsibilities. The law does not allow the employer to carry out I-9 responsibilities by means of documents faxed by an employee.

EMPLOYEE MUST COMPLETE SECTION 1 OF FORM: Our employee must complete Section 1 of the Form I-9. The employee's signature holds him/her responsible for the accuracy of the information provided. No documentation is required to substantiate Section 1 information provided by the employee.

NOTARY MUST COMPLETE SECTION 2 OF FORM: The employer, or the designated agent, must review original documents and complete Section 2 of the Form I-9. We are asking you to act as our agent and review the documents for us to satisfy this requirement.

Premier Staffing Source, Inc. is responsible to ensure proper completion of the entire form. Proper documentation establishes both that the employee is authorized to work in the U.S. and that the employee who presents the employment authorization document is the person to whom it was issued.

The official list of acceptable documents for establishing identity and work eligibility is enclosed with this letter being presented by our prospective employee.

1. You may accept **any List A document**, which establishes both identity and work eligibility.
2. **OR**, you may accept **one document from List B** (establishing identity) **and one document from List C** (establishing work eligibility).



You should examine the document(s) and accept them if they reasonably appear to be genuine and if they reasonably appear to relate to the person standing before you. Requesting more or different documentation than the minimum necessary to meet this requirement may constitute an unfair immigration-related employment practice. If the documentation presented by an employee does not reasonably appear to be genuine or relate to the employee who presents them, then you must refuse to accept them, and you must ask for other documentation from the list of acceptable documents.

GENUINENESS OF DOCUMENTS: You are not required to be a document expert. In reviewing the genuineness of the documents presented by an employee, employers are held to reasonableness standards.

PHOTOCOPIES OF DOCUMENTS NOT ACCEPTABLE: You cannot accept photocopies of identity or employment eligibility documents to fulfill I-9 requirements. Only the original documents, meaning the actual document issued by the issuing authority, are satisfactory with the single exception of a certified photocopy of a birth certificate. Please make copies of the documents presented by the employee to be sent with the completed I-9 form, as we would like to retain photocopies with the completed I-9 form.

ENCLOSURES: Thank you for accepting this commission. Enclosed please find the original Form I-9, the list of acceptable documentation, and Instructions for Completion of the form.

Sincerely,

Premier Staffing Source, Inc.
4640 Forbes Blvd., Suite 200
Lanham, MD 20706



NOTARY PUBLIC
I-9 Information Verification Certificate

On, _____ in the State of _____
(Date)

County of _____, _____
Name of employee

Personally submitted to me,

Name of Notary Public

I attest, under the penalty of perjury, that I have examined the documents(s) listed. (See “Lists of Acceptable Documents” located on reverse of Department of Homeland Security – Employment Eligibility Verification Form I-9).

Document Title /Issuing Authority /Document # /Exp. Date if any

AND/OR

Document Title /Issuing Authority /Document # /Exp. Date if any

These documents were presented by the above-named person and appear to be genuine and relate to this person.

Witness my hand and seal.

Notary Public Signature Date

This form must accompany the I-9 with the upper portion filled in by the applicant and signed.



Employment Eligibility Verification

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

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

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

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

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number

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

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

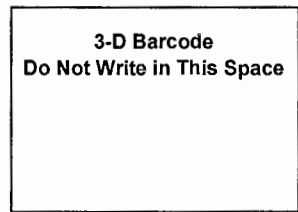
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i>

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

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	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	<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, gender, 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, gender, 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 <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 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. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



EQUAL EMPLOYMENT OPPORTUNITY REPORTING INFORMATION

Voluntary Self Identification (Confidential – For Statistical Use Only)

Premier Staffing Source is an Equal Opportunity Employer. Applicants and employees are treated without regard to race, color, religion, sexual orientation, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

As employers and government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with affirmative action record keeping, reporting and other legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from the applicant and personnel files. When reported, data will not identify any specific individual.

YOUR COOPERATION IS VOLUNTARY

INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

NAME: _____

JOB TITLE: _____ DATE: _____

GENDER:

Male Female

ETHNICITY – Are you Hispanic or Latino (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

Yes No

RACE – If you are not Hispanic or Latino, please select the appropriate category.

- White (not Hispanic or Latino) – Persons having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino) – Persons having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – Persons having origins of any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino) – Persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – Persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.



- Two or More Races (Not Hispanic or Latino) – Persons who identify with more than one of the above five races.

VETERAN STATUS – Are you a veteran?

- Yes No

If you are a Veteran, please select the appropriate category.

- Special Disabled Veteran – (a) A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under the laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (b) a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran – A veteran, any part of whose active military, naval, or air service, was during the period of August 5, 1964 through May 7, 1975 who (1) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1994
- Other Protected Veteran
- Newly Separated Veteran
- I respectfully decline completing the information being requested above. _____ (*initials*)

National Background Investigations, Inc
Customized Background Screening Solutions...Simplified

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

Premier Staffing Source, Inc. may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records "driving records", verification of your education or employment history, workers compensation injuries, employment and/or education history, or other background checks. Please be advised that the nature and scope of this notice and authorization is all-encompassing to include National Background Investigations, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 or another outside organization. By signing this notice and authorization you are allowing **Premier Staffing Source, Inc.** to obtain from any outside organization all manners of consumer reports and investigative reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer reports.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Premier Staffing Source, Inc.** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance to furnish any and all background information requested by National Background Investigation, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 another outside organization acting on behalf of **Premier Staffing Source, Inc.** itself. I agree that facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by National Background Investigations, Inc. by contacting the consumer reporting agency identified above directly.

Maine, Massachusetts, Minnesota, New Jersey and Oklahoma applicants or employees only: Please initial if you would like to receive a copy of a consumer report if one is obtained by National Background Investigations, Inc. _____

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please initial here if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by National Background Investigations, Inc. whenever you have the right to receive such a copy under California law. _____

SIGNATURE OF ACKNOWLEDGEMENT AND AUTHORIZATION

By my signature below, I certify that the information provided on the attached forms is true and accurate to the best of my knowledge.

Please print name (last, first, middle) _____

Signature: _____ Date: _____

National Background Investigations, Inc
Customized Background Screening Solutions...Simplified

TO BE COMPLETED BY APPLICANT (all information will be used for background screening purposes only)		
Last Name	First Name	Middle Name
Other Known Names Or Other Names Used		
Other First Name	Other Last Name	
Current Address		
City	State	Zip
From (mm/yy)		To (mm/yy)
Primary Telephone Number		Email
Date of Birth (mm/dd/yyyy)		
Social Security No.		
Driver's License No.		State
Previous Address of Residence (past seven years)		
1. Address		
City	State	Zip
From (mm/yy)		To (mm/yy)
2. Address		
City	State	Zip
From (mm/yy)		To (mm/yy)
3. Address		
City	State	Zip
From (mm/yy)		To (mm/yy)
4. Address		
City	State	Zip
From (mm/yy)		To (mm/yy)



Premier Staffing Source, Inc.

Fax

To: LaQuandra Muomah,
Account Manager

From:

Fax: 1-703-229-6313

Pages: ___ including this page

Phone: 703-231-6368

Date:

Re: Employee Timesheet

Commonwealth of Virginia

Contract #E194-72989

URGENT Please Deliver Immediately



Premier Staffing Source, Inc.

4640 Forbes Blvd., Suite 200A

Lanham, MD 20706

Ph: (703) 231-6368 Fx: (703) 229-6313

www.why-pss.com

WEEKLY TIMESHEET

PRINT LEGIBLY AND CLEARLY
 IF YOU MAKE AN ERROR, CROSS THROUGH THE ERROR AND
 INITIAL THE CHANGE - DO NOT DESTROY THIS TIMESHEET.

Hours Worked -
 Week Ending
 Saturday

Month	Day	Year

EMPLOYEE NAME

CLIENT PURCHASE ORDER/JOB # _____

CLIENT/COMPANY
 Commonwealth of Virginia Contract E194-72989

DEPT WORKED FOR _____ YOUR PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Date	Day of Week	Work-In Time	Lunch Time OUT	IN	Work-Stop Time	Regular Hrs Worked	Approved Overtime Hrs
	Sun						
	Mon						
	Tues						
	Wed						
	Thurs						
	Fri						
	Sat						

I AGREE TO NOTIFY MY STAFFING MANAGER IMMEDIATELY IF I CANNOT REPORT TO WORK.

I certify that I worked for the above company and that all hours were for the performance of my assignment with this company.

I will notify my Staffing Manager as soon as the assignment ends.

Employee's Signature _____ Date _____

By signing below, I agree as an authorized representative for the client that work was performed satisfactorily. I have faxed or emailed this timesheet to PSS, Inc.

Approved: On-Site Supervisor Signature _____ Date _____

Printed Name and Title _____

Authorized Client's Approval of Overtime Hours Worked _____

TOTAL REG	TOTAL O.T.
(Rounded to 10th of an hour) for example 8 hrs and 15 mins is normally 8.25, round to 8.3 hrs)	

On-Site (Area) Supervisors, fax timesheets by 12 noon on Monday.
 Fax to 703-229-6313 or E-mail to LMuomah@premierstaffingsource.com.
 Timesheets sent by employees **will not** be accepted.