



STAFF TODAY INC.

Policy on Assignments

We are pleased to welcome you to Staff Today Inc. (STI). We look forward to assisting you in your current job search and ongoing career development in your field of choice. This information is provided to help prepare you for work with Staff Today Inc (STI). With you on our team, we hope to achieve excellence in the quality we deliver to our clients and in the services we provide to you.

As an Employee/Contractor

Staff Today is your employer and we will assign you to work with our client companies. This relationship is important to remember and if you have any questions or problems regarding your job. Please talk to us first, not the client, so we can help find a solution that is agreeable to everyone involved.

Some typical situations requiring you to call Staff Today immediately include:

- Job description changes
- Illness or tardiness
- Time off
- Change in assignment hours
- Inadequate supervision or support
- Job Interviews
- An offer of permanent employment
- An extension to the length of your assignment

Please do not hesitate to call us to request or share any information. Open communication is critical to our mutual success as we make sure that your needs and those of our clients continue to be met. Voicemail is available at the company 24 hours a day, so there is no excuse not to stay in contact.

Our phone number is (800) 928-5561

Just as you expect high quality service from us, we have high expectations of you. Please make a commitment to the following standards of conduct

- Be on time every day.
- Complete your **entire** assignment.
- Respect the client, the work environment, and their policies.



STAFF TODAY INC

Application Form

- Please Print or Type
- Please send a copy of your Résumé
- Please contact us @ (800) 928-5561 or visit our website at stafftodayinc.com for any questions

PERSONAL INFORMATION

_____ Last Name	_____ Middle	_____ First	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Driver License Number	_____ Social Security Number	_____ Date of Birth	
_____ Home Telephone Number	_____ Daytime Telephone Number	_____ Email	
Are you eligible to work in the US?	Yes No	Are you a Veteran?	Yes No

If selected for employment are you willing to submit to a background check?
Yes No

POSITION PREFERENCES

What position are you applying for? _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

EDUCATIONAL BACKGROUND

School Name	Location	Years Attended	Degree Received	Major

EMPLOYMENT HISTORY

Company Name/Practice	Job Title	NAME OF INSTITUTION OR PLACE OF PRACTICE AND LOCATION	DATE:(MONTH, YEAR) FROM - TO

REFERENCES (Business & Professional Only)

Name & Title_____ Phone_____

Company_____ Email_____

Name & Title_____ Phone_____

Company_____ Email_____

Name & Title_____ Phone_____

Company_____ Email_____

By signing below, I certify the facts contained in this application are absolute and true; that the answers to the supplementary questions and statement made in this application are true and correct I am the lawful holder of the Licenses/Certificates listed; and that such were procured in the regular course of instruction and examination without deception or misrepresentation. I authorize without reservation; any party or agency contacted to provide the above-mentioned information and release all parties involved from liability and responsibility for doing so. I further authorize Staff Today Inc to release to client/site, hospitals or medical groups any information, which is material to my application.

I have carefully read the questions in the accompanying application and have answered them completely, without reservation of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct.

Signature of the Applicant_____ Date _____



STAFF TODAY INC.

Written Disclosure to Applicant and Consent to Consumer Report Information

I understand that **STAFF TODAY INCORPORATED (STI)** will utilize the service of a consumer reporting agency as part of the procedure for processing my application for employment. I also may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify **STAFF TODAY INCORPORATED (STI)**, within two days of my receipt of the report. If I notify **STAFF TODAY INCORPORATED (STI)**, within two days of my receipt of the report that I am challenging information on the report, **STAFF TODAY INCORPORATED (STI)**, will not make a final decision on my employment status until after I have had reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize **STAFF TODAY INCORPORATED (STI)** to procure a report on my background as stated above from a consumer reporting agency.

(Signature of Applicant)

(Date)



STAFF TODAY INC

PERSONNEL EMERGENCY CONTACTS

EMPLOYEE NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ **OTHER:** _____

ALLERGIES: _____ **MEDICATIONS:** _____

LIST THREE (3) PERSONS TO CONTACT IN AN EMERGENCY:

1. Name: _____

Relationship: _____

Address: _____

Phone Number(s): _____

2. Name: _____

Relationship: _____

Address: _____

Phone Number(s): _____

3. Name: _____

Relationship: _____

Address: _____

Phone Number(s): _____

Physician Name: _____

Address: _____

Phone Number(s): _____



EMPLOYEE AGREEMENT

Welcome to Staff Today Inc (STI). Your employment at Staff Today is at will. This agreement is not designed to be a contract or to alter the at-will nature of the employment relationship. If you accept employment with Staff Today, you agree to abide by the Company's rules and policies set forth in this agreement and the employee manual.

1. I understand that I am to call Staff Today the first day of each of my temporary assignments to alert the office of my direct work phone number and am to contact my Staff Today representative immediately if I am experiencing any difficulty on my assignment or if there are any changes in job description, location, or office hours. (We want to ensure that we have made a good match for both you and our client company).
2. I am to contact Staff Today immediately if it is impossible for me to report to work. Staff Today is available 24/7, so you may call us any time of the day or night. Please call us in enough time that we might schedule a replacement for your position. If I do not report to my assignment and/or do not call Staff Today, I have voluntarily terminated my employment with Staff Today and will not be considered for any further assignments. I understand that I must notify Staff Today if I am late for work or take time off. If I fail to do this, I understand that I have voluntarily terminated my employment with Staff Today.
3. I understand that on the last day of each temporary assignment I am to call in available to a staffing coordinator at Staff Today and that they may deny me unemployment benefits if I fail to do so. Refusal to call in available or to accept further work constitutes a voluntary resignation from Staff Today.
4. Once I have accepted a job assignment from Staff Today, I agree to honor that commitment. If I fail to complete the assignment, I understand that I have voluntarily terminated my employment with Staff Today.
5. While on a temporary assignment, if the Client Company offers me a permanent position or if one is discussed, I will contact my Staff Today representative immediately. All fees and conditions are to be handled by Staff Today. It is unlikely that one of Staff Today's client companies would ask me to work for them on my own rather than through Staff Today. I understand that if I go work directly for a client within one year of my temporary assignment, I will be responsible for paying all employment fees or charges incurred.
6. I understand that I am not to accept interviews during the office hours of my temporary assignment unless cleared with a Staff Today representative, not a representative of the Client Company. Otherwise, interviews may be accepted after office hours.
7. I understand that Staff Today is committed to maintaining a safe working environment for all employees. If I am ever asked to do anything unsafe, observe unsafe working conditions, or am injured at work, I will contact Staff Today immediately at 800-928-5561 or 626-626-1419. Furthermore, I agree to perform all work in as safe a manner as possible. If I experience an accident or injury while working for Staff Today, I will notify Staff Today immediately. To fail to do so within 48 hours could result in immediate termination.
8. I understand I am required to present to Staff Today an actual signed time card to receive my paycheck. I also understand that overtime hours must be authorized. No payment can be made for unauthorized overtime. I further understand that all matters relating to the Staff Today wages and rates are confidential and I will not discuss them with clients and other employees, and in doing so, could result in my immediate dismissal from the assignment and possible termination from Staff Today.
9. I understand that all client information supplied to me shall be held in strictest confidence, and all product and materials, including, but not limited to, hardware, software, documentation, reports, manuals, letters, programs and any and all other sources of information given to me will be returned to client company at the completion of my assignment. I also agree not to disclose any company trade secrets or confidential information of the Staff Today client and/or Staff Today to any other services.
10. I understand that any monies due Staff Today resulting from loans, advances, damaged property, lost property including security badges, or unauthorized use of property, including, but not limited to the unauthorized or improper use of telephone, postage meters, computer equipment or software at Staff Today or the Staff Today client, may be deducted from my paycheck(s).

As a condition of my employment with Staff Today, I hereby acknowledge and agree to the above and that I have read and received a copy of this agreement and Staff Today Orientation documents on this _____ day of _____, 20____.

Print Name

Signature

Signature of STI Representative

Date



STAFF TODAY INC.

Written Disclosure to Applicant and Consent to Consumer Report Information

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I understand a consumer reporting agency's investigation may include obtaining information regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify **STAFF TODAY INCORPORATED (STI)**, within two days of my receipt of the report. If I notify **STAFF TODAY INCORPORATED (STI)**, within two days of my receipt of the report that I am challenging information on the report, **STAFF TODAY INCORPORATED (STI)**, will not make a final decision on my employment status until after I have had reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize **STAFF TODAY INCORPORATED (STI)** to procure a report on my background as stated above from a consumer reporting agency.

(Signature of Applicant)

(Date)



STAFF TODAY INC.

CONFIDENTIALITY STATEMENT

As an STI employee, I understand and acknowledge that:

I must hold confidential and private all information pertaining to patients, patient records, client facility policies and procedures.

All protected patient information shall be kept safeguarded pursuant to the policies and procedures at each facility, respectively, and in accordance the Health Insurance Portability Accountability Act of 1996 (HIPAA), the regulations issued thereunder, an any applicable state law to prevent impermissible disclosure, loss or misuse, and to ensure that only authorized persons have access to such protected information.

I will consult the facility Privacy officer in the event I have questions regarding the scope or application of the privacy policies described in this statement.

Private and confidential information will only be released to an outside party when legally required to do so and to the extent minimally necessary to respond to the request.
Failure to maintain confidentiality and privacy may lead to disciplinary action up to and including termination as well as any actions designated by the appropriate disciplinary and/or credentialing board.

I understand that any breach of confidentiality may be grounds for immediate termination of employment as well as any appropriate legal actions.

Employee Signature

Date

Employee Printed Name

STI Rep Signature

STI Representative Name

Date

STAFF TODAY INC'S CODE OF ETHICS

Staff Today Inc (STI) is a company founded on the principles of honesty, integrity, and open communications. We are proud of our reputation for fair business practices and strong, long-term relationships with our clients.

Our Code of Ethics guides associates of STI and sets the standard for our associates' professional conduct, commitment, performance, and integrity. Each STI associates carries these qualities into the facilities in which they work.

STAFF TODAY INC COMMITS TO:

Conduct themselves in a **professional** manner with a high level of accountability - to their profession, job, and employer.

Recognize **integrity** as doing what is right and pursuing a high standard of conduct and honesty in all situations.

Treat all individuals encountered or entrusted to their care with **respect and dignity**.

Deliver **quality patient care** and service unrestricted by concerns of personal attributes and without discrimination.

Carry out responsibilities of assigned job with a spirit of **teamwork**; respecting co-workers and conducting themselves in a manner that contributes to an environment free of all forms of harassment.

Protect confidences entrusted to them in the course of professional practice, respecting the right to privacy of the patient, Client Company, and employer; revealing confidential information only as required by law to protect the welfare of the individual or community.

Use equipment and accessories, employ techniques and procedures, and perform services in accordance with acceptable **standards of practice** and hospital protocol.

Respect all laws and avoid any involvement in false, fraudulent, or deceptive activity.

Honor all contracts, agreements, and assigned responsibilities.



STAFF TODAY INC

The Staffing Company You Keep

Acknowledgment and Receipt

I have received a copy of Staff Today Inc (STI) Code of Ethics and Business Conduct. I understand that I am responsible for knowing and complying with the principles and standards of the Code. I am aware that failure to comply can result in disciplinary actions up to and including dismissal.

Signature: _____

Full Name: _____

Title: _____

Department: _____

Date: _____



Provider Handbook Acknowledgement Form

I acknowledge that I have received a copy of Staff Today Inc. Provider Handbook. I acknowledge that I have been informed that the complete Staff Today Inc. employee handbook is available www.stafftodayinc.com.

I understand that in processing my application with Staff Today Inc. an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless Staff Today Inc. from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize Staff Today Inc. to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting Staff Today Inc. authorization to release confidential medical information upon the request from Staff Today Inc. clients while I am actively working at the client's facility and /or during the profiling and placement processes.

I understand that Staff Today Inc. goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with Staff Today Inc. or the service provided by one of Staff Today Inc. Clients, I am encouraged to contact the local manager to discuss the issue. Staff Today Inc. has processes in place to resolve customer complaints in an effective and efficient manner. If the resolution does not meet my expectation, I am encouraged to call the Staff Today Inc. corporate office at (800)-928-5561. A corporate representative will work with me to resolve my concern. I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by Staff Today Inc. healthcare professionals, which has not been addressed by Staff Today Inc. management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. Staff Today Inc. demonstrates this commitment by taking no retaliatory or disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission.

I have read and understand Staff Today Inc. policies and my requirements as a Staff Today Inc. employee. I understand that if I have any questions and/or need clarification for items addressed in the handbook, it is my responsibility to contact the Staff Today Inc. office to discuss.

Provider Name and Signature

<https://www.stafftodayinc.com/documents/STI-Employee-handbook.pdf>

Date



STAFF TODAY INC

The Staffing Company You Keep

SUBSTANCE ABUSE POLICY

Field Employees

Purpose: To protect the interests of our employees, clients and their patients, field employees are required to report to work in a manner to provide a drug-free, smoke-free, healthful, safe and secure work environment.

Policy: Staff Today Inc (STI) highly recommends drug screens upon hire and will be in total compliance with facility drug screen requirements.

Drug Free Work Place Environment

Staff Today Inc. (STI) is committed to a drug-free, safe and healthy work environment for its employees. STI strictly prohibits the use, possession, solicitation for sale, conveyance, distribution or manufacture of illegal drugs, narcotics or controlled substances such as the abuse of prescription medication, alcohol in any amount or any manner on company or customer property or while on assignment.

A positive drug and/or alcohol test result, refusal to test at the required time, refusal to be observed when required by company policy, an adulterated specimen, a substituted urine specimen, and admission of substance abuse constitutes a violation of STI policy resulting in disciplinary action up to and including termination. For cancelled tests/invalid results, where there is cause for additional testing under more specific guidelines, the new sample **MUST** be collected “under observation.” The witness must be of the same sex as the donor.

Subject to applicable state laws, the Company reserves the right to conduct drug screening and testing as a pre-employment requirement and for reasonable suspicion at any time during employment. Any violation of this policy shall result in an applicant not being hired or an adverse employment action up to and including immediate termination of an employee. STI has the right to change this policy at any time as it requires.

Definitions

Test Cancelled: Indicates that the testing process was not completed. Various reasons such as mismatched identification numbers, insufficient urine, fatal error, or invalid results will cause a test to be cancelled by the MRO.

Negative drug test: A drug test indicating the absence of drugs that are included in the panel of testing.

Negative Dilute: A negative drug test was dilute. A negative dilute result is a valid negative test result.

NON negative results: include any of the following:

- Positive
- Substituted
- Adulterated
- Invalid
- No data

Positive: The presence of one or more of the drugs that is included in the panel of testing.

Substituted: The donor has given a substance not consistent with normal urine in lieu of the urine (it has the same penalty as a positive).

Adulterated: The donor has added a foreign substance in order to make testing for drugs impossible (it has the same penalty as positive)

Invalid: The laboratory was unable to perform the test on that sample due to some interfering substance. However the laboratory cannot prove that a substance was added to the urine. In this case the MRO will report results as cancelled – invalid result. STI procedure requires cancelled test results be sent to HR for review and determination how to proceed. If decisions from the corporate HR is to re-test, STI policy requires new specimen to be collected under observation.

No data: NON-negative test released as positive because the donor did not make it possible for the MRO to perform the interview or if the interview was done, the necessary documentation was not provided. This category involves prescription medication, but the MRO could not verify that a prescription exists. Only an interview and proper documentation could result in the MRO changing the positive, no data result to negative. There will be no repeat test unless and until the verification of the test is determined one way or another, regardless of the length of time.

Confidentiality and Release of Information

- Applicants and employees should know that as a condition of employment, STI and/or parties involved in the testing process may be required to provide documentation regarding drug testing to clients and that the applicant or employee releases STI to provide this information if required for placement.
- Information regarding a field applicant/employee's drug test results will only be released in compliance with local, state and Federal laws and regulations.
- STI will maintain all employee test records in confidence. However the testing laboratory will disclose information related to a NON-negative drug test of an individual to STI's Medical Review Officer (MRO) or to the decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the individual and arising from a certified NON-negative drug test. The laboratory will have an applicants/employees prior written consent before conducting the drug test.
- The medical or drug tests results will be maintained in confidential file. Such records or results in the employee's record will be accessible to designated STI employees or agents on a need to know basis. Such records or results will be released to Department of Professional Regulation or similar regulatory agency upon their request. They will NOT be released to any other party unless STI is served with legal or administrative process requiring production of the same results/record.
- Any employee who is involved in any relevant license/certification review or revocation of license or certification proceeding as a result of a drug test conducted under this policy shall, ONLY upon written request to STI, have access to any records relating to his/her drug test conducted under this policy.



STAFF TODAY INC

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SUBSTANCE ABUSE POLICY

Field Employees

RECEIPT OF SUBSTANCE ABUSE AND DRUG TESTING POLICY AND DRUG TESTING CONSENT FORM (Field Employees)

I have reviewed and understand the contents of the Substance abuse and Drug Testing Policy.

I understand and agree to submit to urine, blood or hair specimen for testing under the circumstances and conditions outlined within this Policy. Furthermore, I understand and agree that if I am involved in an accident or other unusual occurrence, which requires medical treatment, the treating physician may order testing which includes a urine, blood or hair specimen.

I hereby hold harmless all parties concerned and involved in the process of administering such drug testing and will not sue STI or the parties involved for any action taken as a result of said drug testing under this Policy that may prohibit me from securing a job with STI or prevent my continued employment with STI, or with any other company or party.

I understand that as a condition of employment, STI and/or the parties involved with the drug testing process may be required to provide documentation regarding drug testing to clients. I release STI to provide this information if required for placement.

I understand that any test results reported to STI's Medical Review Officer by the Lab that coincides with a confirmed use of a prescription drug that cannot be confirmed as a current prescription with my physician will result in either my termination or not being hires by Staff Today Inc.

I hereby attest that I have read and understand the Substance Abuse Policy and that I must be drug free and alcohol free in the performance of my job duties. I understand adherence to this policy is a condition of employment and continued employment with STI as specified in the above policy.

Signature of Employee

Signature of STI Representative

Print Name of Employee

Print Name of STI Representative

Date

Date



The Staffing Company You Keep

Clinical Specific Policy

Subject: Finger Nail Policy

Policy:

1. Staff Today Inc(STI) strives to maintain high quality patient care through clear communications.
2. Staff Today Inc (STI) strives to comply with Infection and Health Control and Safety Legislation

Position:

1. Hands should be washed between patients and when they become soiled or when gloves have been removed.
2. Finger nails should be clean and well maintained with no chipping nail polish.
3. If nail polish has been worn, it must be neutral/pastel colors
4. Finger nail length should be no longer than 1/4 inch from fingertip in length.
5. Finger nail length should not interfere with safety patient care or prevent the nurse from performing his/her duties.
6. No artificial nails, nail extensions or nail products should not be worn per Facility Finger Nail Policy
7. Gloves should be worn when performing duties that require direct patient contact or contact with contaminated items. Gloves should be changed after such contacts and before exiting the room

I have reviewed the above policy and procedure and agree to adhere to, including all hospital specific protocols.

_____ Signature	_____ Name	_____ Date
_____ Reviewer	_____ Title	_____ Date

212 E. Rowland Street # 313, Covina, CA 91723

Tel: 800-928-5561

Fax: 877-858-6263

WWW.STAFFTODAYINC.COM



The Staffing Company You Keep

STI ANNUAL INFLUENZA ATTESTATION

Annual influenza vaccination is needed because of antigenic shifts. The vaccine is contraindicated in those severely allergic to eggs or egg protein. The influenza vaccination has been shown to help reduce the spread of influenza to patients and one's family members.

- ☐ I understand the need to be vaccinated annually for influenza.
- ☐ I have been vaccinated for influenza this flu season. Date: _____ (on file in agency)
- ☐ I have a contraindication to receiving the influenza vaccine. (on file in agency)
- ☐ I decline the influenza vaccine, and I understand that due to my occupational exposure, I may be at risk of acquiring influenza infection. In addition, I may spread influenza to my patients and other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications. Accordingly, I understand that for infection control purposes I will be required to wear a surgical mask (except in the main lobby or cafeteria) throughout the flu season.

Signature

Print Name

Date of Attestation

Agency Representative Signature

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm?s_cid=rr5502a1_e

212 E. Rowland Street # 313, Covina, CA 91723

Tel: 800-928-5561

Fax: 877-858-6263

WWW.STAFFTODAYINC.COM



STAFF TODAY INC
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Hepatitis B Vaccination Declination Form

Please complete the appropriate section below, maintain a copy for your records and send a copy to STI. This will initiate request for vaccination or document declination of the Hepatitis B vaccine.

In accordance with the Cal/OSHA Bloodborne Pathogen Standard, Staff Today Inc (STI) will make available the Hepatitis B vaccine and vaccination series to all employees who have **occupational exposure** to blood and other potentially infectious materials. STI will provide the vaccination series at **no charge** to the employee. All employees who qualify for vaccination have the option to accept or decline.

EMPLOYEE NAME: _____

JOB TITLE: _____

PHONE NUMBER: _____

_____ Check here if you have been immunized. (Provide Documentation)

Date immunization received _____

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me by contacting STI and submitting a REQUEST FOR HEPATITIS B VACCINE form.

Employee's Signature _____ Date _____



STAFF TODAY INC

The Staffing Company You Keep

PHYSICIANS STATEMENT

Please Note:

Most of our client facilities require a statement of good health. Therefore, certification of health must be updated on a yearly basis. However, you should not delay in sending in your completed application even if this statement cannot be completed immediately. This statement can be sent at a later date, but it must be received before you begin employment. We accept alternate physician statement forms if they include the information as required below.

Name: _____

PLEASE ATTACH COPIES OF ALL TEST RESULTS

TB/PPD Skin Test: Test Date: _____ Read Date: _____ Results: _____

OR

Chest X-Ray Test Date: _____ Results: _____

The above named individual has been examined by me and is found to be in good physical health, free from communicable diseases, and are able to perform all job duties as a traveling health care professional without any limitations.

Physician Name

Physician Signature

Date

License Number

Address



EMPLOYEE HEALTH FORM
(To be completed by physician.)

Name: _____

Date: _____

Last 4 SSN: _____

EMPLOYEE RELEASE: I authorize the release of the information contained on this form to be provided to Staff Today Inc (STI) for the purposes of maintaining required medical employment records. I understand that this health profile is required in order that I may be considered for assignment with STI.

Signature

Date

Vaccination History **Titer results must be provided by laboratory printout**

1. MMR (Measles, Mumps, Rubella) Vaccine Date: _____
2. Mumps Vaccine Date _____ Titer ☐Pos ☐Neg
3. Rubella Vaccine Date _____ Titer ☐Pos ☐Neg
4. Rubeola Vaccine Date _____ Titer ☐Pos ☐Neg
5. Varicella Vaccine Date _____ Titer ☐Pos ☐Neg
6. Hepatitis B Series (3 shots) ☐ Yes ☐ No Dates: _____; _____; _____ Titer: ☐Pos ☐Neg
7. Influenza Vaccine: ☐ Yes ☐ No Date: _____
8. TDAP Vaccine ☐ Yes ☐ No Date: _____
9. Latex Allergy: ☐ Yes ☐ No

Tuberculosis Screening (upon employment and annually)

1. Date PPD placed: _____ By _____ Lot# _____ Exp. _____
2. Results read at 48- 72 hours in Date _____ mm _____ Read by _____ Title _____
3. TB Questionnaire (if PPD+): Date: _____
4. Chest X-Ray, if applicable (include report): Date: _____

Physician Certification of Fitness for Duty

I certify that _____ is free from symptoms indicating the presence of an infectious disease and does not have any restrictions which would interfere with the performance of his/her duties performed in the capacity this named position _____.

Physician's Signature

License #

Date



INITIAL and ANNUAL TUBERCULOSIS SCREENING QUESTIONNAIRE

(This Form is to be used for those with a previously positive TB Skin Test, i.e., positive PPD.)

Name: _____ Date: _____

Positive TB Skin Test (PPD Date): _____

Date of Last Chest X-Ray: _____

Please indicate if you have had any of the following conditions for three to four weeks or longer:

SIGN OR SYMPTOM	YES	NO
Chronic Cough (greater than 3 weeks)		
Production of Sputum (productive cough)		
Blood Streaked Sputum		
Unexplained Weight Loss		
Unexplained Fever		
Weakness/Fatigue/Tiredness		
Loss of Appetite		
Night Sweats		
Shortness of Breath		
Chest Pain with Coughing		
Rapid Heart Rate (Tachycardia)		

PHYSICIAN STATEMENT

Based upon the responses of this questionnaire and my assessment, I find no evidence of pulmonary tuberculosis infection.

Physician Signature: _____ Date: _____

License Number _____

Clinic/Office Address: _____

Clinic/Office Telephone Number: _____

Employee's Withholding Certificate**2020**

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last 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 [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



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	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<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 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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



STAFF TODAY INC

The Staffing Company You Keep

Equal Opportunity Employment (CONFIDENTIAL)

We must request the following information in order to obtain the necessary data needed to complete the annual EEO-I report which is required by federal law. This information is solely for recordkeeping and reporting purposes required by government regulations and will not be used as a factor in any employment- related decisions. Staff Today Inc employment decisions are made without regard to race, color, religion, creed, age, marital status, veteran's status, political or union affiliations, national origin, ancestry, sex, medical condition, pregnancy or pregnancy related condition and disability status or any other legally protected status. This form will be kept separate from personnel files.

Please print the following information:

EMPLOYER NAME:	EMPLOYEE SS#:
JOB TITLE:	BRANCH/DEPARTMENT

RACE: ☐ White (Not of Hispanic Origin)
☐ Black
☐ Hispanic
☐ Asian or Pacific Islander
☐ American Indian/Alaskan Native

HANDICAPPED? ☐ YES ☐ NO

VETERAN? ☐ YES ☐ NO
If yes ☐ WWI
☐ WWII
☐ VIETNAM
☐ OTHER



DIRECT DEPOSIT AUTHORIZATION FORM

Company Name: _____

Employee Name: _____ SSN (Last 4 Digits): _____

Address: _____

City, State & Zip: _____

☐ New Account ☐ Additional Account ☐ Information Change ☐ Cancellation

Bank Name or KURENSE Paycard	Routing Number [9 digits] (Leave blank if KURENSE Paycard)	Account or KURENSE Card Number	Checking (C) Savings (S) KURENSE Paycard (P)	Amount (All or Specific Amount)

Requested for Validation Purposes

For checking accounts please attach a blank check (or copy) marked "VOID"

For savings accounts please attach a deposit slip (or copy)

For KURENSE Paycards please attach a copy of the front of the card

**If no validation is provided PEOPLELEASE / PLC is not responsible for incorrect information
above**

- **Important:** Call your bank to ask them what the routing (ABA) number is for direct deposits since it is sometimes not the same as the bank number shown on the check or deposit slip. This is particularly important for savings accounts.
- We do not guarantee timely deposit at Credit Unions since their procedures differ from normal banking procedures.
- If you fail to advise PEOPLELEASE / PLC Services, in writing, that your bank account has been closed and this results in a return of funds by the Federal Reserve, a \$42 processing fee will be charged to you (payroll deducted) to re-direct the funds.
- PEOPLELEASE / PLC Services must have written notice, fax copies will be considered as an original, to make any changes to account information or to stop the direct deposit.

Note: Due to circumstances beyond our control, PEOPLELEASE / PLC Services cannot guarantee a direct deposit for any given day or time. It is your responsibility (the employee) to check with your financial institution regarding the availability of funds. PEOPLELEASE / PLC Services will not be responsible for any costs you may incur due to insufficient funds in your account(s).

Authorization:

By my signature below, I authorize PEOPLELEASE / PLC Services to deposit my paychecks and any other monies due me into the account(s) noted above and to initiate debit entries and adjustments for any credit entries deposited in error to my account(s) identified above and authorize the depository financial Institution to accept these credit and or debit entries. In addition, I authorize PEOPLELEASE / PLC Services to payroll deduct any associated fees as outlined above. This authorization will remain in effect until canceled by me in writing.

Employee Signature: _____

Date: _____



Global Cash Card

PAYCARD ENROLLMENT FORM

**** SEND COMPLETED FORMS TO YOUR PAYROLL CENTER ****

Account Number _____

Global Cash Card – Account Owner Information (Please Print Legibly)		
First Name:	Middle Initial:	Last Name:
Street Address:		Apartment #:
City:	State:	Zip Code:
Home Telephone: ()		Date of Birth (MM/DD/YYYY):
Social Security Number: -- --		Employee ID #:
Employee Signature		Date

LOCATION INFORMATION (All fields must be completed by a company representative)	
Location Name:	Location Number:
Form Completed By:	Telephone Number: