

# EMPLOYMENT APPLICATION



Do you read, write and comprehend the English language? *If you answer "No" then you must ask for a qualified translator* to assist in explaining this document to you. Your native language is _____. Check One <input type="checkbox"/> Yes <input type="checkbox"/> No	¿Lee, escribir y comprender el idioma Inglés? *Si su respuesta es "No" entonces, usted debe solicitar un traductor calificado para ayudar en la explicacion de este documento para usted. Marque Uno <input type="checkbox"/> Sí <input type="checkbox"/> Ningún
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## PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:
Full Street Address:	Personal Email Address:	
City:	State:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Position Desired: (check one) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	When Can You Start?	Expected Starting Wages:
Levels of Education Completed: <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Technical/Specialty/Trade: (please explain) <input type="checkbox"/> Other: (please explain)		

## EMPLOYMENT HISTORY

Please Attach Resume			
Current/Last Employer and Phone Number:	Start Date:	End Date:	Position:
Next Previous Employer and Phone Number:	Start Date:	End Date:	Position:

## ACKNOWLEDGMENT / SIGNATURE

**By my signature below, I hereby certify, understand and acknowledge the following:**

**Information Correct and Complete** – I certify that the above information is fully accurate, correct and complete to the best of my knowledge. I completely understand that if any of the above referenced information is not fully accurate then I may be immediately separated from employment.

**Authorization to Provide Information** – I unconditionally authorize Abel, my prior employers and references to obtain and/or release any information regarding their thoughts, my capabilities and any and all information regarding previous employment.

**Pre-employment Medical Examination and Drug Screen** – I understand that any offer of employment may be conditioned upon satisfactory results of a post-offer pre-employment medical examination. I further understand any offer of employment, as well as my continued employment may be subject to drug screening and that if I test positive for the illegal use of drugs, any offer of or my current employment may be withdrawn.

**Employment At Will** – I understand and agree that my employment and all compensation of any kind, is terminable by me or my employer(s), with or without notice, for any reason or none at all and at any time. Nothing contained in any of Abel's documents, nor any verbal or written statement, constitutes a contract or guarantee of employment, unless in a signed writing by Abel's President.

**Post-Accident Drug and Alcohol Testing** – I authorize, without any further notice, the testing for drug and/or alcohol use upon any involvement in an alleged work-related incident or accident. Moreover, I authorize the release of any and all medical information as well as drug and alcohol testing results to Abel or its representative.

**Compliance with Rules and Regulations** – During the entire term of my employment, I agree to strictly conform to all policies, protocols and procedures regulations that may be in effect or implemented by Abel in its sole and absolute discretion..

Employee Signature:	Date Signed:
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## \*TRANSLATOR

*I certify that I have accurately translated this form in _____ and have obtained or answered all questions from the above signed individual.	*Translator Name, Address, Phone and Email:	Signature and Date:
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Office Use Only

Client Code:	TC#:
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2 Corporate Drive, Cranbury, New Jersey, 08512-3604  
 t: 609-860-0400 f: 609-860-0440 www.AbelHR.com

# IMPORTANT NOTICE

The following pages are only to be completed by individuals who have received an offer of employment by Client. If you are unclear as to whether or not you have received an offer of employment, please see the Client worksite supervisor immediately.

**NOTE:**

**YOU ARE RESPONSIBLE FOR FULLY COMPLETING THE REMAINDER OF THE DOCUMENTS IN THIS PACKAGE.**

If you are not yet 18 years old, it may be **ILLEGAL TO START WORK** without obtaining completed working papers.

**DO NOT fill out the rest  
of this document until you  
Get Your Working Papers.**

Working Papers **MUST** be obtained from the Public School District in which you live.

If you have questions regarding Working Papers, please contact the HR Department at 609-860-0400 or [HR@AbelHR.com](mailto:HR@AbelHR.com)

*Office Use Only*

<i>Client Code:</i>	<i>TC#:</i>

# POST-OFFER EMPLOYMENT PACKAGE



Do you read, write and comprehend the English language? *If you answer "No" then you must ask for a qualified translator* to assist in explaining this document to you. Your native language is _____. Check One <input type="checkbox"/> Yes <input type="checkbox"/> No	¿Lee, escribir y comprender el idioma Inglés? *Si su respuesta es "No" entonces, usted debe solicitar un traductor calificado para ayudar en la explicacion de este documento para usted. Marque Uno <input type="checkbox"/> Sí <input type="checkbox"/> Ningún
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## ACKNOWLEDGMENT

By my signature below, I represent that I am familiar with the essential functions of the position offered to me and can accomplish the essential functions with or without reasonable accommodation(s). I further acknowledge, understand and voluntarily agree to the following:

A. I have been offered a position and the offer does not constitute an employment contract of any kind. I may resign from employment at any time, at my discretion, with or without prior notice and I may be terminated at any time with or without cause or prior notice. Nothing contained in any Abel documents or statements supplied or said to me now or during the course of my employment shall constitute a contract or guarantee of employment whatsoever.

B. Only the President of Abel has the authority to enter into an agreement for employment for any specified period of time, or for the extension of benefits of any kind, and any agreement for such shall only be effective if in writing and signed by the President of Abel.

C. I shall report to the work site designated and follow the instructions of the Client assigned worksite supervisor. I shall report, in writing, to my Client worksite supervisor and copy Abel, in an accurate and timely manner, all hours expended in the performance of my assigned duties, as well as all tips, units produced, jobs worked on or any other related information.

D. Client is my worksite employer who shall solely control my day to day employment activities. Abel will be my administrative employer who may report my employment under its tax identification numbers and make available to me a variety of benefit programs.

E. I possess no authority to enter into any binding agreement, contract or understanding on behalf of Abel.

F. The terms and conditions of my employment may be modified by Abel.

G. During the course of my employment I may become aware of or be exposed to confidential and/or private information of Abel or its Client, including, but not limited to, client, vendor, prospect and price lists. This aforementioned confidential and/or private information shall be held strictly confidential and secret by me during the entire term of employment and for all time thereafter. Moreover, my failure to hold such information confidential and secret may subject me to liability and Abel and Client to irreparable damages.

H. My employment is subject to the policies, procedures, protocols, rules and regulations (collectively the "Policies") of Abel and are not an expressed or implied contract or guarantee of employment.

I. I certify that the information which I have provided and will be providing are all true and complete to the best of my knowledge and understand that any misrepresentation or false statement(s) contained therein may be considered, without any further notice, cause for immediate separation from employment. Abel and its Client have my continuing unconditional permission to obtain any and all information from my prior employers and or any other sources, concerning my prior employment, personal history background information or credit standing and I release all parties from all liability resulting from disclosing such information with or without prior written notice to me.

J. I am required to report all work-related injuries, accidents or incidents to my Client supervisor immediately and that non-emergency medical treatment for work-related injuries must first be authorized by Abel.

K. Abel hires only US citizens and persons lawfully authorized by the US Government to work. I am required to present the legally required documentation before employment can commence or, in some instances, to continue working. If I am unable to timely provide this legally required information, any offer of employment will be withdrawn or my current employment shall immediately cease, without further notice.

L. Any false or misleading information given may disqualify me for any employment position(s) or immediately end any employment I may then currently hold, without any further notice.

## WORKING PAPERS

Are you 18 years of age or older? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" is marked, I understand that all applicants under the age of 18 must supply working papers before they will be authorized to work.
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## EMPLOYEE SIGNATURE

<b>Employee Signature:</b>	<b>Date Signed:</b>
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## \*TRANSLATOR

*I certify that I have accurately translated this form in _____ and have obtained or answered all questions from the above signed individual.	*Translator Name, Address, Phone and Email:	Signature and Date:
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Office Use Only

Client Code:	TC#:

# VOLUNTARY SELF-IDENTIFICATION FORM



As an Equal Opportunity Employer, the company is/may be subject to certain governmental recordkeeping and reporting requirements. In order to comply with these laws, employees are invited to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept as confidential as possible and will only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Please Complete In Full:

Client Company:

Name:

Social Security Number: xxx-xx-x \_\_ \_\_ \_\_

Position:

Male       Female

Race/Ethnicity (please check the appropriate box):

- Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino) – a person 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 Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino) – a person 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) – all persons who identify with more than one of the above five races.

Completed By:

Date:

- I am not interested in completing a voluntary self-identification form at this time.  
*If applicable, please check this box and then sign and date below.*

Print Name:

Client:

Signed:

Date:

*Completion of this date is voluntary and will not affect your opportunities for employment or terms or conditions of employment. All information will be kept confidential and separate from your personnel file. Non-completion of this form will not result in retaliatory treatment of any type.*

Office Use Only

Client Code:	TC#:

# IMPORTANT NOTICE

## Completing the I9

In the interest of conserving paper Abel HR has made the six (6) pages of I9 instructions available in the following manner:

Send an email to [I9@abelhr.com](mailto:I9@abelhr.com) – our system will automatically email you the instructions.

Or you can go to: [https://www.abelhr.com/I9 instructions](https://www.abelhr.com/I9_instructions) to view or download the instructions.

*Office Use Only*

<i>Client Code:</i>	<i>TC#:</i>



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

**Section 1. Employee Information 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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
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*





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		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.)*

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

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## 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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



# Form W-4 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> 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 <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2017</b>		
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b>	Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)	<b>5</b>		
<b>6</b>	Additional amount, if any, you want withheld from each paycheck . . . . .	<b>6</b>	\$	
<b>7</b>	I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>			
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b>	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b>	Office code (optional)	<b>10</b> Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

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

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

# DIRECT DEPOSIT AUTHORIZATION



Employees are eligible, if they so desire, to enroll in the Direct Deposit Program. The Direct Deposit Program allows employees to have their net pay deposited into their personal savings or checking accounts. There is no charge by Abel for your participation in the Direct Deposit Program. If you have any questions, please contact Abel at 609-860-0400 or by email at payroll@ThinkAbel.com.

## Employee Election

Please complete the following, in full, if you would like to participate in the Direct Deposit Program.

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>	
<b>Social Security Number:</b>		<b>Client Site:</b>			

I hereby elect the following:

	Bank Name	Routing Number	Account Number	Account Type	Deposit Amount/ Percentage
1.				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ or _____ %
2.				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ or _____ %
3.				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ or _____ %
4.				<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ or _____ %
<b>If a Joint Account please list the full legal co-owner name:</b>					

**Please attach a blank VOIDED check, or appropriate bank documents if no checks are available, for your direct deposit checking account with this application.**

The signing of this form authorizes Abel to deposit funds into the above named account(s). I/we understand that, in the event of a misapplication or error in the amount of funds deposited, Abel shall have the right to remove, reclaim or withdraw any incorrectly applied funds from this account(s).

**Employee Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Account Holder(s) Signature(s):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# POST-OFFER QUESTIONNAIRE



## IMPORTANT NOTICE

Fully and accurately providing the information below shall assist in ensuring a safe work environment for you and your colleagues. The completion of this form and the information supplied shall only be used to make your employment more enjoyable and productive. This questionnaire will be kept confidential, securely filed and only accessed by individuals who are on a need-to-know basis. To ensure you supply us with the most up-to-date information, please continue to update this information throughout the term of your employment.

## PERSONAL INFORMATION

<b>First Name:</b>	<b>Last Name:</b>	<b>Client Worksite</b>
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## EMPLOYMENT HISTORY

1. Have you ever received treatment for a back, neck or knee condition or head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Serious <input type="checkbox"/> Had Surgery	<input type="checkbox"/> Serious	Date of injury:	/ /	Date of last treatment:	/ /
2. Suffered Aches or pains of the back?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Serious <input type="checkbox"/> Had Surgery	<input type="checkbox"/> Serious	Date of injury:	/ /	Date of last treatment:	/ /
3. Has any injury or illness ever prevented you from gainful employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of incident:		/ /		
4. Do you require any reasonable accommodations to perform the essential functions of your job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:				
5. Do you have any limitation(s) which may affect your ability to perform the essential functions of your job correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:				
6. Allergies or reactions to any serum or drug?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:				

## DETAIL – If you answered “Yes” to any item from #1 through #6 you must complete the following for each.

Item Number Above	Date of Diagnosis	Date of Last Treatment	Are you still receiving treatment?	Does this, or will this ever affect your ability to perform the essential functions of your work?	Briefly describe the condition, injury or illness:
	/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Maybe	
	/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Maybe	
	/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Maybe	
	/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Maybe	

Attachments: <input type="checkbox"/> Yes	If you need additional space in the detail area above, please continue on a blank sheet of paper and attach it to this form upon completion.
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## HISTORICAL ACKNOWLEDGMENT

I understand and agree that if I am injured on the job, regardless of how minor the injury may seem, I shall report the alleged injury immediately to my supervisor and the Abel Risk Management Department at 609-860-0400. I acknowledge that my employer participates in Drug-Free Workplace and Managed Care Programs, I shall participate in the Managed Care Program and I shall only be treated by a Managed Care Provider authorized by my Employer. I certify the above answers to be true and correct. I understand that any false, misleading or concealing of responses to the questions shall be sufficient reason for denial of benefits of any kind and basis for immediate separation of employment. I hereby affirm that I have received a conditional offer of employment. I fully understand that the purpose of my voluntarily completing this document is: (1) to determine whether I currently have the qualifications necessary to perform the essential functions of the job that has been offered; (2) to determine whether and what reasonable accommodations may be necessary, if any and (3) to determine whether I can perform the job without posing a significant direct threat to the health and safety of myself or others.

<b>Employee Signature:</b>	<b>Date Signed:</b>
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Office Use Only

Client Code:	TC#:

# WORKSITE SUPERVISOR PACKAGE REVIEW



TO BE COMPLETED BY WORKSITE SUPERVISOR/MANAGER ONLY

New Employee Name:		Your Client Company Name:	
Hire Date:	Start Date:	1 <sup>st</sup> Pay-Date Requested:	
Position Hired For: <i>(check one)</i> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Did You Collect Working Papers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Employee is Over 18	
Department Name:		Job Title of New Employee:	
Do They Fit into an Existing Department and Job Classification? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Wage: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Worksite Location: <i>(if applicable)</i> <input type="checkbox"/> N/A	Primary Working State:		Is this Person a Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Notes:**

**ACKNOWLEDGMENT / SIGNATURE**

By my signature below, I hereby certify, understand and acknowledge the following:

- I have attached photocopies of Identification that meets or exceeds the Federal requirements as listed on the Federal I9 form attached and that employment will not commence until the proper identification is received by Abel and further acknowledge that I am not to allow any person(s) in question to perform work of any kind until their paperwork is complete and verified.
- Abel will not accept incomplete employment paperwork and that an employment relationship with Abel will not commence until all conditions of this entire package are satisfied.

Site-Supervisor/Manager Name:	Signature:	Date Signed:
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*Office Use Only*

Client Code	TC#