



# Employee Agreement

Welcome to Steel Toe Staffing. Your employment at Steel Toe Staffing 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, you agree to abide by the Company's rules and policies set forth in this agreement.

- I understand that I am to call STS (Steel Toe Staffing) the first day of each of my temporary assignments to alert the office of my direct work phone number and am to contact my Staffing 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).
- I am to contact STS immediately if it is impossible for me to report to work. STS is available 24/7, so you may call us any time of the day or night. Our office hours are 8:00am to 4:00pm. 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 STS, I have voluntarily terminated my employment and will not be considered for any further assignments.** I understand that I must notify STS 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.
- I understand that on the last day of each temporary assignment I am to call in available to a staffing coordinator at STS and that the DEW SC 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 STS.**
- Once I have accepted a job assignment from STS, I agree to honor that commitment. If I fail to complete the assignment, I understand that I have voluntarily terminated my employment with STS.
- I understand that STS 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 STS immediately. Furthermore, I agree to perform all work in as safe a manner as possible. If I experience an accident or injury while working for STS, I will notify STS immediately. **To fail to do so within 24 hours could result in immediate termination.**
- I understand I am required to present to STS 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 understand that any monies due STS resulting from loans, advances, damaged property, lost property including security badges, or unauthorized use of property etc., may be deducted from my paycheck(s).

**As a condition of my employment with Steel Toe Staffing, I hereby acknowledge and agree to the above and that I have read and received a copy of this agreement and Steel Toe Staffing Orientation.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

# Steel Toe Staffing Application for Employment



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, protected disability or veteran status and any other protected characteristic.

**THIS EMPLOYMENT APPLICATION IS NOT A CONTRACT FOR EMPLOYMENT EITHER EXPRESSED OR IMPLIED.**

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name/Phone Number: \_\_\_\_\_

Salary Required: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

1. Are you legally authorized to work in the United States? Yes  No   
(If hired, verification will be required consistent with federal and applicable state law)
2. Are you under the age 18? Yes  No  If yes, please state your age. \_\_\_\_\_
3. Have you ever been convicted of a crime(s) other than minor traffic violations? Yes  No   
If yes, please list all. \_\_\_\_\_
4. During the past 7 years, have you been discharged, suspended, or asked to resign from any position? Yes  No   
If yes, please explain: \_\_\_\_\_
5. How did you hear about us?  
 Employee of Steel Toe Staffing – Employee's name: \_\_\_\_\_  
 Social Media  Job Board  Other: \_\_\_\_\_

## EMPLOYMENT HISTORY Start from most recent

1. Current Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Supervisor's Phone #: \_\_\_\_\_ Base Wage or Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
2. Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Supervisor's Phone #: \_\_\_\_\_ Base Wage or Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
3. Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Supervisor's Phone #: \_\_\_\_\_ Base Wage or Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
4. Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor's Name/Title: \_\_\_\_\_  
Supervisor's Phone #: \_\_\_\_\_ Base Wage or Salary: \$ \_\_\_\_\_ per \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**BACK** 

**AVAILABILITY** (Please check all that apply)

Full Time:  1<sup>st</sup> Shift  2<sup>nd</sup> Shift  3<sup>rd</sup> Shift

Part Time (include specific hours):  Day: \_\_\_\_\_  Evening: \_\_\_\_\_  Weekend: \_\_\_\_\_  Summer: \_\_\_\_\_

Can you work overtime if necessary?  Yes  No

Can you work weekends if necessary?  Yes  No

**EDUCATION**

<u>School</u>	<u>Name and Location</u>	<u># of Years Attended</u>	<u>Average</u>	<u>Major</u>	<u>Degree</u>
High School					
College					
Grad School					
Other Education					

Please list any work-related certifications or licenses that you currently possess.

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**I hereby affirm** that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably.

**I have disclosed** all information that is relevant and should be considered applicable to my candidacy for employment.

**I understand** that any false statements, representations, or failure to disclose pertinent information will be considered enough cause for denial of employment or immediate discharge, regardless of the time lapse before discovery.

**I understand** that if hired, I will be required to review all rules and regulations of Steel Toe Staffing.

**I authorize** Steel Toe Staffing and its representatives to contact my previous employers and all others for verification of the information and release same from any liability from the information released.

**I understand** an offer of employment is conditioned upon complying with all of Steel Toe Staffing’s requirements, including but not limited to, signing a requested consent for Steel Toe Staffing to investigate or obtain a report about my background.

**I understand** that no representation, whether oral or written, by a representative or agent of Steel Toe Staffing, at any time, can constitute an implied or expressed contract of employment.

**I further understand** no representative or agent of Steel Toe Staffing has the authority to enter into an agreement for employment for any specified period of time or to make any change in policy, procedure, benefit, or other terms or conditions of employment other than in a document signed by the owner of the company.

**I expressly understand and agree** that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, without prior notice to the other by either party (the employer or me).

**I understand** that employment with Steel Toe Staffing is contingent on my providing sufficient documentation to establish my identity and eligibility to work in the United States.

**I understand**, where permissible under applicable state and local law, I may be subject to drug test after receiving a conditional offer of employment and must receive a negative result before being permitted to commence work with Steel Toe Staffing.

**I certify that I have read the foregoing material and understand the contents thereof.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I consent to Steel Toe Staffing conducting a Criminal Background Check and Drug Test.**

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Skills Checklist



**CHECK ALL BOXES THAT YOU HAVE AT LEAST ONE YEAR OF EXPERIENCE.**

**Write number of years in the provided space.**

**Administrative      Years Exp.**

- Acct. Payable/Billable \_\_\_\_
- Clerical/Sales/Recruit \_\_\_\_
- Collections \_\_\_\_
- CSR \_\_\_\_
- Office Assistant \_\_\_\_
- On-Site Admin. Assist. \_\_\_\_

**Carpentry**

- Carpenter \_\_\_\_
- Cabinet Maker \_\_\_\_
- Carpenter Helper \_\_\_\_
- Finish \_\_\_\_
- Frame/Rough In \_\_\_\_
- Metal Studs \_\_\_\_
- Trim \_\_\_\_

**CDL**

- License Class: \_\_\_\_
- Years of Experience: \_\_\_\_

**CNC Machining**

- Fanuc Control \_\_\_\_
- Mill \_\_\_\_
- Programmer \_\_\_\_
- Screw Machine \_\_\_\_
- Manual Lathe \_\_\_\_
- Operator \_\_\_\_
- Punch Operator \_\_\_\_

**Concrete**

- Footing Laborer \_\_\_\_
- Form \_\_\_\_
- Hand Finish \_\_\_\_
- Point \_\_\_\_
- Rod Bust \_\_\_\_
- Screw Type \_\_\_\_
- Weld Type \_\_\_\_

**Drywall**

- Acrovyn \_\_\_\_
- Finish \_\_\_\_
- Hang \_\_\_\_

**Electrical**

- Electrician \_\_\_\_
- Electrical Helper \_\_\_\_
- Control Panel \_\_\_\_
- Commercial \_\_\_\_
- Industrial \_\_\_\_
- Pull Wire \_\_\_\_
- Read Blueprints \_\_\_\_
- Residential \_\_\_\_
- Run & Bend Conduit \_\_\_\_
- Traveling Electrician/TH \_\_\_\_

**Fabricating      Years Exp.**

- Sheet Metal \_\_\_\_
- Aluminum \_\_\_\_
- Steel \_\_\_\_

**Flooring**

- Carpet \_\_\_\_
- Hardwood \_\_\_\_
- Tile \_\_\_\_

**General Labor**

- Construction \_\_\_\_
- Day Labor \_\_\_\_
- Landscaping \_\_\_\_
- Lumber Yard \_\_\_\_
- Pipefitter \_\_\_\_
- Pipefitter Helper \_\_\_\_
- Site Cleanup \_\_\_\_

**Heavy Equipment Operator**

- Track Hoe \_\_\_\_
- Backhoe \_\_\_\_
- Bobcat \_\_\_\_
- Boom Truck \_\_\_\_
- Dozer \_\_\_\_
- Forklift \_\_\_\_
- Grader \_\_\_\_
- Paver \_\_\_\_

**HVAC**

- Install \_\_\_\_
- Refrigeration \_\_\_\_
- Sheet Metal Fabrication \_\_\_\_
- Technician \_\_\_\_

**Industrial Maintenance**

- Supervisor \_\_\_\_
- Technician \_\_\_\_

**Manufacturing**

- Assembly \_\_\_\_
- Inspector \_\_\_\_
- Material Handler \_\_\_\_
- Picker/Packer \_\_\_\_
- Production Tech \_\_\_\_
- Toolmaker \_\_\_\_
- Warehouse \_\_\_\_

**Masonry**

- Block \_\_\_\_
- Brick \_\_\_\_
- Build Scaffold \_\_\_\_
- Tender \_\_\_\_

**Millwright      Years Exp.**

- Machine \_\_\_\_
- Shut Down/Start Up \_\_\_\_
- Turbine \_\_\_\_

**Painting      Years**

- Brush/Roller \_\_\_\_
- Electrostatic Sprayer \_\_\_\_
- Industrial Epoxy \_\_\_\_
- Respirator \_\_\_\_
- Sandblasting \_\_\_\_
- Sprayer \_\_\_\_
- Waterproofing \_\_\_\_

**Plumbing**

- Plumber \_\_\_\_
- Commercial \_\_\_\_
- Pipe Insulation \_\_\_\_
- Pipe Fitter \_\_\_\_
- Pipe Fitter Helper \_\_\_\_
- Plumber Helper \_\_\_\_
- Repair \_\_\_\_
- Residential \_\_\_\_

**Technical/Professional**

- Designer \_\_\_\_
- Drafter \_\_\_\_
- Engineering  
Civil \_\_\_\_
- Electrical \_\_\_\_
- Mechanical \_\_\_\_
- Technician \_\_\_\_
- Project Manager \_\_\_\_
- Site Superintendent \_\_\_\_

**Welding**

- Flux Core \_\_\_\_
- MIG \_\_\_\_
- Press-Brake \_\_\_\_
- Robotic Welder \_\_\_\_
- Shear \_\_\_\_
- Stick \_\_\_\_
- TIG \_\_\_\_
- Welding Helper \_\_\_\_

**Miscellaneous**

- Cleaning –  
Industrial/Manufacturing \_\_\_\_
- Foreman/Supervisor/Manager \_\_\_\_
- Maintenance Mechanic \_\_\_\_
- Quality Inspector \_\_\_\_
- Surveyor \_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services  
 Expires 08/31/2019

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047

▶ **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.

<b>Section 1. Employee Information and Attestation</b> (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 (See instructions)	
<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. (See Instructions) 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.  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: _____	QR Code - Section 1 Do Not Write in This Space

Signature of Employee	Today's Date
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<b>Preparer and/or Translator Certification (check one):</b> <input type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. <i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>
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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**



# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
1 Your first name and middle initial _____		Last name _____		2 Your social security number _____	
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5 _____	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$ _____	
7 I claim exemption from withholding for 2019, 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 all federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . .				7 <input type="checkbox"/>	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

# Steel Toe Staffing Minimum Wage Reduction



Please be advised that effective immediately any employee that does not complete an assignment without giving Steel Toe Staffing an opportunity to replace them or anyone that walks off the job or does not report for an assignment will be subject to having their last pay check reduced to minimum wage, termination, and deleted from our database.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Steel Toe Staffing Authorization/Payroll Deduction



I have applied for employment with Steel Toe Staffing. As condition for my application being considered, I understand if my test result is positive I shall not be considered further by Steel Toe Staffing. I also understand that some criminal convictions reported on my background may disqualify my consideration for employment at Steel Toe Staffing.

This is my authorization to have a drug screen and background check performed for consideration of employment with Steel Toe Staffing. I also understand and agree that all applicable fees will be deducted from my payroll check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT PUT A CHECK BESIDE THESE, STAFF USE ONLY!**

_____ Drug Screen	\$15	_____ Safety Glasses	\$10
_____ Background Check	\$15	_____ Gloves	\$6
_____ Hard Hat	\$12	_____ Safety Vest	\$15

**BACK** 

# Background Check Authorization



**(Please print)**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

List any other names used (nickname, maiden/married last names): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F

*This information will be used for identification purposes only and will not be used as hiring criteria.*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

In chronological order (earliest to latest), list all additional cities/states and zip codes in which you have resided during the Last (7) years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the extent permitted by applicable state law, **I hereby consent** to this investigation and authorize this company to procure consumer report(s), criminal background check(s), consumer credit report(s), and or investigate consumer report(s) on my background from a consumer reporting agency as described in this Disclosure section. **I have reviewed and understand** the information, statements, and notices in this Disclosure and Authorization form, including the State Law Notice. My authorization remains valid throughout my employment with this company, such that, to the extent permitted by applicable law, **I agree** that this company can produce additional consumer reports(s) during my employment without providing additional disclosures or obtaining additional authorizations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# 10-Panel Drug Screen

**DO NOT MARK ON THIS PAGE, STAFF USE ONLY!**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Amphetamines (AMP)	Neg/Pos
Barbiturates (BAR)	Neg/Pos
Benzodiazepines (BZO)	Neg/Pos
Cocaine (COC)	Neg/Pos
Marijuana (THC)	Neg/Pos
Methamphetamines (MAMP)	Neg/Pos
Methadone (MTD)	Neg/Pos
Opiates (OPI)	Neg/Pos
Oxycodone (OXY)	Neg/Pos
Phencyclidine (PCP)	Neg/Pos

Collector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization for Payroll Direct Deposit

Employer: Steel Toe Staffing

Payroll Agent: Palmetto Professionals, Inc.

I, \_\_\_\_\_, (Employee) do hereby authorize the above employer or payroll agent to initiate credit entries (and if necessary, debit entries and adjustments for any credit entries in error) to my accounts below and the depositories listed for such accounts. This authorization permits the electronic payment of net pay (net wages or net salary after applicable taxes and applicable deductions have been made.) This agreement will remain in effect until cancelled in writing.

**Banking Information: A copy of a voided check must be attached or a direct deposit form from your bank with your name, account number, and routing number on it.**

Bank Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank Name: \_\_\_\_\_

ABA(Routing)#: \_\_\_\_\_ Account #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BACK** 

# Employee Direct Deposit Information

Employee Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

WEX rapid! PayCard Issuance Authorization Form



Financial Institution Name: The WEX Bank

Direct Deposit Account Number:

353- \_\_\_\_\_

(Card ID on front of envelope)

**Deduction Amount/  
Net Pay**

\$ \_\_\_\_\_

Or

100%



To be assigned and entered by my employer

Routing Number: 124085244

I authorize Steel Toe Staffing, LLC or its payroll agent, Palmetto Professionals, Inc to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize Steel Toe Staffing, LLC or its payroll agent, Palmetto Professionals, Inc to assign a WEX rapid! PayCard and initiate credit entries and any correcting entries to my assigned WEX rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify Steel Toe Staffing, LLC., or its payroll agent, Palmetto Professionals, Inc. in writing of my intent to cancel. Upon Steel Toe Staffing, LLC or its payroll agent, Palmetto Professionals, Inc. receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize Steel Toe Staffing, LLC or its payroll agent, Palmetto Professionals, Inc to debit my account(s) not to exceed the original amount of the credit.

I understand that Steel Toe Staffing, LLC or its payroll agent, Palmetto Professionals, Inc. reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: If sending this form electronically, please type your initials and the last 4 digits of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name in the signature box.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_