

By signing below, I acknowledge that if _____ ("Client") submits an application and working hours for me and my application is accepted by FrankCrum*, I will become a FrankCrum leased employee assigned to Client as of the first day for which Client reports payroll and hours worked. My receipt of wages from FrankCrum for hours worked as a leased employee for Client will confirm my agreement to be a FrankCrum leased employee and that FrankCrum may provide any notice to me, including but not limited to, notice required by federal, state, or local law, by providing such notice to me on a statement of earnings or via electronic means (such as e-mail or posting the notice on a website). I understand that (1) FrankCrum is a licensed professional employer organization and has a contract with Client to process Client's payroll and provide other administrative services, (2) unless otherwise advised by FrankCrum, while I am a FrankCrum leased employee, I will be covered by workers' compensation insurance provided through FrankCrum for pay periods in which Client submits my working hours and pays FrankCrum, (3) if I am removed from Client's or FrankCrum's payroll at any time, I will no longer be covered by workers' compensation insurance provided through FrankCrum, (4) if my work with Client ends for any reason, I must contact FrankCrum for reassignment within 72 hours by calling 1-800-277-1620 ext. 5000, and that unemployment benefits may be denied me if I fail to do so, (5) I am an at-will employee and I agree that Client, FrankCrum, or I can terminate our employment relationship at any time and that the terms and conditions of my employment may be changed without cause and without notice at any time, and that no one other than the President of FrankCrum has the authority to enter into any agreement to the contrary, and (6) I agree that all the information on this application is true and complete and any false information, omission, or misrepresentation of facts in this application may result in the denial of my application or termination. By signing below, I acknowledge receipt of the following notices: South Carolina Notice: FrankCrum operates under and is subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify immediately FrankCrum by mail at 100 South Missouri Ave., Clearwater, FL 33756 or by phone at 1-800-393-0815; or the Client by mail at the Client's home office or phone at Client's home office telephone number. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to me or my beneficiaries and may result in failure to receive any compensation benefits. Professional employer organizations are regulated by the South Carolina Department of Consumer Affairs (SCDCA). Any questions or concerns unresolved by FrankCrum or Client may be addressed to the SCDCA by (1) Phone: (803) 734-4200, (2) Mail: P.O. Box 5757, Columbia, S.C. 29250-5757, or (3) Website: www.consumer.sc.gov. Texas Notice: Pursuant to §91.032(c) of the Texas Labor Code, Client is solely obligated to pay any wages for which (1) the obligation to pay is created by an agreement, contract, plan, or policy between me and Client, and (2) FrankCrum has not contracted to pay. I may address all unresolved complaints concerning FrankCrum or questions concerning the regulation of staff leasing services to the Texas Department of Licensing & Regulation by phone at 1-800-803-9202 or mail at P.O. Box 12157, Austin, Texas 78711. Virginia Notice: *Filing For Workers' Compensation Benefits*: If I suffer a workplace injury or an occupational disease, I can file a claim for workers' compensation benefits with the Virginia Workers Compensation Commission by (1) Phone: 1-877 664-2566 or (2) Website: www.vwc.state.va.us. *Filing For Unemployment Benefits*: If I am terminated, I can apply for unemployment benefits with the Virginia Employment Commission by (1) Phone 1-866-832-2363 or (2) Website: www.vaemploy.com.

CONSENT TO RECEIVE W-2 FORMS ELECTRONICALLY

By signing below, I agree to receive all W-2 forms due to me from FrankCrum in electronic form via email, posting on a website, or another legally permitted method pursuant to the following terms. W-2s that are due to me from FrankCrum will be provided in electronic form via email, posting on a website designated by FrankCrum, or another legally permitted method. All electronically provided W-2s will be maintained on a website through October 15th of the year following the calendar year for that W-2, or the first business day after October 15th if October 15th falls on a Saturday, Sunday, or legal holiday. If I do not agree to receive W-2s in electronic form, FrankCrum will furnish me with paper copies of W-2s due to me from them. If I request a paper copy of my W-2 in addition to an electronic copy, such request will not be considered a withdrawal of my consent to receive my W-2 electronically. I can request an additional paper copy of my W-2 by sending a request via the W-2 link on the designated website. My consent to receive W-2s electronically will only be considered withdrawn if I follow the instructions provided to me by FrankCrum on the designated website, or if I send a written statement to FrankCrum's W-2 Department at 100 South Missouri Avenue, Clearwater, Florida 33756, phone number (727) 726-2786 stating that I no longer wish to receive W-2s electronically. If at any time I withdraw my consent to receive W-2s electronically, FrankCrum will confirm in writing via the e-mail address it has on file for me on the date of my withdrawal. Such a withdrawal will not apply to any W-2 that FrankCrum has previously furnished me electronically. If my employment with my employer ceases or if my employer's relationship with FrankCrum ends, FrankCrum will only need to furnish me with W-2s, whether paper or electronic, for wages I earned while a FrankCrum leased employee. If my email address, home address, and/or telephone number changes, it will be my responsibility to provide updated contact information to FrankCrum via its W-2 Department. If FrankCrum's above contact information changes, I will be informed via the e-mail address FrankCrum has on file for me. In order to print and retain the electronic copy of my W-2s, I will need access to the Internet, an Internet Browser, software capable of reading and printing electronic data files, and a printer. I may be required to print out a paper copy of the electronic W-2 to attach to my Federal, State, and/or local income tax return.

By checking the space at the end of this sentence I indicate that I do not consent to receiving my W-2 form electronically and wish to receive only paper copies of W-2 forms due to me from FrankCrum. _____

Employee Signature _____

Print Name _____

E-Mail Address (Print) _____

Date _____

CLIENT FILL IN BLANKS BELOW

Current Worker's Comp Code

State

Dept. No (if applicable)

Pay Rate

Pay Type

Pay Frequency

--	--	--	--	--

--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

- ☐ Hourly
☐ Salary
☐ Commission

- ☐ Weekly
☐ Bi-Weekly
☐ Semi Monthly
☐ Monthly

Job Description:

Permanent Deductions Currently On File

Amount

Description

*FrankCrum includes the following companies: FrankCrum 1, Inc., FrankCrum 2, Inc., FrankCrum 3, Inc., FrankCrum 4, Inc., FrankCrum 5, Inc., FrankCrum 6, Inc., FrankCrum 7, Inc., FrankCrum 8, Inc., FrankCrum 9, Inc., FrankCrum 11, Inc., FrankCrum 12, Inc., FrankCrum, Inc., and FrankCrum of California, Inc.

Form W-4 (2016)

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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ► 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.		OMB No. 1545-0074 2016	
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____			
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5		6 \$ _____	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ► _____		Date ► _____			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____		10 Employer identification number (EIN) _____	



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i>

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

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title:	Document Title:	Document Title:
Issuing Authority:	Issuing Authority:	Issuing Authority:
Document Number:	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title:	<div>3-D Barcode Do Not Write in This Space</div>	
Issuing Authority:		
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):		
Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):		

Certification

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

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

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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:	Date (mm/dd/yyyy):	Print 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
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		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		
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				

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

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

Direct Deposit Authorization Form

Client Name: _____

Employee Name: _____ SSN: _____

Requested Action: ☐ New ☐ Change

Primary Account Bank Name: _____

Routing Number*: _____ (9 digits) Account Number: _____

Account Type: ☐ Checking ☐ Savings ☐ Payroll Debit Card

Deposit Rule: ☐ Available Balance ☐ Dollar Amount \$ _____ ☐ Percent Amount _____ %

Secondary Account Bank Name: _____

Routing Number*: _____ (9 digits) Account Number: _____

Account Type: ☐ Checking ☐ Savings ☐ Payroll Debit Card

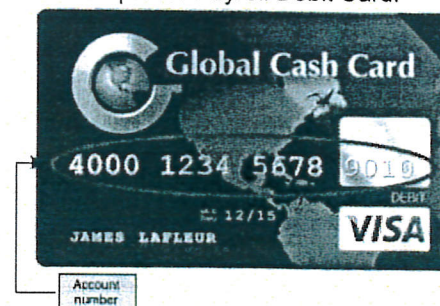
Deposit Rule: ☐ Available Balance ☐ Dollar Amount \$ _____ ☐ Percent Amount _____ %

Example for Direct Deposit:

The diagram shows a check from John Q. Public. Labels with arrows point to the following fields:

- Bank routing number:** Points to the routing number field (123456710).
- Bank account number:** Points to the account number field (12343498*).
- Check number:** Points to the check number field (1032).

Example for Payroll Debit Card:



*FrankCrum Payroll Debit Card Routing Number: 073972181

I authorize FrankCrum* to initiate credit and/or debit entries to my account(s). To ensure the accuracy of the information provided to FrankCrum, I authorize FrankCrum to verbally verify the information provided herein with the applicable financial institution if necessary. The availability of funds is subject to my financial institution's policy and procedures. I will verify that my payroll funds have been deposited, cleared, and are available prior to processing automatic debits, writing checks, and debiting my account against the deposited payroll amount. FrankCrum is not responsible for overdrafts or fees on my account(s). The accounts listed above must be in my name. A paper check will be issued for the remaining balance when the deposit rule totals less than 100%. Direct deposit may be cancelled if I provide FrankCrum with written notification, upon notification from the client, or by FrankCrum. FrankCrum and the financial institution must be provided with a reasonable opportunity to act on cancellation of the direct deposit. Upon cancellation, any further wages due to me will be in the form of a paper check.

Employee Signature: _____ Date: _____

*FrankCrum 1, Inc., FrankCrum 2, Inc., FrankCrum 3, Inc., FrankCrum 4, Inc., FrankCrum 5, Inc., FrankCrum 6, Inc., FrankCrum 7, Inc., FrankCrum 8, Inc., FrankCrum 9, Inc., FrankCrum 11, Inc., FrankCrum 12, Inc., FrankCrum Staffing, Inc., FrankCrum of California, Inc., FrankCrum Corporate, Inc.