

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Please Print Legibly

DATE: _____

SOCIAL SECURITY #: _____ - _____ - _____

NAME: _____

ADDRESS: _____ APARTMENT #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#:(____) _____ CELL PHONE#:(____) _____

EMAIL: _____

POSITION DESIRED? _____ Shifts: 1st _____, 2nd _____, 3rd _____

ACCOMMODATION: Can you with or without a reasonable accommodation perform the essential functions of the job for which you are applying? Yes _____ No _____

Locations Available To Work:

Phoenix _____, Tempe _____, Mesa _____, Chandler/Gilbert _____, Scottsdale _____, Glendale _____

MINIMUM PAY AMOUNT: \$ _____; Temporary Work? Yes _____ No _____

FELONY: Have you ever been convicted of a misdemeanor or a felony? Yes _____ No _____

If yes, please explain: _____

EMERGENCY CONTACT: Name: _____ Phone # _____

Address: _____ Relationship: _____

How did you hear about us? _____ Date Available? _____

Signature Required: _____

On the reverse side of this page please check the box next to any skill, position, or software experience that you have. Thank you.

*** SKILLS SECTION ***

INDUSTRIAL SKILLS .

*** Please check all skills that apply

GENERAL

Plumber
 Electrician
 HVAC Tech.
 Inventory
 Quality Control

Driver/Delivery
 Building Maint./Repair
 Grounds Maintenance
 Lifting Over 30 lbs.
 General Warehouse

WAREHOUSE/ASSEMBLY

Assembly
 Production
 Soldering
 Packaging
 Picker/Puller

Mail Room
 Shipping/Receiving
 Machine Operator
 Computer Skills
 FedEx/UPS Software

EQUIPMENT

Forklift - Standing
 Forklift -Sitting

SUPPLIES AVAILABLE

Hard Hat
 Steel Toe Boots

DRIVERS LICENSE

Valid Driver's License
 Valid CDL/Commercial

ADMINISTRATIVE SKILLS .

*** Please check all skills that apply

RECEPTIONIST

General
 Switchboard

ADMINISTRATIVE

Admin Assistant
 Executive Assistant
 Office Manager
 Human Resources
 Marketing
 Insurance
 Legal
 Real Estate
 Dealership/Automotive

BOOKKEEPING

General
 Full Charge
 Accountant
 Accounts Payable
 Accounts Receivable
 AP Specialist - (high volume)
 AR Specialist - (high volume)
 Payroll
 Collections

CUSTOMER SERVICE

General
 Call Center
 Sales
 Collections

DATA ENTRY

Alpha/Numeric
 10 Key

FOREIGN LANGUAGE: Which One? _____

Speak Read Write

COMPUTER SKILLS

MS Access
 MS Word
 MS Excel
 MS Powerpoint

MS Outlook
 QuickBooks
 Peachtree
 Mas 90

Adobe Creative Suite
 SABRE Travel
 Computer Programming
 Database Administration

EMPLOYMENT HISTORY AND REFERENCES

Previous Company: _____ Phone Number: (____) _____
Previous Supervisor: _____ Supervisors Title: _____
Dates of Employment: From: _____ To: _____ Position: _____
Are you eligible for rehire? Yes _____, No _____ May we contact? Yes _____, No _____
Reason Position Ended: _____ Pay Rate\$ _____
For Office Use Only: Reference Notes/Comments: _____
_____.

Previous Company: _____ Phone Number: (____) _____
Previous Supervisor: _____ Supervisors Title: _____
Dates of Employment: From: _____ To: _____ Position: _____
Are you eligible for rehire? Yes _____, No _____ May we contact? Yes _____, No _____
Reason Position Ended: _____ Pay Rate\$ _____
For Office Use Only: Reference Notes/Comments: _____
_____.

Previous Company: _____ Phone Number: (____) _____
Previous Supervisor: _____ Supervisors Title: _____
Dates of Employment: From: _____ To: _____ Position: _____
Are you eligible for rehire? Yes _____, No _____ May we contact? Yes _____, No _____
Reason Position Ended: _____ Pay Rate\$ _____
For Office Use Only: Reference Notes/Comments: _____
_____.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for termination of further consideration or dismissal. I understand that my employment is for no definite period and may be terminated at any time for good cause. I also understand that I am to call in and notify my availability should my assignment end. Gould Staffing complies with all Federal rules and regulations and does not discriminate based on racial category, gender, age, religion, national ethnic origin, sexual preference, or disability in employment practices.

Signature: _____ Date: _____

For Office Use Only:

Major Cross Streets:

Temp OK? _____ Interviewed By: _____

Market Video?

Job Type:

Experience:

Likes/Goals:

Strengths:

Opinion:

EQUAL OPPORTUNITY AGREEMENT

I am aware that any violation of Equal Employment Opportunity in the workplace, which includes but is not limited to:

- A. Engaging in discriminatory conduct at the workplace or as an employee agent or representative of Gould Staffing.
- B. Aiding others in committing discriminatory conduct at the workplace or as an employee, agent or representative of Gould Staffing.
- C. Retaliating against any employee, agent, or customer of Gould Staffing, who reports an alleged discriminatory practice, assists in an investigation of an allegation of discriminatory conduct, or who exercises any right granted under federal, state, or local laws prohibiting discrimination in employment, public accommodations and/or this policy:

May be cause for disciplinary action.

It is the policy of Gould Staffing and of its operating divisions that the purchase, sale, use, transfer or possession of illegal drugs, narcotics, contraband or other related paraphernalia in Company premises will not be permitted or tolerated. Any employee found using or possessing the same or otherwise engaging in illegal activity should be subject to immediate termination.

I have read these policies and agree to comply with its provisions:

(Signature)

(Print Name)

(Date)

.....

CONSENT TO PROCUREMENT OF AN INVESTIGATIVE REPORT

I understand that, as a condition of my consideration for employment with **GOULD STAFFING**, or as a condition of my continued employment with **GOULD STAFFING**, **GOULD STAFFING** may obtain employment and education verifications, social security verification, criminal and civil history, DMV records, and any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to **GOULD STAFFING'S** procurement of such a report. I understand that, pursuant to the Federal Fair Credit Reporting Act, **GOULD STAFFING** will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with **GOULD STAFFING**. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I also understand and agree that if I quit any job acquired through Gould Staffing prior to conversion that the amount Gould Staffing paid for my background check and/or drug test shall be deducted from my last paycheck.

(Signature)

(Print Name)

(Date)

Employee's Withholding Certificate

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

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

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

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

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

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

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		▶ _____ ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
---------------------------	-----------------------------	--------------------------	--------------------------------------

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

Choose either box 1 or box 2:

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.8%
 1.3%
 1.8%
 2.7%
 3.6%
 4.2%
 5.1%
- Check this box and enter an extra amount to be withheld from each paycheck \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.



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>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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)
----------------	-----------------	---------------------------------------

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.