



## Interview Sheet

*Thank you for choosing Global Premier Staffing for your employment needs. To help you as best we can, please answer the following questions. When you are done, please return the application to the front desk and a representative will be out shortly to assist you further.*

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

**First name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Last name:** \_\_\_\_\_

**Other Last Name:** \_\_\_\_\_

**Cell phone #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Minimum pay willing to accept:** \_\_\_\_\_ /hour

**Social Security #:** \_\_\_\_\_

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

**Directions:**

**Number, Street name, Apt #:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_



Covid-19 Visitor Screening Form

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.  
I further acknowledge that Global Premier Staffing has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Global Premier Staffing cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of me and others, including, but not limited to, staff, and other clients.

I voluntarily seek services provided by Global Premier Staffing and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have not traveled internationally within the last 14 days.

\* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

Mark here if your answer is YES to any of the statements

Mark here if your answer is NO to any of the statements

Visitor signature \_\_\_\_\_ Date: \_\_\_\_\_

This Employment Application/ Skill Evaluation is provided for informational purposes only and should not be construed as legal advice on any subject matter contained herein. In addition, it is highly recommended that you review with your legal counsel prior to utilizing.

EMPLOYMENT APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Social Security : \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell/Mobile Number: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_  
Email: \_\_\_\_\_ Referral Source: \_\_\_\_\_ Are you over 18? \_\_\_\_\_  
Do you have your own transportation to/from work? (Y/N) \_\_\_\_\_ What shift/hours are you available to work? \_\_\_\_\_

Previous Employment:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ May we contact your previous employer? \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ May we contact your previous employer? \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Job Duties: \_\_\_\_\_

*I hereby certify that the above information is true and correct to the best of my knowledge. I understand, and I am aware any omission, falsification, misstatement or misrepresentation could lead to the basis for my disqualification as an applicant or my dismissal.*

*As the applicant, I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. If I am hired, I understand that the company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the company has the authority to make any assurance to the contrary.*

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

[Company Name] provides equal employment opportunities to all individuals, regardless of their race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex (including pregnancy, breast feeding and related medical conditions), gender, gender identity, gender expression, age for individuals over forty years of age, military and veteran status, or sexual orientation, as well as any other characteristic protected by applicable federal, state and/or local laws.

Application Certification

I understand my employment may be contingent upon the results of a background investigation pursuant to [Company Name]'s Criminal Background Check Policy and Procedure.

I understand all documents or information (including this application) submitted to [Company Name] may be subject to Public Records Law with the exception of certain personal information, which may be exempted under state law.

I authorize [Company Name] to verify my information for employment.

I understand I may be required to take drug tests during the term of my employment with [Company Name].

I authorize [Company Name] to administer a drug screen prior to employment.

I understand the use or possession of alcohol or illegal drugs is prohibited in the workplace at any time, whether on or off duty.

I understand that employees are required to notify their immediate supervisor prior to or at the start of their work shift if they are taking prescription medicine, or other medication, which may impair their normal work responsibilities.

I understand that work-related injuries are subject to be tested for the presence of drugs and/or alcohol and I understand that if I am injured during work, I am to report accidents to my supervisor at [Company Name] immediately. I further understand that my refusal to be tested following a work-related injury will be reason for dismissal.

I understand and agree that my acceptance for employment does not offer or guarantee any proprietary rights for continued employment.

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

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### **Skill Evaluation**

Certain work assignments may require employees to lift objects on a regular, repeated basis (i.e., many times an hour). [Company Name] is committed to providing employees with a safe work environment. In order to do this, [Company Name] relies on its employees and applicants to provide honest answers regarding their skills and abilities. If an employee or applicant has been found to provide misleading or inaccurate information on the employment application including this Skill Evaluation, it may be grounds for employee discipline, up through and including termination of employment. Therefore, please answer the following questions honestly.

### **Lifting Capabilities**

Can you lift 10 pounds? \_\_\_\_\_ Repeated/ Continuous basis? \_\_\_\_\_ Can you lift 45 pounds? \_\_\_\_\_ Repeated/ Continuous basis? \_\_\_\_\_

### **Skill Evaluation, please mark an "X" at your skills**

#### Warehouse

- \_\_\_ Assembly
- \_\_\_ Book Bindery
- \_\_\_ Inventory
- \_\_\_ Picking (
- \_\_\_ Packing
- \_\_\_ Shipping/Receiving
- \_\_\_ Forklift, please specify
  - \_\_\_ Stand-Up
  - \_\_\_ Sit Down
  - \_\_\_ Cherry Picker
  - \_\_\_ Slip Sheet
  - \_\_\_ Clamp
  - \_\_\_ Turret
- Forklift Certified? \_\_\_ Yes \_\_\_ No

#### Manufacturing

- \_\_\_ Machine Operator
- Specify Type(s) \_\_\_\_\_
- \_\_\_ Punch Press
- \_\_\_ Set-Up Experience

#### Clerical

- \_\_\_ Receptionist
- \_\_\_ Secretarial
- \_\_\_ Data Entry
- \_\_\_ Customer Service
- \_\_\_ Typing / Speed (PPM) \_\_\_\_\_
- \_\_\_ Computer Skills
- \_\_\_ Specify Software \_\_\_\_\_

#### Food Service:

- \_\_\_ Cook
- \_\_\_ Dish Washer
- \_\_\_ Server

#### House keeping/Cleaning

- \_\_\_ Office
- \_\_\_ Hotel
- \_\_\_ Janitorial

#### Electronics

- \_\_\_ Soldering
- \_\_\_ Read Schematics
- \_\_\_ Wiring Assembly
- \_\_\_ Blue Print Reading

#### Other Skills

- \_\_\_ Carpentry
- \_\_\_ Cashier
- \_\_\_ Driver
- \_\_\_ Type of Driver's License
- \_\_\_ Security Guard
- \_\_\_ Sewing
- \_\_\_ Welding
- \_\_\_ Mechanic, Automobile
- \_\_\_ Maintenance, Building
- \_\_\_ Lifting Capabilities \_\_\_\_\_

*I hereby certify that the above information is true and correct to the best of my knowledge. I understand, and I am aware any omission, falsification misstatement or misrepresentation could lead to the basis for my disqualification as an applicant or my dismissal.*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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

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

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

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

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

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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):**

- 1. A citizen of the United States
- 2. A noncitizen national of the United States *(See instructions)*
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- 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.*

QR Code - Section 1  
 Do Not Write In This Space

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
**OR**
- 2. Form I-94 Admission Number: \_\_\_\_\_  
**OR**
- 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		
Address <i>(Street Number and Name)</i>		City or Town	State	ZIP Code



*Employer Completes Next Page*



## 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.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (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 estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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](http://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 2021 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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total 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 . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

<b>Enter Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address  City, State, and ZIP Code	Filing Status  SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

- Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B).
- Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet B and C)**  
OR

**Exemption from Withholding**

- I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.  
OR Write "Exempt" here
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number
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**PURPOSE:** This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

**CHECK YOUR WITHHOLDING:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- You did not owe any federal/state income tax last year, and
- You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax on your wages if

- your spouse is a member of the armed forces present in California in compliance with military orders;
- you are present in California solely to be with your spouse; and
- you maintain your domicile in another state.

If you claim exemption under **this act**, **check the box on Line 4**. You may be required to provide proof of exemption upon request.