


Forum Staffing Services
An Affiliate of the Forum Group
Established 1974
Payrollee Application

Date: _____ Social Security # _____

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

Home #: () _____ Alt # () _____

Email Address: _____

Emergency Contact: Name: _____ Phone #: _____

Check Handling: (check one) _____ Mail _____ Direct Deposit

Applicant's Statement:

I understand that this application will be given consideration, but not a promise of employment.

I understand that if I am hired, my employment will be no definite period, regardless of the period of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Forum has the same right. No one other than the President of Forum has authority to modify this relationship or to make any agreements to the contrary. Any such modification or agreement must be done in writing.

I understand that the Forum reserves the right to require me to submit to a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law.

I understand that Forum may investigate my background to determine my suitability for employment. I further understand that Forum may contact my previous employment and I authorize those employers to disclose to Forum all records pertinent to my employment with them.

Forum is committed to providing equal employment opportunities including but not limited to selection, hiring, promotion, transfer and compensation for all qualified candidates and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by law.

Confidentiality

Forum Staffing Services has contracts with many large corporations which require that it secure the temporary employee's agreement to the following:

I agree to keep all of our client's information confidential, not use any of the client's information for any purpose other than to perform the work assigned to me by the client and not to disclose the client's information to any other person or other entity. The phrase "Client's Information" means all information and material on which the word "confidential" appears; all information and material that belongs to or relates to our client's customers and other entities other than our client; our client's business plans, procedures and strategies and all other information and material that the employee may learn or see in connection with performing the work assigned that a reasonable person would expect to be confidential.

I also understand that my employer is Forum Staffing Services, Inc., located at 260 Madison Avenue, Suite 200, New York, NY 10016 and that any questions or issues regarding my employment should be directed to them.

I hereby state that all of the information that I have provided on the application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

Signature: _____

Date: _____

Are you a US Citizen? _____ Yes _____ No

If no, please provide your US Registration Number: _____

Signature _____ Date _____

FOR OFFICE USE ONLY

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	<u> </u>
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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then 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	<u> </u>
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	<u> </u>

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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • 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 <u> </u>
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. I615-0047
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 (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 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	

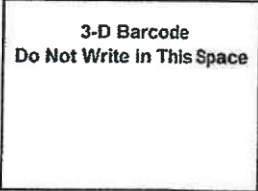
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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



Forum Staffing Services

An Affiliate of The Forum Group

Established 1974

To: All Temporary Employees

Re: Direct Deposit

Forum is pleased to be able to offer direct deposit to employees. There are several steps that need to be taken before the process can become effective.

1. Please fill out in full the attached forms. You must attach a copy of a blank or cancelled check so that we can verify the transit number and bank account number. If you want the money to go into your savings account make sure you get the proper transit number from the bank.
2. After receipt of the above information it will take 7 business days to have the information verified by the bank.
3. You will be able to retrieve your pay stubs by going to www.forumstaffingservices.com. Your user name will be your personal email address and your password will be the first 4 letters of your last name and the last four digits of your social security number (i.e. smit1234). The system will ask you to change your password when you log in.

If you elect to go forward with direct deposit your funds will be available within 48 hours. **Any questions contact Kristina at (212) 687-7200 ext. 387 or Samantha at ext. 389.**

Authorization Agreement For Direct Deposit of Payroll

I hereby authorize my employer to deposit my net pay directly into my checking or savings account (select one) and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my account.

To ensure that my account is properly credited, I will attach a voided check or savings deposit ticket for the account where my compensation will be deposited and I have completed the form below.

I agree that this authorization will remain in effect until I provide written notification to my employer terminating this service and that Forum will not be held responsible for any checks that are returned for insufficient funds as a result of my writing checks before the money is deposited to my account.

Signature

Date

Electronic Transfer of Funds for Direct Deposit of Payroll

Name on your Account

Employee Number (Social Security #)

Name of Bank

Bank Address and PHONE NUMBER

Bank Routing Number *

Account Number *

PLEASE ATTACH A COPY OF A VOIDED CHECK

SEXUAL HARASSMENT POLICY

It is the policy of Forum Staffing Services to provide a working environment free of all forms of sexual harassment. The purpose of this policy is not to regulate our employees' personal morality. Rather, it is to ensure that, in the workplace, no one may harass another individual. This includes other employees, supervisors, vendors, clients or other visitors.

While it is not easy to define sexual harassment, it includes unwelcome sexual advances, requests of sexual favors, verbal or physical conduct of a sexual nature and public display of sexually suggestive pictures, objects or the like. In addition, it may include improper joking, teasing or other conduct that creates an unprofessional and hostile environment. All members of management will be held accountable for the effective administration of this policy.

Any employee who feels that he or she has been subjected to sexual harassment should immediately report the matter in accordance with the sexual harassment policy of the company at which such employee is working as well as to the Vice President of Operations of Forum Staffing Services.

Violations of this policy will not be permitted. Forum Staffing Services will thoroughly investigate every report of actual or perceived harassment and will take prompt and corrective action, where appropriate. Employees who violate this policy will be subject to appropriate disciplinary action, up to and including termination of employment.

To the extent possible, the privacy of the complaining party and the person accused of sexual harassment will be respected, consistent with the need to fairly investigate and correct the problem.

No employee will be penalized in any way for reasonably raising issues under this policy in good faith.

The undersigned hereby acknowledges receipt of a copy of this Sexual Harassment Policy.

Dated: _____

Signature of Employee

Printed Name of Employee



Forum Staffing Services

An Affiliate of The Forum Group

Established 1974

While on assignment for the ASPCA, I shall be responsible for the appropriate use, security and safekeeping of technological equipment and resources. I agree to return all equipment, electronic devices, ID's passes, keys, etc., that are the property of the ASPCA upon termination of my assignment with them.

I have read and understand this provision. Initial _____

Print Name: _____

Signature: _____

Date: _____

Electronic timesheet entry system: www.forumsolutionsgroup.com

Your login and temporary password to access the system will be sent to your personal email address.

Upon receipt of your login, you will be requested to create your own personal password.

Once you have created your password, access the system and click on "timesheet" from the dashboard and on the following screen click "Timesheet Access".

Choose the appropriate week ending date (The week begins on Monday and ends on Sunday). Click "add timesheet".

The timesheet will populate automatically. It is suggested that you click on "clear fields" before entering your hours which will zero out the time for each day and allow you to enter your hours accordingly. Click on the clocks for assistance! Please be sure to indicate your lunch hour deductions under breaks (Example .25, .50, .75, 1).

Once your hours have been entered accurately you may submit your timesheet. Where it reads, "Would you like this timesheet to be processed?" Choose "Yes" from the drop down menu. Next, click "Save Timesheet". Your timesheet has now been transmitted to your manager for his/her approval. Once you have submitted your timesheet, changes cannot be made. Any changes need to be made by your manager prior to their approval of the timesheet.

Day	Monday 11/26/2012	Tuesday 11/27/2012	Wednesday 11/28/2012	Thursday 11/29/2012	Friday 11/30/2012	Saturday 12/01/2012	Sunday 12/02/2012
Time In	09:00 AM <input type="text"/>	09:00 AM <input type="text"/>	09:00 AM <input type="text"/>	09:00 AM <input type="text"/>	09:00 AM <input type="text"/>	<input type="text"/>	<input type="text"/>
Time Out	05:00 PM <input type="text"/>	05:00 PM <input type="text"/>	05:00 PM <input type="text"/>	05:00 PM <input type="text"/>	05:00 PM <input type="text"/>	<input type="text"/>	<input type="text"/>
Breaks	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
Hours	7	7	7	7	7	0	0

Regular Time: 35

Over Time: 0

Double Time: 0.00

Would you like to
Submit this Time Sheet
to be Processed?

Yes



Clear All Fields

Save Timesheet