

AMS STAFF LEASING
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

SI USTED NO SABE LEER EN INGLES, SOLICITE UNA APLICACION EN ESPANOL





The information contained in the Application for Employment is vital to your employment with AMS Staff Leasing (AMS). All documents must be filled out completely and signed by you **BEFORE** an offer of employment can be extended. You will be considered for employment without regard to race, color, religion, sex, national origin or age.

ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY QUIT CONNECTED WITH THE WORK AND UNEMPLOYMENT BENEFITS MAY BE DENIED:

- 1.) Failure to call AMS at the end of the assignment with notification of your availability, regardless of the reason of separation with the client;
- 2.) Failure to call three (3) times weekly when not on assignment. Phone numbers to call for this requirement are: (800) 728-0623 or (972) 404-1615;
- 3.) Failure to notify AMS with your change of address or phone number;
- 4.) Refusal or failure to accept a suitable work assignment based upon pay, qualification or location; and
- 5.) AMS' receipt of an unemployment claim from you without prior notification of your availability.

I. ACKNOWLEDGEMENT AND VERIFICATION

By initialing and signing this Application for Employment I acknowledge and verify that I have received a copy of AMS' policies, have read, fully understand, and agree, if hired to abide by these policies.

-  _____ I understand this information is not for payroll purposes only.
-  _____ I have been advised and understand that if I am hired, I will be an employee of AMS and leased to one of its client-companies. The client company will be my on-site employer and will direct the day to day activities of my employment.
-  _____ I have been advised and understand that AMS carries workers compensation insurance.
-  _____ I have received an AMS Accident Procedure Card.

II. HIPAA Authorization

I authorize AMS, or its agent, subsidiary or affiliate to obtain any medical records (excluding psychotherapy notes) from any physicians, hospitals and/or other health care providers concerning my care. I also authorize any physicians, hospitals, and/or other health care providers to furnish any medical records (excluding psychotherapy notes) concerning my care to AMS, or its agent, subsidiary or affiliate. This information is needed to evaluate my health condition and continued eligibility for employment and insurance coverage. I understand that the entities indicated above can request medical records for up to the past 10 years. I further authorize AMS, or its agent, subsidiary or affiliate to require me to submit to an alcohol or drug test following any on the job injury for which I seek medical treatment, and to receive the results.

I understand that I may revoke this Authorization at any time by submitting written notice to AMS.

I understand that the information disclosed by this authorization could be re-disclosed by the person receiving it and is no longer protected by federal or state legal privacy requirements. AMS, its affiliates, its employees, and officers are not legally responsible or liable for the re-disclosure of the information indicated on this authorization.

 _____
Printed Name of Individual

Signature of Individual

Date

III. Payroll Deduction Authorization

By signing below I authorize deductions when applicable to be made out of my paycheck for tools, uniforms, health insurance, errors in payroll, overpayments and any other work related deductions allowable by Texas law.

Applicant Signature Date

IV. Wage Disputes

I understand and agree that the client company is solely obligated to pay any wages for which the obligation to pay is created by an agreement, contract, plan or policy between the client company and myself and that AMS has not contracted to pay.

Applicant Signature Date

V. Arbitration

I agree that my sole recourse for resolving any dispute with AMS arising under my employment, including but not limited to wage claims, shall be to arbitrate such dispute. Such arbitration shall be pursuant to the arbitration laws of the State of Texas and the rules, then obtaining, of the American Arbitration Association. Venue of any action shall be in Dallas County, Texas. AMS is based in Dallas, Texas, and Applicant acknowledges that this Agreement is to be partially performed in Dallas, Texas.

Applicant Signature Date

In signing below I acknowledge that I have read and understand all the terms of this Application for Employment.

Applicant Signature Date of Application Phone Number

1 Type or print 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 Additional amount, if any, you want withheld from each paycheck			6 \$
7 I claim exemption from withholding for 2009, 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
(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.) 21st Century Fabrication, Inc. 8304 NW 8th Way, Boca Raton, FL33487	9 Office code (optional)	10 Employer identification number (EIN) 59 3407528
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Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

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

Form I-9, Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document title:	_____		_____		_____
Issuing authority:	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	_____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name Timothy G Coopridr	Title President
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) 21st Century Fabrication, Inc. 8304 NW 8th Way, Boca Raton, FL33487		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
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Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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 \$1,900 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	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.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. 	H _____

----- Cut 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 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print 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 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2011, 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.) 21st Century Fabrication, Inc. 8304 NW 8th Way, Boca Raton, FL33487	9 Office code (optional)	10 Employer identification number (EIN) 59 3407528
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Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	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. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
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 <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
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	

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

**AMS BUSINESS SOLUTIONS
AMS STAFF LEASING
SUBSTANCE ABUSE POLICY**
(Spanish version available upon request)

EMPLOYEE IS TO
KEEP THIS PAGE

The welfare and success of AMS, the “Company”, depends on the physical and psychological health of all its employees. While the Company is committed to maintaining a safe and productive workplace, it is the responsibility of both the Company and the employees to create and maintain a safe, healthful and efficient working environment. Therefore, for the protection of its clients, employees, property and the general public, the Company has adopted this Substance Abuse Policy.

1. PURPOSE AND SCOPE

1.01 **PURPOSE:** The purpose of this policy is to maintain a safe, healthful and efficient working environment by eliminating any abuse of legal and illegal drugs, alcohol and inhalants on the Company premises or at any time while on Company business, and requiring all employees of the Company to be free from the effects of legal and illegal drugs, alcohol and inhalants while on the Company premises or at any time while on Company business.

1.02 **SCOPE:** This policy applies to all employees of this Company; (a) at all times while on the Company premises, (b) during the course and scope of their employment regardless of location and (c) during any Company-sponsored activities.

2. DISCIPLINARY ACTION AND PROHIBITED CONDUCT

2.01 **DISCIPLINARY ACTION:** An employee’s failure to comply with any part of this policy will result in disciplinary action up to and including termination of employment.

2.02 **PROHIBITED CONDUCT:** Any employee will be subject to the above measures of Paragraph 2.01 for any of the following:

- a). The manufacture, distribution, possession, use or sale of alcohol, inhalants, unauthorized or illegal drugs or the misuse of any legal or prescription drugs on Company premises, while on Company business, or during any Company-sponsored activities.
- b). Being under the influence of any substance described (a) above which impairs judgment, performance or behavior while on Company premises, while on Company business, or during Company-sponsored activities.
- c). Conviction under any criminal statute for the possession, use or sale of drugs or alcohol or any related activity.
- d). Refusing to submit to a medical evaluation, including drug or alcohol testing as provided for in Section 3 of this policy.
- e). Generating test results which indicate any drug, alcohol or other substance abuse.

3. TESTING

3.01 **DEFINITION:** For the purpose of this Policy, “drug” is defined as any alcoholic beverage, illegal inhalant, illegal drug or other substance, the use, possession, manufacture, distribution or dispensation of which is prohibited by any state or federal law or regulation and any drug substance obtained by prescription, over-the-counter or otherwise.

3.02 **APPLICABILITY OF DRUG TESTING:**

- a). All persons applying for a position with the Company may be required to submit to a drug test as a condition of employment.
- b). All current and future employees must submit to a drug test upon the request of the Company under the following:
 - 1) When special safety conditions are vital to obtain the job indicated and such testing presents a reasonable means to assure a safe working environment.
 - 2) When the employee either sustains an injury in the course and scope of employment or contributes to or causes another employee to sustain an injury in the course and scope of employment.
 - 3) When the employee causes, indirectly or directly, damage to the Company’s property or to the property of another.
 - 4) When the employee contributes or causes injury to any third party while the employee is in the course and scope of employment.
 - 5) When the employee is convicted under any criminal drug statute for a violation occurring during the course and scope of employment. If such a conviction occurs, it is the employee’s responsibility to notify the Company within five (5) days of the conviction. This requirement includes any finding of guilt, guilty plea of no contest or imposition of sentence or any other penalty whatsoever by any court of competent jurisdiction or otherwise in connection with any state or federal criminal statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance or drug, including alcohol.
 - 6) When the Company, in its sole discretion, determines that it is in the Company’s best interest to conduct such a drug test.

4. MISCELLANEOUS PROVISIONS

4.01 **COOPERATION WITH LAW ENFORCEMENT:** In addition, any illegal drug or other substance obtained by the Company from any employee may be turned over to a law enforcement agency and may result in criminal prosecution.

4.02 **REPORTING:** Each employee is responsible for promptly reporting to the appropriate Company officers any use of prescribed medication which may affect the employee’s judgment, performance, or behavior.

4.03 **OTHER PROCEDURES:** The Company will establish such other procedures as it finds necessary to effectively enforce this policy. This may include a requirement that employees cooperate in personal or facility searches when there is reason to believe drugs or alcohol are present, when their performance is impaired or when their behavior is erratic. Refusing to cooperate with these procedures may be cause for disciplinary action as provided in Section 2.

4.04 **MEDICAL FACILITY:** The Company shall not be responsible for and makes no representations or warranties on behalf of the laboratory or medical facility conducting the drug test.

AMS BUSINESS SOLUTIONS
AMS STAFF LEASING
ACCIDENTS / INJURIES PROCEDURES

EMPLOYEE IS TO KEEP THIS PAGE

The following procedures must be followed for all work related injuries:

1. ALL ACCIDENTS/INJURES MUST BE REPORTED TO THE FOREMAN OR SUPERVISOR, EVEN IF NO MEDICAL ATTENTION IS REQUIRED. The injured employee must complete the form entitled: Employee Incident Report. Once completed, the form will be placed in the employee's medical file for future reference. Please fax this form to (972) 503-9388.
2. The foreman/supervisor, must complete a Supervisor's Report of Accident form regardless of whether or not medical attention is required for the injured employee. Please fax this form to (972) 503-9388.
3. Should the injury require medical attention, however, is not an emergency situation, have the foreman/super call the new injury dept at (972) 404-1615 or (800) 728-0623 prior to seeking a medical facility. In case of an emergency, have the foreman/super call and report which medical facility you are being transported to. It is important that we authorize treatment, arrange proper billing, and determine that the facility follows proper procedures.
4. Should an employee be off on disability, he/she must notify their foreman/supervisor. Should the employee be off for an extended period of time, the employee must check in with their office by visiting or calling in at least once a week. AMS must be advised of their status. Upon receiving a release to return to work, you are required to call your office to report your availability.
5. Doctor's restrictions must be followed for all employees on light duty. The employee may return to his/her regular duties only when a release is provided to AMS in writing by the doctor. It is employee responsibility to inform their doctor about the types of light duty work AMS provides.
6. An alcohol/drug screen is required for all injuries. The test is required to be taken within 24 hours after an injury is reported. Refusal to submit a drug test will result in admittance to a positive drug/alcohol test.
7. I understand and agree to abide by the above accident procedures. I understand that any payments to me or to anyone else for expenses in connection with my accident and resulting injury are not an admission of liability on the part of AMS. In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings and documents of any kind relating to my past or present injury/illness to AMS. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization statement.