

**PLEASE NOTE: WE CANNOT PROCESS YOUR PAYCHECK UNLESS ALL INFORMATION IS COMPLETED!**  
**ATENCION POR FAVOR: NOSOTROS NO PODEMOS PROCESAR SU CHEQUE ALMENOS QUE TODA LA INFORMACION ESTE COMPLETA!**

# PLATINUM APARTMENT STAFFING

## APPLICATION FOR EMPLOYMENT

ACION PARA EMPLEO

Date: \_\_\_\_\_  
Fecha

### PERSONAL INFORMATION

INFORMACION PERSONAL

Name Nombre			Social Security Number Número de Seguro Social		
Last Apellido Paterno	First Primer nombre	Middle Segundo Nombre			
Present Address Dirección Actual			City Ciudad	State Estado	Zip Código Postal
Cellular Telephone Number ( ) Numero Telefónico			Home ( ) Tienes Permiso Legal de Trabajar en EUA?		Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Si No
Position Applying For Posición para la que esta Aplicando			email address dirección de correo electronico		
Have you ever been employed by Platinum Apartment Staffing? If so, when? Has trabajado antes para Platinum Si tu respuesta fue Si, cuando y donde?					

**Platinum Apartment Staffing offers equal employment opportunities regardless of sex, age, race, color, religious creed, national origin, ancestry, medical status, medical condition, physical or mental disability, pregnancy or sexual orientation.**  
**Expert Staffing ofrece oportunidades de empleo para todos igual, sin importar sexo, edad, raza, color, religión, nacionalidad, ascendencia, estado medico, condición medica, inhabilidad física o mental, embarazo u orientación sexual.**

Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing state. _____	Is your license current? _____	
Tienes Licencia para Manejar? Si No		En que Estado la obtuviste?		
Driver's License #: _____		Has your License ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Numero de Licencia de Manejo		Te han revocado o suspendido tu Licencia anteriormente? Si No		
If yes, state reasons, date of revocation or suspension and date of reinstatement. _____ Si tu respuesta fue Si, escribe las razones y fecha de la revocación o suspensión				
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Tienes por lo menos 18 años? Si No				
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Or received differred adjudication?		YES _____ NO _____
Has estado condenado por un crimen (por más de dos años -)?		O recibio otras adjudicaciones		Si No
If yes, state date, location and disposition of the case. _____ Si tu respuesta es Si, escribe fecha, locacion y disposición del caso.				
(Disclosure will not necessarily bar employment.) (Con su declaración no necesariamente impedirá obtener un Empleo)				
If hired, can you provide written evidence that you are authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Si es contratado, puede comprobar con papeles que esta autorizado a trabajar en USA?		Si No		
Are you eligible to perform the essential functions of the position for which you are applying either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Eres elegible para desempeñar las funciones esenciales para la posición en la cual estas aplicando, ya sea con o sin alojamiento razonable?				

**PLEASE REVIEW THE FOLLOWING BEFORE SIGNING THIS APPLICATION FOR EMPLOYMENT.**  
**FAVOR DE REVISAR LO SIGUIENTE ANTES DE FIRMAR ESTA APLICACIÓN DE EMPLEO.**

I authorize any representative of Platinum to investigate my background, including but not limited to, references, education and work history. I authorize the above and any other individual or entity that may possess information about my background to provide full disclosure without prior notice to me. I release all of the above from any and all liability for damage of any kind that may at any time result to me because of compliance with this authorization to release information.

Yo autorizo al representante de Expert para investigar mis antecedentes, incluyendo pero no limitado a las referencias, educación e historial de trabajo. Yo autorizo lo arriba mencionado y cualquier otro individuo que posee información sobre mis antecedentes para que provee toda la información sin tenerme que avisar con anterioridad. Yo libero a todos lo mencionados anteriormente en el párrafo de arriba de cualquier o toda la responsabilidad por cualquier clase de danos que en cualquier momento pudiera resultarme a razón del cumplimiento de esta autorización que es la liberación de información.

**I understand that any employment with t is at will, and can be terminated at any time with or without cause.**  
**Yo entiendo que cualquier empleo con Platinum es con mi consentimiento, y puede ser terminado en cualquier momento con o sin causa alguna.**

I understand that any falsification of this or any Platinum Apartment Staffing document may result in failure to receive an offer or if hired, dismissal from employment. I understand that any offer may be conditional on the successful completion of medical or drug testing.

Yo entiendo que cualquier falsificación de este o cualquier otro documento con Platinum podrian dar como resultado a la falla de recibir una oferta de empleo o despido del empleo. Yo entiendo que cualquier oferta será condicional al completo y favorable resultado del examen medico de la prueba de drogas.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Firma del Solicitante Fecha

**IMPORTANT: THIS SECTION MUST BE FULLY COMPLETED BY CLIENT TO BE PROCESSED**

IMPORTANTE: ESTA SECCION DEBERA SER COMPLETADA POR EL CLIENTE PARA QUE SE PROCESE

Date of Hire: Fecha de Contratación	Job Position Title: Titulo de la Posición	W/C Code: Código de la Compensación de Trabajadores			
Salary <input type="checkbox"/> Salario	Rate of Pay: _____ Pago	Full Time <input type="checkbox"/> Tiempo Completo	Part Time <input type="checkbox"/> Medio Tiempo	Exempt <input type="checkbox"/> Exento	Non-exempt <input type="checkbox"/> No- Exento
Hourly <input type="checkbox"/> Por Hora	Rate of Pay: _____ Pago	Full Time <input type="checkbox"/> Tiempo Completo	Part Time <input type="checkbox"/> Medio Tiempo	Exempt <input type="checkbox"/> Exento	Non-exempt <input type="checkbox"/> No- Exento

### FORMER EMPLOYERS

EMPLEOS ANTERIORES

List below the last three employers, starting with the most recent one first.  
 Lista debajo los últimos 3 empleos que tuviste, empezando con el más reciente primero.

Name of Present or Last Employer: \_\_\_\_\_  
Nombre del Presente o Ultimo Empleador

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Direccion Ciudad Estado Código postal

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Fecha de Comienzo Fecha de Separación Titulo de trabajo

Weekly Starting Salary: \_\_\_\_\_ Weekly Final Salary \_\_\_\_\_ May we contact your Supervisor: \_\_\_\_\_  
Inicial Salario Semanal Final Salario Semanal Podemos contactar a su Supervisor?

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Nombre del Supervisor Titulo Numero telefónico

Description of Work: \_\_\_\_\_  
Descripción del Trabajo

Reason for Leaving: \_\_\_\_\_  
Razón de la separación

Name of Present or Last Employer: \_\_\_\_\_  
Nombre del Presente o Ultimo Empleador

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Direccion Ciudad Estado Código postal

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Fecha de Comienzo Fecha de Separación Titulo de trabajo

Weekly Starting Salary: \_\_\_\_\_ Weekly Final Salary \_\_\_\_\_ May we contact your Supervisor: \_\_\_\_\_  
Inicial Salario Semanal Final Salario Semanal Podemos contactar a su Supervisor?

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Nombre del Supervisor Titulo Numero telefónico

Description of Work: \_\_\_\_\_  
Descripción del Trabajo

Reason for Leaving: \_\_\_\_\_  
Razón de la separación

Name of Present or Last Employer: \_\_\_\_\_  
Nombre del Presente o Ultimo Empleador

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Direccion Ciudad Estado Código postal

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Fecha de Comienzo Fecha de Separación Titulo de trabajo

Weekly Starting Salary: \_\_\_\_\_ Weekly Final Salary \_\_\_\_\_ May we contact your Supervisor: \_\_\_\_\_  
Inicial Salario Semanal Final Salario Semanal Podemos contactar a su Supervisor?

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Nombre del Supervisor Titulo Numero telefónico

Description of Work: \_\_\_\_\_  
Descripción del Trabajo

Reason for Leaving: \_\_\_\_\_  
Razón de la separación

**One or more of the following conditions met by an employee constitutes a voluntary quit without good cause connected.**

- 1) Failure to call Platinum Apartment Staffing at assignments end with notification of availability
- 2) Failure to call in availability atleast 3 times weekly when not on an assignment
- 3) Failure to notify Platinum Apartment Staffing with a change of address or phone number
- 4) Failure to accept suitable work
- 5) Failure to notify a representative of Platinum Apartment Staffing if employee is going to be late, absent, or requesting to leave an assignment early (notifying the property is not sufficient notification).
- 6) Receipt of an unemployment claim is also a notice of voluntary quit.

BY SIGNING BELOW EMPLOYEE CONFIRMS RECEIPT OF Platinum Apartment Staffing "WELCOME NEW EMPLOYEE" HANDBOOK AND UNDERSTANDS ALL POLICIES AND PROCEDURES OF OUR AGENCY.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ WITNESS INITIALS \_\_\_\_\_

# Employee's Withholding Certificate

**2022**

▶ **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.**

**Step 1:**  
**Enter Personal Information**

(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 2022 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 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 . . . . . **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)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

## EMPLOYEE ACKNOWLEDGMENT FOR WORKERS' COMPENSATION PROCEDURES

Platinum Apartment Staffing is involved with a wide variety of Medical Providers for Workers' Compensation. This helps provide the most timely and suitable, quality medical care in the event of an injury on the job. Mercer requires post-accidents drug testing. If an employee is clinically tested and the results are positive, the employee will be terminated.

**The following procedures must be followed for all work related injures and illnesses.**

- 1) Report promptly all work-related injuries to your supervisor. Your supervisor will direct you to the nearest authorized Occupational Medical Provider.
- 2) If it is a medical emergency, get medical care immediately, then notify your supervisor.
- 3) Complete a Workers' Compensation Injured Employee Packet within 24 hours of the time of the injury.
- 4) Take post injury drug screen at the clinic.
- 5) After treatment, you must bring back to your supervisor the paperwork given to you at the clinic. This will normally include the Doctor's Report with any Work Restrictions and Documentation that you did take a Drug Test.
- 6) If Employee does not pass the drug screen, Platinum Apartment Staffing will not be responsible for any charges incurred.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury.

Platinum Apartment Staffing esta envuelto con una variedad amplia de proveedores médicos para la compensación de los trabajadores. Esto ayuda a proporcionar la más oportuna y conveniente asistencia médica de calidad en el acontecimiento del accidente de la lesión en el trabajo. Mercer requiere la prueba de la droga después de ocurrido el accidente. Si se le hace la prueba clínica a un empleado y los resultados son positivos, el empleado será despedido.

**Los siguientes procedimientos deberán seguirse para todos los accidentes y enfermedades relacionadas con el trabajo.**

- 1) Reporta pronto todos los accidentes relacionados con el trabajo a su supervisor. Su supervisor lo dirigirá al proveedor medico autorizado mas cercano posible.
- 2) Si es una emergencia medica, inmediatamente obtenga asistencia médica, y después notifique a su supervisor.
- 3) Llene las formas del paquete de lesiones de la Compensación de los Trabajadores en un plazo de 24 horas del tiempo en que ocurrió el accidente.
- 4) Hágase una prueba de drogas en la clínica.
- 5) Después del tratamiento, usted deberá traer a su supervisor la papelería que le dieron en la clínica. Estos papeles normalmente incluyen el reporte del Doctor con las restricciones del trabajo y la documentación donde prueba que usted se hizo en la clínica la prueba de las Drogas.

Favor de firmar en la parte inferior para indicar que usted ha leído y entendido los procedimientos a seguir en el caso que le pase un accidente.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

**PLEASE NOTE: WE CANNOT PROCESS YOUR PAYCHECK UNLESS ALL INFORMATION IS COMPLETED!**  
**ATENCIÓN POR FAVOR: NOSOTROS NO PODEMOS PROCESAR SU CHEQUE ALMENOS QUE TODA LA INFORMACION ESTE COMPLETA!**

### Employee Emergency Information

Employee Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

**In case of an emergency, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I authorize one of the individuals named above to seek emergency treatment for me.

I am allergic to the following medications:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

This form is to be retained at the client site for referral in case of an emergency.



**PLEASE NOTE: WE CANNOT PROCESS YOUR PAYCHECK UNLESS ALL INFORMATION IS COMPLETED!**  
**ATENCION POR FAVOR: NOSOTROS NO PODEMOS PROCESAR SU CHEQUE ALMENOS QUE TODA LA INFORMACION ESTE COMPLETA!**

**U.S. Department of Justice  
 Immigration and  
 Naturalization**

**OMB No. 1115-0136  
 Employment Eligibility  
 Verification**

Please read instructions 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 of 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			
Address (Street Name and Number) Apt. #		Date of Birth (month/day/year)	
City, State ZIP	Social Security Number		
<b>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.</b>		<b>I attest, under penalty of perjury, that I am (check one of the following):</b> <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident <input type="checkbox"/> An alien authorized to work	
Employee's signature		Date	

**Preparer and/or Translator Certification.** (To be completed and signed if Section I 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 Signature	Print Name
Address	Date

**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:				
Expiration Date:				
Document Number:				

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 Preparer	Print name	Title
Business or Organization Name Platinum Apartment Staffing	Address 811 S. Central Expressway Suite 230 Richardson, Tx 75080	Date

**Section 3. Updating and Reverification.** To be Completed by Employer

A. New Name (if applicable)	B. Date of rehire	
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 Number:	Expiration Date:
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 relate to the individual.		
Signature of Employer or Authorized Representative:		Date:

# PLATINUM APARTMENT STAFFING

PHONE 972-792-8367

FAX 972-792-8366

## DIRECT DEPOSIT

**Direct Deposit Authorization**

New       Change       Cancel

I am not interested in Direct Deposit at this time

Employee Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### PLEASE ATTACH A VOIDED CHECK OR SPEC SHEET FROM THE BANK

CHECKING      Account Number \_\_\_\_\_      Amount \$ \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Bank Name \_\_\_\_\_

SAVINGS      Account Number \_\_\_\_\_      Amount \$ \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Bank Name \_\_\_\_\_

\*\*\*Prenote: Platinum Apartment Staffing Banks exclusively with Comerica Bank. There are many benefits to our employees for opening up a direct bank account with Comerica. Please see a representative at the Comerica Bank in our building if you would like to take advantage of these opportunities.

Employees have the option of splitting their check between checking and savings. Money Market accounts may or may not accept direct deposit. It is the employee's responsibility to check with their bank first before submitting these account numbers.

**I authorize Platinum Apartment Staffing to make deposits to the Bank account named above. In the unlikely event of a deposit error, I authorize Patinum Apartment Staffing to make adjustments to correct the error.**

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