



## Phase I - New Employee Checklist

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

Name of Employee: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

### Requirement

### Completed

Complete PPD Application for Employment

Sign PPD Rules

Complete WBS (Workforce Business Services) Application

Employee Direct Deposit YES/NO \_\_\_\_\_

Complete I-9 Work Eligibility Form

Complete W-4 Number of Withholdings

Copy of Identification

Copy of Social Security Number

Hired: Yes / No      Hire Date: \_\_\_/\_\_\_/\_\_\_      Start Date: \_\_\_/\_\_\_/\_\_\_

Hourly Rate: \$ \_\_\_\_\_      First evaluation to be done withing: \_\_\_\_\_

Initial Training Date: \_\_\_\_\_      Training Time: \_\_\_\_\_

Possible driver: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_      Signature: \_\_\_\_\_

Nombre / Full Name: \_\_\_\_\_

Dirección de Casa / Address: \_\_\_\_\_

Cuidad, Estado, código postal/City, State, Zip code \_\_\_\_\_

Fecha de Nacimiento / Date of Birth: \_\_\_\_\_

Número de Teléfono / Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## **En caso de emergencia, ¿A quién llamamos? / In case of emergency, who should we call?**

Nombre / Name: \_\_\_\_\_ Relación/Relation: \_\_\_\_\_

Número de Teléfono / Phone Number: \_\_\_\_\_

## **Empleo Anterior / Previous Employment**

Nombre de la Compania / Company: \_\_\_\_\_

Tiempo en este trabajo / How long did you work for this company? \_\_\_\_\_

Motivo de Salida / Reason for Leaving: \_\_\_\_\_

Tipo de Trabajo / Job Description: \_\_\_\_\_

## **Quien Te Recomendo? / Character Reference**

Nombre / Name: \_\_\_\_\_ Numero / Number: \_\_\_\_\_

Como lo conoces? / How do you know this person? \_\_\_\_\_

## **Tienes experiencia en lo siguiente? / Are you experienced in the following?**

### **Stucco**

- Textura / Texture
- Acrylic
- Marblecrete
- Plastic Installation
- Wire Lath
- Dense Glass
- Durock

### **Framing**

- Metal Framing
- Wood Framing
- Layout

### **Painting**

- Exterior
- Interior
- Wood Staining
- Metal Painting
- Spray Painting
- Spray Deck
- Cool Deck Repair

### **Spalling**

- Light Spalling
- Medium Spalling
- Concrete Finish

### **Drywall**

- Instalacion / Installation
- Finishing
- Level 4
- Level 5
- Textured Drywall

### **Woncoate**

- Smooth Finish
- Sand Finish

### **Carpentry**

- Keystone Installation

## **Work Hours:**

1. Employees work Monday - Friday. Occasionally employees will be required to work on Saturdays, especially during peak season. Sundays are always off.
2. Work begins ON SITE at 7:30am and ends at 4:00pm.
3. Lunch is 45 minutes.
4. If you will arrive late to a job site, you must advise your Project Manager.
5. If you finish a job early, or must leave early, you must advise your Project Manager.
6. You must let your project manager know at least 24 hours in advance if you will miss work. Exceptions are made for emergencies or special circumstances.
7. Unexcused absences will result in termination from PPD.
8. Project Managers will call or text employees their job assignments the night before. If an employee has not received information by 8pm, they are to contact their project managers for instructions.

## **Uniform:**

1. Long sleeve PPD shirts are provided for employees.
2. No shorts at the job sites.
3. All shirts must have sleeves.
4. No excessively baggy clothing.
5. No exposed jewelry.
6. Hard Hats must be worn at all job sites, no exceptions.
7. Steel toe work boots must be worn on all job sites. No "tennis" shoes.
8. Safety glasses must be worn during any operation that involves danger to eyesight.
9. Face shields must be worn along with safety glasses during ANY grinding operation.
10. Dust masks must be worn during any operation involving dust, fumes, or particles.
11. Leather gloves must be worn when working with metal or any other sharp materials.
12. Back braces can be worn when lifting equipment or material. It is important to lift with your legs, not your back. Ask for assistance when lifting over 50 lb. Loads.

## **Transportation:**

1. If you cannot provide your own transportation to the job sites, PPD can provide it at a charge of \$35 per week. It will automatically be deducted from your check.
2. If you are a driver for PPD Inc., you will not be charged \$35 per week.
3. Employees need to maintain the work vehicles. At the end of the day, there should be no garbage or food left behind. If an employee habitually leaves garbage, food, clothes, and/or personal materials in the work vehicles, they will be charged a cleaning fee.
4. Employees are required to bring an extra shirt and pants for the end of the work day. You need to change clothes before heading home in the PPD Inc. vehicles. This helps maintain the vehicles as well as a courtesy to fellow employees riding in the vehicle with you.
5. PPD vehicles are for use of PPD employees ONLY, non-PPD employees are not allowed in company vehicles.
6. Vehicles are only for PPD business use and exclusively during working hours.

## Meetings:

1. PPD, Inc. has a group meeting once a month, usually on the 2<sup>nd</sup> Saturday of each month. We go over upcoming jobs, changes in procedures, and this is an opportunity where employees can discuss any issues or concerns they have.
2. **PPD, Inc. requires every employee to attend these meetings.** Employees are paid by the hour and if they attend these meetings, they will be eligible for a paid holiday on the corresponding holiday.

**NO MEETING = NO HOLIDAY PAY**

## Safety:

1. Zero tolerance for any sort of drug or alcohol use of any kind on jobsites or PPD property (including vehicles, rental properties such as hotels or trailers that PPD is paying for)
2. No smoking on the job sites, except for in the designated areas.
3. No alcohol or drugs are permitted in the PPD Inc. vehicles or at the job sites AT ANY TIME.
4. Phones are only to be used in case of emergencies or for work related business.
5. Radios / music is allowed, but within reasonable volume.
6. DO NOT REMOVE OR BYPASS any machinery guards at any time.
7. **Report all job-related injuries or accidents immediately to a supervisor and/or PPD Inc. Project Manager.**
8. Advise a supervisor or PPD Inc. Project Manager of any Hazardous conditions.
9. Advise a supervisor or PPD Inc. Project Manager if additional training or instructions are required for safe operations of machinery or equipment such as scaffolds, ladders, and swings before using.

## Phone Usage:

1. All employees are required to have a working smartphone as part of their equipment.
2. Employees are required to use WhatsApp to maintain appropriate communication with their team members and coworkers.
3. Employees are required to have the app QuickBooks Time to keep track of their working hours.
4. Phones must have a working camera to track the job progress. This includes taking pictures and videos of before, during and after a project is completed.

By signing this form, you are agreeing to follow the rules and regulations specified above. Failure to follow these rules and regulations may result in suspension or immediate termination. If you should have any questions, we ask that you contact the office manager immediately.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

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

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

## Florida Employee Enrollment Form

**This Employment Enrollment Form is NOT an application for employment and should not be used as such .**

(Informe de vinculación de empleados mediante arrendamiento Este Informe Laboral NO es una solicitud de trabajo y NO debe ser utilizado como tal.)

### Employee Acknowledgment

I hereby acknowledge my current employer (Client Company) has entered into an client services agreement contract with Workforce Business Services (WBS). Through this contract WBS will provide Client Company with certain professional employer services. services. Under this arrangement Client Company and WBS will become co-employers. Under this co-employer relationship, I will be an assigned solely and exclusively to Client Company. I will remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also continue to provide all on site supervision, including but not limited to, determining my job assignments and training requirements, evaluating my performance, and establishing pay rates. Client Company may have the right to accept or cancel the assignment. WBS will not have an on-site supervisor or representative at my work-site.

*(Reconocimiento del arrendamiento de empleados* Por la presente reconozco que he sido informado de que mi empleador actual (compañía cliente) ha entrado en un acuerdo con Servicios de Personal Empresariales (WBS sus iniciales). A través de este contrato, WBS proporcionará a la compañía cliente ciertos servicios profesionales de empleadores. En virtud de este acuerdo la Compañía cliente y WBS se convertirán en Co-Empleadores. Bajo esta relación de Co-Empleadores, seré un empleado por arrendo de WBS, asignado únicamente y exclusivamente a la compañía cliente. WBS se reserva el derecho de dirección y control sobre los empleados arrendados asignados al lugar de trabajo de la compañía cliente. Continuaré siendo un empleado de la compañía cliente y la compañía cliente seguirá teniendo control sobre mis funciones de trabajo diarias y mi lugar de trabajo. La compañía cliente también continuará prestando toda la supervisión en el lugar de trabajo, incluyendo pero no limitándose a determinar la asignación de mi trabajo y los requisitos de entrenamiento, evaluación de mi desempeño y establecimiento de tasas salariales. WBS mantendrá la autoridad para contratar, terminar, disciplinar y reasignar a los empleados arrendados. Sin embargo, la compañía cliente puede tener el derecho de aceptar o cancelar la asignación. WBS no tendrá un supervisor o representante en mi lugar de trabajo.)

I further understand that WBS is an at-will employer and as such, employment with WBS is not for a fixed term or definite period and may be terminated at any time at the will of either WBS or myself, with or without cause, and without prior notice. The client services agreement between Client Company and WBS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and WBS is terminated, my work site employee status with WBS will also end on the date of the contract termination.

(Además entiendo que WBS es un empleador a voluntad y como tal, el empleo con WBS no es por un periodo fijo determinado o definido y puede terminarse en cualquier momento por mi propia voluntad o la de WBS, con o sin causa y sin previo aviso. El acuerdo de arrendo de empleados entre la compañía cliente y WBS no afectará ningún acuerdo de empleo o compensación que existen con mi compañía cliente. Si el contrato entre mi compañía cliente y WBS se termina, mi calidad de empleado asignado al lugar de trabajo con WBS también terminará en la fecha de terminación del contrato.)

If WBS does not receive payment from my Client Company for services which I perform, WBS may then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation. WBS assumes responsibility for the payment of such minimum wages to co-employees without regard to payments by Client Company to WBS. I also agree that WBS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, unless WBS has received in advance full payment for such items from Client Company. If the contract with my Client Company is terminated, my employment with WBS will end the date the contract terminates and WBS's responsibilities as a co-employer shall also terminate at that time. WBS assumes full responsibility for payment of payroll taxes and collection of payroll taxes and collection of taxes from payroll on co-employees.

(Si WBS no recibe pago de mi compañía cliente por los servicios que preste, WBS me pagará el salario mínimo, o el salario mínimo legal, o pagará las horas extras de ese periodo y estoy de acuerdo con este método de compensación. WBS asume responsabilidad por el pago de salarios de empleados arrendados sin tener en cuenta los pagos efectuados por la compañía cliente a WBS. También estoy de acuerdo en que WBS no asume responsabilidad por pago alguno de bonos, comisiones, indemnizaciones por despido, compensación diferida, compartir utilidades, vacaciones, enfermedad u otro tiempo a pagar, o por cualquier otro pago, donde WBS no ha recibido el pago completo por adelantado para tales propósitos por la compañía cliente. Si se termina el contrato con mi compañía cliente, mi empleo con WBS terminará en la fecha que termina el contrato y las responsabilidades de WBS como Co-empleador también terminarán al mismo tiempo. WBS asume plena responsabilidad por el recaudo y pago de impuestos de nómina y por el recaudo de impuestos de nómina a empleados arrendados.)

## Drug Testing Authorization

I agree to comply with any drug/alcohol testing policy, which Workforce Business Services has or may adopt. I specifically agree to post-accident drug/alcohol testing for any work injury regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances.

*(Prueba Antidrogas Estoy de acuerdo en cumplir con cualquier políticas de pruebas de drogas/alcohol cual Workforce Business Services (WBS-por sus siglas en Ingles) tenga o pueda adoptar. Yo específicamente estoy de acuerdo a pruebas de drogas/alcohol después de cada accidente de trabajo sin importar si puedo dar consentimiento en ese tiempo. Esta autorización o una fotocopia de esta autorización es mi autoridad y consentimiento para pruebas de drogas/alcohol en todos los casos.)*

## Workers' Compensation Medical Authorization Release

I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Workforce Business Services' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

**(Acuerdo de Autorización medica para compensación del trabajador** Nadie está obligado a proveer ninguna información médica hasta que una oferta de empleo se ha hecho y se ha aceptado. Yo autorizo a cualquier doctor, médico practicante, hospital, clínica u otra entidad de salud o empleador, para liberar toda la información médica y no médica en su posesión acerca de mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en Ingles) o a sus representantes legales para propósitos de una reclamación de compensación de trabajadores (Información médica significa toda la información en posesión de, o derivadas de los proveedores de atención de salud, relacionados con la historia médica, condición física o mental, o con mi tratamiento). Cumpliré con las provisiones del Estatuto 440 de la Florida concernientes a reclamaciones para beneficios de compensación. Si proporciono información falsa, engañosa o incompleta para obtener beneficios de compensación de trabajadores, tales beneficios me pueden ser negados. Puedo solicitar y recibir una copia de esta autorización. Una fotocopia de esta autorización será válida como la original.)

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with Workforce Business Services that I am being employed on an established 90 day probationary period

(Informe inmediatamente a su gerente todo accidente, lesion, peligros potenciales, sugerencias sobre seguridad y asuntos relacionados con la salud.)

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorization for drug testing and for release of my medical and non-medical information.

(Yo certifico que he leído, entiendo, y estoy de acuerdo con las autorizaciones, reconocimientos, condiciones y requisitos contenidos en la sección.)

Employee Signature (Firma del empleado)X \_\_\_\_\_ Date (Fecha): \_\_\_\_\_

Employee Name (Nombre del empleado) \_\_\_\_\_

Date of Birth (Fecha de nacimiento): \_\_\_\_\_ Male (Masculino)  Female (Mujer)  Prefer Not To Say (Prefiero no decir)

Address (Dirección): \_\_\_\_\_

City, State, Zip (Ciudad, Estado, Zip): \_\_\_\_\_

Telephone Number (Número telefónico) \_\_\_\_\_ Social Security No (No. Seguridad Social): \_\_\_\_\_

## Voluntary EEO Identification (Identificación del EEO voluntario)

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an applicant applies. The information requested here is for compliance with certain record keeping requirements.

Varias entidades del gobierno de Estados Unidos exigen a los empleadores que mantengan información sobre los solicitantes en relación con factores como raza, sexo y tipo de cargo para el cual se presenta el candidato. La información que aquí se solicita es para cumplir con ciertos requisitos de registro.

- |   |   |
|---|---|
| <input type="checkbox"/> White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) – Originario de Europa, África del Norte o del Medio Oriente   | <input type="checkbox"/> Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa. Negro o Afro-Americano (No de origen Hispánico ni Latino) – Orígenes en cualquiera de los grupos raciales negros de África   |
| <input type="checkbox"/> Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Hispano o Latino – Mexicano, Puertorriqueño, Cubano, Centro o Suramericano o de otra cultura u origen proveniente de España, independientemente de la raza | <input type="checkbox"/> Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent Asiático (no de origen Hispánico ni Latino) – Originario del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio   |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands. Nativo Hawaiano o de otra Isla del Pacífico – originario de Hawai, Guam, Samoa u otras Islas del Pacífico  | <input type="checkbox"/> American Indian/Alaska Native - Origins of North or South America (including Central America), who maintain tribal affiliation and community recognition. Indígena Americano / Nativo de Alaska - Originario de América del Norte o del Sur (incluyendo América Central) que mantiene su afiliación tribal y reconocimiento de la comunidad. |
| <input type="checkbox"/> Two or more races (Not of Hispanic or Latino origin) - All persons who identify with more than one of the listed races. Dos o más razas (No de origen Hispano ni Latino) – Todas las personas que se identifiquen con más de una de las razas mencionadas  | <input type="checkbox"/> If the employee elected not to complete this information, the employer has completed it through visual identification as required by law. Si el empleado decidió no suministrar esta información, el empleador la suministra mediante identificación visual, de conformidad con lo dispuesto por la ley.                                     |

### Completed by Client (Para ser diligenciado por el cliente)

#### New Hires (Nuevas Contrataciones)

You must fax, call or email the following information to WBS on or before the new hire starts work: name, WC Code, Social Security Number, Pay Rate and Date of Birth. Workforce Business Services can not pay any employee without receiving this information on or before the employee begins work. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

WBS tiene que recibir este Informe de Vinculación En la fecha de contratación o antes. Usted puede informar esta nueva contratación a WBS por fax o por teléfono y recibirá un número de identificación de confirmación. Workforce Business Services no podrá efectuar pagos a empleados sin el número de identificación del empleado. El empleado tampoco quedará cubierto por la compensación de trabajadores hasta que esta información nos haya sido presentada. Para informar sobre alguna contratación fuera de las horas laborales, por favor envíe un fax o llame a nuestras oficinas y deje un mensaje detallado.

#### THE EMPLOYEE ENROLLMENT FORM MUST BE RETURNED TO WBS WITHIN THREE DAYS OF THE DATE OF HIRE.

EL INFORME DE VINCULACIÓN DE EMPLEADOS MEDIANTE ARRENDAMIENTO DEBE SER ENVIADO A WBS DENTRO DE LOS TRES DÍAS SIGUIENTES A LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado) \_\_\_\_\_

Client Company Name (Nombre de la Compañía- Cliente): **Professional Plastering Designs Inc.** \_\_\_\_\_

Department (if applicable) (Departamento) (si es el caso) \_\_\_\_\_ Job Code (if applicable) (Código de trabajo) (si es el caso) \_\_\_\_\_

Rate of Pay (Tasa de pago) \$ \_\_\_\_\_  Hourly (Por hora)  Salary (Salario)  Exempt (Exento)  Non-Exempt (No Exento)

Full Time (Tiempo completo)  Part Time (Medio Tiempo) Work Comp. Code (Código Compensación Trabajadores) \_\_\_\_\_

From the EEO job classifications listed, which one best describes the employee's position?

¿De las clasificaciones de trabajos mencionadas, cuál es la que describe mejor el cargo del empleado?

- |   |  |
|---|--|
| <input type="checkbox"/> 1.1 - Executive/Senior Level Officers and Managers (Ejecutivo/Funcionarios y gerentes de nivel superior) |  |
| <input type="checkbox"/> 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)      |  |
| <input type="checkbox"/> 2 - Professionals (Profesionales)  | <input type="checkbox"/> 3 - Technicians (Técnicos)                                    |
| <input checked="" type="checkbox"/> 4 - Sales (Vendedores)  | <input type="checkbox"/> 5 - Office and Clerical (Oficina y administrativo)            |
| <input type="checkbox"/> 6 - Craft Workers (skilled) (Artesanos (capacitados))  | <input type="checkbox"/> 7 - Operative (semi-skilled) (Operarios (capacitación media)) |
| <input type="checkbox"/> 8 - Laborers (unskilled) (Obreros (no capacitados))  | <input type="checkbox"/> 9 - Service Workers (Trabajadores de servicios)               |

Job Description (Descripción del trabajo) \_\_\_\_\_

Original Date of Hire (Fecha de contratación original) \_\_\_\_\_

# Employee's Withholding Certificate

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

**2024**

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

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

**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**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
			<b>20-3797879</b>





# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name <b>Professional Plastering Designs, Inc.</b>	Employer's Business or Organization Address, City or Town, State, ZIP Code <b>5409 Overseas Highway #199, Marathon, Florida, 33050.</b>
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For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.