

**EMPLOYEE CHECKLIST**

Hire Date: \_\_\_\_\_  
Employee #: \_\_\_\_\_  
Dept./Position: \_\_\_\_\_

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

Employee Local Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

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

**Emergency Contact Information:**

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

Relationship: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

**TO BE COMPLETED BY DEPT. MANAGER**

Application \_\_\_\_\_

I-9 Form \_\_\_\_\_

Photo ID (Drivers License, Student ID, Govt. ID) \_\_\_\_\_

SS Card \_\_\_\_\_

W-4 \_\_\_\_\_

POS ENTERED (Employee #) \_\_\_\_\_

PAY RATE \_\_\_\_\_

TIP REPORTING PACKET \_\_\_\_\_

RULES & EXPECTATIONS \_\_\_\_\_

I, \_\_\_\_\_ have examined the forms listed above, and find them to be complete  
(Dept. Manager) and correct. I approve this employee to begin work on

\_\_\_\_\_  
(Date)

# Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## Personal Information

DATE \_\_\_\_\_

|                        |                     |                     |          |
|------------------------|---------------------|---------------------|----------|
| NAME (LAST NAME FIRST) |                     | SOCIAL SECURITY NO. |          |
| PRESENT ADDRESS        | CITY                | STATE               | ZIP CODE |
| PERMANENT ADDRESS      | CITY                | STATE               | ZIP CODE |
| PHONE NO.              | SECONDARY PHONE NO. | REFERRED BY         |          |

## Employment Desired

|   |  |                |
|---|--|----------------|
| POSITION  | DATE YOU CAN START   | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO                | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE  | WHEN           |

## Education History

|   | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|---------------------------|----------------|------------------|------------------|
| HIGH SCHOOL                               |                           |                |                  |                  |
| COLLEGE                                   |                           |                |                  |                  |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL |                           |                |                  |                  |

## General Information

|  |      |
|--|------|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK |      |
| SPECIAL TRAINING                       |      |
| SPECIAL SKILLS                         |      |
| U.S. MILITARY OR NAVAL SERVICE         | RANK |

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|----------------------------|--------|----------|--------------------|
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |

**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
|      |         |          |             |
|      |         |          |             |
|      |         |          |             |

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

**Remarks**

|             |           |          |             |              |
|-------------|-----------|----------|-------------|--------------|
|             |           |          |             |              |
|             |           |          |             |              |
|             |           |          |             |              |
|             |           |          |             |              |
| NEATNESS    |           |          | CHARACTER   |              |
| PERSONALITY |           |          | ABILITY     |              |
| HIRED       | FOR DEPT. | POSITION | WILL REPORT | SALARY WAGES |

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_ GENERAL MANAGER \_\_\_\_\_

# Form W-4 (2018)

**Future developments.** For the latest information about any future 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.** 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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Employee's Withholding Allowance Certificate</b> |  | OMB No. 1545-0074<br><span style="font-size: 2em; font-weight: bold;">2018</span> |  |
| ▶ Whether you're 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.   |  |   |  |   |  |
| 1 Your first name and middle initial   |  | Last name   |  | 2 Your social security number   |  |
| Home address (number and street or rural route)  |  |   | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note: If married filing separately, check "Married, but withhold at higher Single rate." |   |  |
| 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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>  |   |  |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)  |  |   |  | 5   |  |
| 6 Additional amount, if any, you want withheld from each paycheck  |  |   |  | 6 \$  |  |
| 7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption.  |  |   |  |   |  |
| <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet <b>both</b> 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.  |  |   |  |   |  |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶  |  |   |  |   |  |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)  |  |   |  | Date ▶  |  |
| 9 First date of employment   |  |   | 10 Employer identification number (EIN)  |   |  |



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

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

|                                  |                             |                         |                           |                |                                |                |
|----------------------------------|-----------------------------|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name)          |                             | First Name (Given Name) |                           | Middle Initial | Other Last Names Used (if any) |                |
| Address (Street Number and Name) |                             |                         | Apt. Number               | City or Town   |                                | State ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number |                         | Employee's E-mail Address |                | Employee's Telephone Number    |                |

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

I attest, under penalty of perjury, that I am (check one of the following boxes):

|  |
|--|
| <input type="checkbox"/> 1. A citizen of the United States   |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See Instructions)</i>   |
| <input type="checkbox"/> 3. A lawful permanent resident <i>(Alien Registration Number/USCIS Number):</i> _____   |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> |

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

|   |   |
|---|---|
| 1. Alien Registration Number/USCIS Number: <input type="checkbox"/> _____<br>2. Form I-94 Admission Number: <input type="checkbox"/> _____<br>3. Foreign Passport Number: _____<br>Country of issuance: _____ | QR Code - Section 1<br>Do Not Write In This Space |
|---|---|

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

|                                     |  |                           |                |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |

Employer Completes Next Page

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | LIST B<br>Documents that Establish<br>Identity   | LIST C<br>Documents that Establish<br>Employment Authorization   |
|--|--|--|
| OR   |  | AND  |
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

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

Refer to the instructions for more information about acceptable receipts.

## **Employee Parking at ROBBIE'S**

Busy Season is here and the people are coming to Robbie's. We need to maximize the available parking to our customers as possible.

Employees **MAY PARK**: in the very first lot of the property (adjacent to Becky's fence line). If you do not know where this is, ask someone. \*

Please:

- Pull all the way in the parking spot

- Do not park sideways and take up two spaces

- Do not leave excessive room on either side of your car

Each one of you will need to send Cailin a text with a photo of your tag (clear and visible) and your car (clear photo to make out model and color).

Contact Information:

(305)-433-1545

\*We will have someone daily walking to check employee cars, to make sure everyone is parking correctly.

Any questions, speak with Cailin.

Any complaints, speak with Michael.

Failure to adhere to these guidelines will result in your being assigned to park in the rear of the property.

Thankyou!

- Robbie's Management

## EMPLOYEE VEHICLES FORM

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

Employed By \_\_\_\_\_

Vehicle Tag Number: \_\_\_\_\_

Vehicle Year \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

\_\_\_\_\_

Vehicle Color: \_\_\_\_\_

I do not have a vehicle \_\_\_\_\_

Date Completed \_\_\_\_\_

**\*\*Turn into the main office\*\***



**ACKNOWLEDGMENT OF PROBATIONARY PERIOD**

To: \_\_\_\_\_  
(New Employee's Name)

I understand that I am on probation for the first ninety (90) days of my employment, which started on \_\_\_\_/\_\_\_\_/\_\_\_\_, for the purpose of the Unemployment Compensation Law. I also understand that if my employer discharges me for unsatisfactory work performance, under the Unemployment Compensation Law, my employer will not have their account charged for any unemployment benefits. I further acknowledge that I signed this form within seven (7) days of my employment.

I have received a copy of this form \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Signature – New Employee

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

\*\*\*\*\*

I, \_\_\_\_\_, recognize and accept as a term of hire a ninety (90) day probationary period as an employee of \_\_\_\_\_. I also understand that if my job performance is unacceptable, I may be terminated during this period.

\_\_\_\_\_  
Signature – New Employee

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Effective Date of Hire

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed