

**Temporary Employee
New Hire Check List**

Employee Name: _____

Date of Activation: _____

Social Security: _____

Date of Hire: _____

- _____ Reference Check Waiver Form
- _____ Rest and Meal Period Acknowledgement
- _____ W-4
- _____ I-9
- _____ Copy of 2 forms of ID (i.e. Driver's License and SS Card)
- _____ Background Authorization Form
- _____ Direct Deposit Form



Reference Check Waiver Form

To the prospective employee/temporary employee:

Please read this document carefully. If you agree to the statements, terms and conditions set forth herein please sign and date this form at the bottom.

Release of Claims Against Providers of References and/or Other Employment - Related Information

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my resume and other materials submitted by me in connection with my effort to obtain employment with/placement through Outsource Telecom. I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my resume or other materials submitted by me to provide Outsource Telecom with any information requested that might be relevant and useful to Outsource Telecom in making a hiring/placement decision. I expressly release any such persons, organizations or entities from any and all legal liability for making disclosure of any information about me, which is permitted, by law, to release.

Contact Current Employer:

I do _____ I do not _____ authorize you to contact my current employer. If, and only, if I have authorized you to contact my current employer, I agree to the terms set forth in the above paragraph as applicable to my current employer.

Signature: _____

Print Name: _____

Date: _____



REST AND MEAL PERIOD ACKNOWLEDGMENT

As an employee, I understand that I am required to take meal and rest periods as follows:

If an employee works or is scheduled to work:

The employee is required to take:

Less than 3.5 hours

No rest or meal period.

Between 3.5 and 5 hours

One (1) paid 10 minute rest period

Between 5 and 6 hours

One (1) paid 10 minute rest period and one 30 minute unpaid meal period

Between 6 and 10 hours

Two (2) paid 10 minute rest periods and one (1) unpaid 30 minute meal period starting no later than the end of the 5th hour of work.

Between 10 and 12 hours

Three (3) paid 10 minute rest periods and two (2) unpaid 30 minute meal periods

I acknowledge that I have been made aware of this policy and understand that I must take my meal and rest periods as required. I further understand that if, at any time, a violation occurs, I am required to notify Human Resources immediately.

I understand that my failure to take meal and rest periods as required may result in disciplinary action, up to and including termination.

_____ Date

_____ Signature

_____ Print Name



Reference Check Waiver Form

To the prospective employee/temporary employee:

Please read this document carefully. If you agree to the statements, terms and conditions set forth herein please sign and date this form at the bottom.

Release of Claims Against Providers of References and/or Other Employment - Related Information

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my resume and other materials submitted by me in connection with my effort to obtain employment with/placement through Outsource Telecom. I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my resume or other materials submitted by me to provide Outsource Telecom with any information requested that might be relevant and useful to Outsource Telecom in making a hiring/placement decision. I expressly release any such persons, organizations or entities from any and all legal liability for making disclosure of any information about me, which is permitted, by law, to release.

Contact Current Employer:

I do _____ I do not _____ authorize you to contact my current employer. If, and only, if I have authorized you to contact my current employer, I agree to the terms set forth in the above paragraph as applicable to my current employer.

Signature: _____

Print Name: _____

Date: _____



This is an abridged copy of the Outsource Telecom/ Building Technology Staffing Employee Handbook and Safety Handbook. The complete versions are available on line at www.outsourcetelecom.com and www.buildingtechnologystaffing.com or by asking your Recruiter for a hard copy. **It is your responsibility to review the handbooks within 5 days of completion of this packet.** The handbooks provide you with general policy information, our illness and injury program and instructions to follow if an accident occurs.

Outsource Telecom/ Building Technology Staffing is committed to providing equal employment and career opportunities, without discrimination or harassment on the basis of race, color, sex, age, disability, religion, national origin, marital or veteran status, sexual orientation, ancestry, political belief or activity, cancer related medical condition, genetic characteristics or any other category protected by law. All Company decisions, including but not limited to compensation, benefits, transfers, promotions, dismissals, Company-sponsored

training and educational programs and any other terms and conditions of employment will be made without regard to those factors. Further, Outsource Telecom/Building Technology Staffing will not tolerate discrimination or harassment based on these or any other legally protected categories

Harassment

Outsource Telecom / Building Technology Staffing is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive or disruptive, including sexual harassment. Actions, words, jokes or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation or any other legally protected characteristic will not be tolerated. Anyone engaging in harassing conduct will be subject to discipline, up to and including termination.

Sexual Harassment

Outsource Telecom / Building Technology Staffing has a zero tolerance policy for sexual harassment or any other type of harassment. Sexual harassment is a form of misconduct that undermines the integrity of the employment relationship. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. All employees have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment.

Sexual Harassment conduct includes, but is not limited to:

- Sexual Flirtations, touching, gestures, advances or propositions**
- Verbal Abuse of a sexual nature (Sex-based taunts or teasing, sexual comments, jokes, or innuendos)**
- Graphic or suggestive comments about an individual**
- Using sexually degrading words to describe an individual**
- Staring or leering at anyone**
- Offensive phone calls, letters, emails, etc.**
- Unwelcome requests for sex**
- Flashing**
- Stalking**
- Intimidation**
- Racial, age, or gender orientation innuendos or harassment**
- Use of foul or obscene language or gestures**

Drug Free Workplace

The use, manufacture, purchase, sale, offer for sale, distribution or possession of any illegal drugs or controlled substances on Outsource Telecom / Building Technology Staffing premises is prohibited, as is being under the influence of illegal drugs or controlled substances upon reporting to work, while working or on duty or while on Outsource Telecom / Building Technology Staffing property or in a Outsource Telecom / Building Technology Staffing vehicle. Reporting to work or working while under the influence of alcohol is also prohibited. Violation of this policy is considered gross misconduct and may result in immediate dismissal.

Any associate who has information concerning possible violations of Outsource Telecom / Building Technology Staffing Drug Free Workplace policy should contact Human Resources. Similarly, if a supervisor suspects that an associate has a drug or alcohol abuse problem, the supervisor should contact Human Resources.

Outsource Telecom / Building Technology Staffing encourages employees with drug or alcohol problems to obtain treatment. Notwithstanding such problems, employees are subject to dismissal if the problems persist and they are unable to perform their jobs satisfactorily.

Drug Tests will be required in the following situations:

- Pre – employment
- If there is a reasonable suspicion that an employee is under the influence of alcohol or drugs while on duty
- Post - injury

The following will result in disciplinary action up to and including termination of employment:

- Drug screen results that are positive (based on federally prescribed cut-off levels) for prohibited drugs
- Alcohol screen results that indicate an alcohol level of 0.04% or greater
- Refusal to participate in the screening process

Workplace Violence

Outsource Telecom / Building Technology Staffing strongly believes that all employees should be treated with dignity and respect. Acts of violence will not be tolerated. Any instances of violence must be reported to the associate's supervisor and/or the Human Resources Department. All complaints will be fully investigated.

The Company will promptly respond to any incident or suggestion of violence. Violation of this policy will result in disciplinary action, up to and including immediate termination.

Safety

Outsource Telecom / Building Technology Staffing works with the goal in mind of ensuring that you are provided a safe and healthy work environment. Although we will never knowingly allow your assignment to continue in unsafe working conditions, sometimes unsafe situations or accidents occur. If your job description and/or duties change or if you feel your work environment is unsafe, **please contact us immediately.**

Employees are responsible for attending scheduled safety meetings; complying with safe and healthy work practices described in Outsource Telecom / Building Technology Staffing Illness and Prevention Program; utilizing all office equipment safely in accordance with their design and immediately reporting any potentially unsafe conditions to the Program Administrator.

If an associate is injured on the job, Outsource Telecom / Building Technology Staffing provides coverage and protection in accordance with the Worker's Compensation Law. When an injury is sustained while at work, it must be reported immediately to the associate's supervisor, who in turn will notify Human Resources of the incident.

Failure to report accidents is a serious matter as it may preclude an associate's coverage under Worker's Compensation Insurance.

Top Reasons Why our Technicians Get Fired

1. Poor Work Ethic
2. Standing around with your hands in your pocket
3. Too Slow
4. Too many Cigarette Breaks
5. Bad Attitude
6. Attendance
7. Tardiness
8. Leaving Early
9. Too Many Days Off
10. Tools
11. Too Much Fraternizing
14. Overstating Technical Ability

Employee Information

I understand and agree to the following: (Initial by each item and sign at the bottom)

1. _____ I will review the Employee Handbook (located on the Outsource Telecom and Building Technology Staffing perspective websites or by contacting an Outsource Telecom / Building Technology Staffing representative) within 5 days of signing this agreement and agree to abide by the policies outlined there in.
2. _____ I have read and understand the information in this packet:
3. _____ I understand that my employment with Outsource Telecom / Building Technology Staffing and assignments at our client companies are considered "at-will". I understand that either party can terminate assignments at any time with or without cause.
4. _____ I understand that, in the course of my temporary assignments with Outsource Telecom / Building Technology Staffing Clients, I will be expected to drive my own vehicle (whether privately owned, rented, or leased). I hereby warrant and represent that I have a valid driver's license with a clean driving record, and that I have and will maintain appropriate liability insurance as required by law.
5. _____ I agree to indemnify and hold harmless Outsource Telecom / Building Technology Staffing, their Clients, their agents and employees, from and against all loss and expense that may be incurred as a result of my operation of a vehicle, including claims for bodily injury or property damage.
6. _____ I authorize Outsource Telecom / Building Technology Staffing to request and obtain all records regarding any industrial accident/ injury or occupation disease involving myself and Outsource Telecom / Building Technology Staffing. This is to include doctor's reports, follow-up reports, nurse's notes, medical bill, test results, etc. A facsimile or photo static copy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me.
7. _____ I understand that I am being hired by Outsource Telecom / Building Technology Staffing to work at various job sites. I understand that my compensation at these sites will depend upon my performance and that I will be compensated accordingly.
8. _____ I understand I need to call my recruiter: Within 48 hours of the end of my assignment, if I'm going to be late or can not go to an assignment, if I've been injured, if I have a safety concern, if I need time off, if I change my address or phone number, if I have been offered regular full time employment from our client and if I have any issues or concerns with your assignment, supervisor or co-workers.
9. _____ I understand that my timecards are due no later than 5 pm every Monday.
10. _____ If an adjustment is necessary on my check or timecard or if I have been denied any type of earnings I will contact Outsource Telecom / Building Technology Staffing immediately. Timecards or payments may be disputed within thirty days after receipt. After that time, I release Outsource Telecom/ Building Technology Staffing and the client company from any liability for those hours, wages or any other compensation.
11. _____ I understand that a stop payment will not be issued on any mailed paychecks prior to 10 business days from the date of the check.

ACKNOWLEDGMENT

Please read and sign below:

I acknowledge that I will review the Outsource Telecom//Building Technology Staffing Temporary Employee Handbook (located online at www.outsourcetelecom.com and www.buildingtechnologystaffing.com or by contacting an Outsource Telecom/ Building Technology Staffing representative) within 5 days of signing this agreement and agree to abide by the policies outlined there in. I agree to read it thoroughly, including the statements in the introduction describing the purpose and effect of the Handbook. I agree that if there is any policy or provision in the Handbook that I do not understand, I will seek clarification from the Human Resources Department. I understand that Outsource Telecom/ Building Technology Staffing is an "at will" employer and, as such, employment with Outsource Telecom/ Building Technology Staffing is not for a fixed term or definite period and may be terminated at any time at the will of either party, with or without cause, and with or without prior notice. No supervisor or other representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to at will employment except for the CEO or President of the Company and then only expressly in writing signed by one of them. In addition, I understand that this Handbook states Outsource Telecom/ Building Technology Staffing policies and practices in effect on the date of publication. I understand that nothing contained in the Handbook may be construed as creating a promise of future benefits or a binding contract with Outsource Telecom/ Building Technology Staffing for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified or terminated by the Company at any time, without prior notification. I understand that I can request an amended Handbook at any time.

Date: _____

Signature: _____

Print Name: _____

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

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

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

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

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

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

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	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
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** _____
 For accuracy, complete all worksheets that apply.
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2010
1 Type or print your first name and middle initial. Last name		2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability . If you meet both conditions, write "Exempt" here ► 7 _____				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ►		Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." **2** _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it 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.



AUTHORIZATION For BACKGROUND INVESTIGATION



To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with Outsource Telecom.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): ____ / ____ / ____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issue: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number and email address where we may contact you.

Phone: (____) _____ - _____ Cell: (____) _____ - _____

Email Address: _____

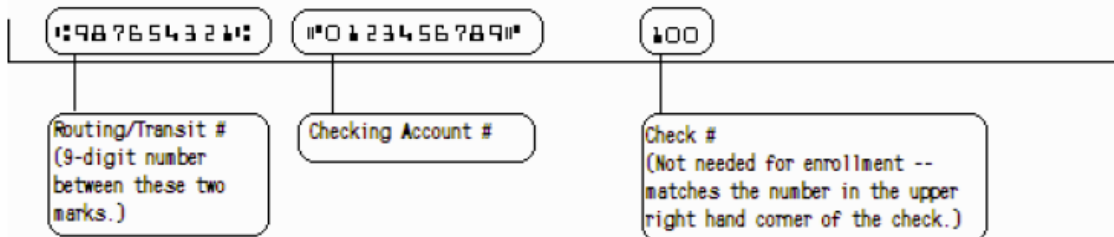
Signature: _____ Date: ____ / ____ / ____

California, Minnesota and Oklahoma Residents Only:	
If a consumer background report is ordered, would you like a free copy of the report mailed to your home?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature: _____	Date: ____ / ____ / ____

Outsource Telecom/Building Technology Staffing Direct Deposit Enrollment Form

To enroll in Direct Deposit, complete this form and submit it to your branch office. Attach a voided check for each checking account – **not a deposit slip**. If depositing to a savings account, or if you do not have checks, ask your bank for an official direct deposit form or print out that includes your routing/transit number and your account number.

Below is a sample check MICR line, detailing where the information needed to complete this form can be found.



Please read and sign before completing:

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

Be sure to indicate what type of account, along with amount to be deposited if less than your total net paycheck.

Bank Name _____ City & State _____

Routing/Transit # _____ Account # _____

Checking Savings Other (loan) \$ Amt to Deposit: _____ or Entire Net

Bank Name _____ City & State _____

Routing/Transit # _____ Account # _____

Checking Savings Other (loan) \$ Amt to Deposit: _____ or Entire Net

Bank Name _____ City & State _____

Routing/Transit # _____ Account # _____

Checking Savings Other (loan) \$ Amt to Deposit: _____ or Entire Net

EMPLOYEE STATEMENT

This will certify, I have read a copy of the company "Safety Policy/Rules and Guidelines." These have been reviewed with me and I understand and will be guided by them throughout my employment.

I understand that violation of these rules could endanger me or others. Furthermore, I am aware that if I do not abide by these rules, I could be dismissed from my job.

In addition, I certify that in case I am injured while in the course of my work, I will report the injury to my supervisor immediately and will obtain a Medical Treatment Authorization slip or verbal authorization from the company before reporting to the doctor for medical attention. I also agree to obtain first aid for every injury, no matter how slight, to preclude further injury or avoid infection. I also understand the company policy of returning the Employee's Claim Form (DWC-1) within three (3) days.

Furthermore, I understand the use of DRUGS AND/OR INTOXICATING BEVERAGES IS PROHIBITED and that I may be checked for drugs and/or alcohol if I am injured on the job and go to the clinic for medical treatment.

My signature certifies that I have read (or have been read to) and understand these Safety Instructions and agree to abide by them.

Print Employee's Name

Employee's Signature

Date

Witness's Signature

Date

Title of Witness

***These rules were provided to and reviewed with, _____;
however, he/she declined to sign this certificate.***

Supervisor's Name

Date

(Instructions to our office personnel-- this original is to be filed in the employee personnel file.)