Section 2 - Employee Information

Employee Legal Name _____ (Last) _____ (First) ___ (MI) SS No. _____

Address _____ (City) _____ (State) _____ (Zip)

Email _____ Telephone _____ Date of Birth _____

Are you prevented from lawfully being employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Section 3 - EEO Statement

Voluntary completion of this section will assist us in complying with the U.S. Equal Employment Opportunity Commission reporting requirements. We adhere to a policy of providing equal employment opportunities without regard to race, color, sex, religion, national origin, age, disability/handicap, marital status and any other classification protected under applicable federal, state, or local law.

Gender: ☐ Female ☐ Male

Ethnicity: ☐ White ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ Asian
☐ Hispanic/Latino ☐ Indian or Alaskan Native ☐ Two or more races ☐ I prefer not to disclose

Section 4 - Tax Reporting

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
2018

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ 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. ▶ ☐
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 2018, 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 (This form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
WELCO One, LLC		46-4089747

For instructions on filling out W-4 go to https://www.irs.gov/pub/irs-pdf/fw4.pdf

Section 5 - Workers' Compensation Questionnaire

	Yes	No
1. Have you ever received treatment for a head injury, back, neck or knee condition?	☐	☐
2. Has any injury ever prevented you from gainful employment?	☐	☐
3. Have you ever had an injury on the job?	☐	☐
4. Have you ever received a disability rating for any reason?	☐	☐
5. Have you ever received compensation or medical benefits under workers' compensation?	☐	☐

Please Read The Following Statements Before Signing Below

I, the undersigned employee (utilized individual), in consideration of my hiring by WELCO ONE, LLC. ("PEO") as an at-will employee, acknowledge and agree to the agreements made available for my review at www.worksiteemployee.com/employeeenrollment. Further, I agree that a handbook is made available to me electronically and acknowledge receipt of said handbook. Should I sign this form and/or complete PEO's utilized individual paperwork and never be accepted as a utilized individual of PEO, this form shall be null and void and PEO shall have no obligation to pay me or to in any manner treat me as a utilized individual. Additionally, should I never have payroll reported for me by Client to PEO, or should there be any period of time where payroll is not reported for me for two consecutive payroll periods without Client having informed PEO that I am on a leave of absence or on an approved PTO, vacation or sick leave, to the extent allowed by law, PEO shall have no obligation to pay me for such periods and therefore, said utilized individual is no longer covered by workers' compensation and is considered terminated without any further notice required.

Introductory Period Agreement: All new employees (whether full or part-time) are in an introductory status during their initial 90 days of employment. At any time during this period, either you or your co-employer may decide to terminate your employment for any reason allowed by law. Completion of the introductory period will not result in any employment contract for any specific term, nor will it confer any additional employment right upon any employee.

Date: _____ Employee Name: _____ Employee Signature: _____

Client All Pro Wallcovering, Inc. DBA _____

WORKSITE
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EMPLOYEE HEIGHTS AND SAFETY AFFIDAVIT

I hereby attest that as an employee of All Pro Wallcovering, Inc. (full legal name of client company), I do not and will not perform any work in excess of 15 feet in height under any circumstances. Furthermore, my employer does provide OSHA approved fall restraint systems, and should I work at heights greater than six feet, I will utilize a proper restraint system that conforms to OSHA standards.

I understand that if I, as an employee of All Pro Wallcovering, Inc. (full legal name of client company), am injured as a result of working above these height restrictions or without a proper fall restraint system, I may not be covered by workers' compensation insurance under the employer's policy.

Employee

Name: _____

Signature: _____ Date: _____

Employer Authorized Officer

Name: _____

Signature: _____ Date: _____

01-1151

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DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFORMATION

Employee Name:
Social Security Number:
Employer: All Pro Wallcovering, Inc.

PLEASE CHECK ONE:

O New/Replace existing account on file
O Add to existing account on file
O Cancel / Stop

COMPLETE FOR DIRECT DEPOSIT

Account 1

Bank Name: _____

Routing Number: _____

Account Number: _____

O Checking O Savings

O Entire Net Pay

O Percentage of Net Pay_____%

O Specific Dollar Amount $_____

Account 2

Bank Name: _____

Routing Number: _____

Account Number: _____

O Checking O Savings

O Entire Net Pay

O Percentage of Net Pay_____%

O Specific Dollar Amount $_____

Please attach a voided check or deposit slip for verification of bank data.

COMPLETE FOR RAPID PAYCARD

I authorize Worksite Employee Leasing to deposit my wages on to my Rapid PayCard. I agree to the terms and conditions of the Rapid PayCard Program including any transaction fees.

I wish to deposit (select one):

O Entire Net Pay O Percentage of Net Pay_____% O Specific Dollar Amount $_____

Please print the address where the Rapid PayCard should be mailed:

Street Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____

EMPLOYEE AUTHORIZATION

I hereby authorize Worksite Employee Leasing to deposit my earnings directly into my checking and/or savings account(s) as indicated above and agree that such credit to these accounts constitutes payment and receipt by me. Worksite Employee Leasing reserves the right to recall funds sent in error and to interrupt or discontinue direct deposits and issue live checks to any and all employees at any time for any reason. I am always responsible for verifying that funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from this account. I am aware that this authority will remain in full effect until Worksite Employee Leasing receives ten (10) days prior written notification from me of change or termination.

Employee Signature: _____ Date: _____

By signing above, I am agreeing that I am either the account holder or have authority of the account holder to authorize Worksite Employee Leasing to make direct deposits into the above account(s).

WELCO USE ONLY

Received by:	Processed by:
Date:	Date: