

Drake Staffing Employment Application

<p>Last Name Westerlund</p> <p>Street Address Greenwood Ave</p> <p>Home Phone 474 725 3495</p> <p>Alternate Local Contact Name: </p>	<p>First Name Taylor</p> <p>City Atlanta</p> <p>State GA</p> <p>Zip Code 30308</p> <p>Work Phone </p> <p>Ext. </p> <p>Are you legally authorized to work in the United States? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Hourly wage ?</p> <p>Shift Preference 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/></p> <p>Have transportation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Acceptable commuting distance: 10 miles</p>
<p>Job you are applying for: Give 1st and 2nd choice</p> <p>1) Server</p> <p>2) Bar tender</p> <p>How did you hear about Drake Staffing? Refined Ref</p> <p>Were you ever convicted of a felony? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, explain: </p>	
<p>Last day of work: 7/12/15</p> <p>Date you can start: Immediately</p> <p>Social Security Number: 543 36 3725</p>	
<p>Previous Employment: (Please list most recent first)</p>	
<p>5 Seasons Restaurant & Brewery</p>	
<p>Employment Dates: From: 2/13 To: 16/15</p>	
<p>Supervisor: Stephen Hardin</p>	
<p>Duties: Server / Bartender</p>	
<p>City: Atlanta State: GA</p>	
<p>Reason Left: MISSED A SHIFT</p>	
<p>Company Phone: ?</p>	
<p>Hourly Pay Rate: 2.13/hr - tips</p>	
<p>Placed through temp service Y/N</p>	
<p>Season + Bistro</p>	
<p>Employment Dates: From: 5/19 To: 6/12</p>	
<p>Supervisor: Daniel Huska</p>	
<p>Job Title: Server / Manager</p>	
<p>Reason Left: Restaurant was sold</p>	
<p>Hourly Pay Rate: 2.13 hr - 15/hr</p>	
<p>Placed through temp service Y/N</p>	
<p>Red Lion</p>	
<p>Employment Dates: From: 3/10/0 To: 14/08</p>	
<p>Supervisor: Greg Grindon</p>	
<p>Job Title: Server</p>	
<p>Reason Left: Restaurant was sold</p>	
<p>Placed through temp service Y/N</p>	
<p>Melting Pot Restaurant</p>	
<p>Employment Dates: From: 4/10/1 To: 1/16/0</p>	
<p>Supervisor: Justin Santoro</p>	
<p>Job Title: Server</p>	
<p>Reason Left: Moved</p>	
<p>Duties: Server in an upscale fondue restaurant</p>	

Education	School Name	City / State	Major	Graduated
High School	Venice High	Venice FL	General	Yes
Vocational				
College	University of Florida	Gainesville FL	Journalism / History	No
Other				

Co-Workers or Friends Seeking Other Employment

Name	Telephone Number	Type of Work

Drake Staffing

It is the intent and resolve of Drake Staffing to comply with the state and federal requirements and spirit of the law in the implementation of all facets of equal opportunity and affirmative action. In the recruitment, selection, training, utilization, promotion, termination, or any other personnel action, there will be no discrimination on the basis of race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, marital status, pregnancy, arrest or conviction record, use or non-use of lawful products off premises, or membership in the national guard, state defense or any reserve component of the military forces of the United States.

Applicant Statement of Disclosure, Authorization and Consent

I hereby declare that all statements contained in this application are true and correct and understand that false, inaccurate, or incomplete information, or omissions on the application will be basis for rejection or may be cause for subsequent termination if I am hired. I hereby authorize DRAKE STAFFING to investigate my background and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I also understand and agree that I may be expected to work on a wide variety of job assignments in the Albany area and agree to accept assignments for which I am qualified as they become available. I also understand that my failure to report for work will indicate that I have quit.

I hereby authorize and give full permission to have DRAKE STAFFING and/or their company physician send a specimen of my urine and/or blood to a laboratory for screening tests for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me for interfering with my obtaining a job or continuing employment by not submitting to the tests or as a result of the report of the test. This includes, but is not limited to, possible clerical or laboratory error. This policy and authorization has been explained to me in a language I understand, and I have been told that, if I have any questions, they will be answered. I understand this is a legal and binding document because DRAKE STAFFING is sending me for the examinations and paying, therefore, I understand that DRAKE STAFFING may require a drug screen or alcohol test whenever an on the job accident or injury is reported in accordance with DRAKE STAFFING's policy and this authorization and consent.

I hereby authorize DRAKE STAFFING to examine any and all criminal records and arrests on file in the counties of the State of GA or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

Signature

Date

10/21/15

For Office Use Only

Temp Direct Temp to Direct

Bartender, Bus, Bike. Wants to work in Downton Bidtown Buckhead area. Can start ASAP.
Heard about us on craigslist.
Has full service attire.
Open schedule except for Sunday.

Cert. carry tray.

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000.00.

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 can 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. 505 for information on converting your other credits into withholding allowances.

Personal Allowances Worksheet (Keep for your records.)

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

- 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 Enter "1" if:

- You are married, have only one job, and your spouse does not work; or
- 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 Enter "1" for your spouse.

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

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

F Enter "-1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

G Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

H Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

I Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

J Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

K Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

L Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

M Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

N Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

O Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

P Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

Q Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

R Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

S Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

T Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

U Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

V Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

W Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

X Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

Y Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

Z Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit.

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

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

Form W-4

Department of the Treasury

Internal Revenue Service

subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

2014

1 Your first name and middle initial

Last name

Home address (number and street or rural route)

City or town, state, and ZIP code

3 Single Married Married, but withheld at higher Single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2014, 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.

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.) ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

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. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4, 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. 505 for details.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505 especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married). Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE	
1a. YOUR FULL NAME <u>Lauren Westerveld</u>	1b. YOUR SOCIAL SECURITY NUMBER <u>593 36 3725</u>
2a. HOME ADDRESS (Number, Street, or Rural Route) <u>449 Greenwood Ave</u>	2b. CITY, STATE AND ZIP CODE <u>Atlanta GA 30308</u>
PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3-8	
(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)	
A. Single: Enter 0 or 1 []	
B. Married Filing Joint, both spouses working: Enter 0 or 1 []	
C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2 []	
D. Married Filing Separate: Enter 0 or 1 []	
E. Head of Household: Enter 0 or 1 []	
WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES (Must be completed in order to enter an amount on step 5)	
1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION: Yourself: <input type="checkbox"/> Age 65 or over <input type="checkbox"/> Blind	
Spouse: <input type="checkbox"/> Age 65 or over <input type="checkbox"/> Blind	
Number of boxes checked _____ x 1300 _____ \$ _____	
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:	
A. Federal Estimated Itemized Deductions	
B. Georgia Standard Deduction (enter one):	
Each Spouse \$1,500	
C. Subtract Line B from Line A. \$ _____	
D. Allowable Deductions to Federal Adjusted Gross Income \$ _____	
E. Add the Amounts on Lines 1, 2C, and 2D \$ _____	
F. Estimate of Taxable Income not Subject to Withholding \$ _____	
G. Subtract Line F from Line E (if zero or less, stop here) \$ _____	
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above \$ _____	
(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)	
7. LETTER USED (Marital Status A, B, C, D, or E) TOTAL ALLOWANCES (Total of Lines 3-5) _____	
8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.	
a) I claim exemption from withholding because I incurred no Georgia income tax liability this year. Check here <input type="checkbox"/>	
b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt. Check here <input type="checkbox"/>	
I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.	
Employee's Signature <u>Lauren Westerveld</u>	
Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.	
9. EMPLOYER'S NAME AND ADDRESS: _____	
EMPLOYER'S FEIN: _____	

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.