

Drake Staffing Employment Application

Last Name Westerlund	First Name Jayson	Middle Initial
Street Address 449 Greenwood Ave	City Atlanta	State GA
Home Phone 404 725 3495	Work Phone	Ext.
Alternate Local Contact Name:	Phone:	Are you legally authorized to work in the United States? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Job you are applying for: Give 1st and 2nd choice 1) Server 2) Bar tender		Hourly wage ? Shift Preference 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Have transportation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Acceptable commuting distance 18 miles
How did you hear about Drake Staffing? Cheryl's brother's brother	Why are you available now? im not employed	
Were you ever convicted of a felony? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain.		
Last day of work: 10/12/15	Date you can start: Immediately	Social Security Number: 543 36 3725

Previous Employment: (Please list most recent first)

5 Seasons Restaurant & Brewery	City: Atlanta	State: GA
Employment Dates: From: 2/13 To: 10/15	Company Phone: ?	Placed through temp service Y/N <input checked="" type="checkbox"/>
Supervisor: Stephen Hardin	Hourly Pay Rate: 2.13/hr - tips	
Job Title: Server / bartender	Reason Left: missed a shift	
Duties: Server in a faced faced Gastro Pub, worked special events, weddings, expos, parties as a server, bar, table cuisine, worked special events, weddings, expos, parties as a server, bar, table		
Pearson + Bistro	City: Atlanta	State: GA
Employment Dates: From: 5/9 To: 10/12	Company Phone: ?	Placed through temp service Y/N <input checked="" type="checkbox"/>
Supervisor: Daniel Huskey	Hourly Pay Rate: 2.13/hr - 15/hr	
Job Title: Server / manager	Reason Left: Restaurant was sold	
Duties: Served / managed in an upscale French Bistro, served for special events - banquets, weddings, and Atlanta world congress events		
Red Fish	City: Atlanta	State: GA
Employment Dates: From: 3/00 To: 1/4/08	Company Phone: ?	Placed through temp service Y/N <input checked="" type="checkbox"/>
Supervisor: Greg Hardon	Hourly Pay Rate: 2.13 hr	
Job Title: Server	Reason Left: restaurant was sold	
Duties: Server in an upscale Cajun / Creole restaurant		
Melting Pot Restaurant	City: Atlanta	State: GA
Employment Dates: From: 4/01 To: 1/10/10	Company Phone: ?	Placed through temp service Y/N <input checked="" type="checkbox"/>
Supervisor: Justin Santoro	Hourly Pay Rate: 2.13/hr	
Job Title: Server	Reason Left: Moved	
Duties: Server in an upscale fance restaurant		

Education	School Name	City / State	Major	Graduated
High School	Venice High	Venice FL	General	yes
Vocational				
College	University of Florida	Gainesville FL	Jacksonson / 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 they 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

[Handwritten Signature]

Date

10 / 21 / 15

For Office Use Only

Temp ☐ Direct ☐ Temp to Direct ☐

Butterfield Bus / Bike - Wants to work in Downtown
Vidiotown Buckhead area. Can start asap.
Heard about us on craigslist.
Has full serving attire.
Open schedule except for Sunday.

Can 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 \$1,000,000.

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.

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-4e.

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. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1382, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	1
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 \$2,000 of child or dependent care expenses for which you plan to claim a credit.	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. • If your total income will be between \$85,000 and \$94,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. • 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.	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	

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2014

▶ 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.

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 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. ▶	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)

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <u>ALISA WESSTERLUND</u>	1b. YOUR SOCIAL SECURITY NUMBER <u>593 36 3225</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

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1 1B. Married Filing Joint, both spouses working: 1

Enter 0 or 1

C. Married Filing Joint, one spouse working: 1

Enter 0 or 1 or 2

D. Married Filing Separate: 1

Enter 0 or 1

E. Head of Household: 1

Enter 0 or 1

4. DEPENDENT ALLOWANCES 15. ADDITIONAL ALLOWANCES 1

(Worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
(Must be completed in order to enter an amount on step 5)Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind Number of boxes checked x 1300 \$

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions \$B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300Each 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)

(Employer: The letter indicates the tax tables in the Employer's Tax Guide)

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 last year and I do not expect to have a Georgia income tax liability this year. Check here ☐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 ☐

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 ALISA WESSTERLUNDDate 10/21/15

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: EMPLOYER'S WH#:

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.