

**Drake Staffing**  
**Employment Application**

Last Name Street Address Home Phone	First Name City Work Phone	Middle Initial State Ext.	Zip Code Work Hours
Alternate Local Contact Name: <b>MATHURIN</b> Phone: <b>770-762-0545</b>		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) 2)		Shift Preference 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
How did you hear about Drake Staffing?		Why are you available now? <b>12-09-2016</b>	
Were you ever convicted of a felony? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain.		Have transportation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Last day of work	Date you can start	Social Security Number <b>674-015550</b>	
Previous Employment: (Please list most recent first)			
Employment Dates: From: <b>12-09-2016</b> To:	City: <b>SCOTTSDALE</b>	State: <b>GA.</b>	Placed through temp. service Y/N
Supervisor:	Hourly Pay Rate: <b>11</b>		
Job Title:	Reason Left:		
Duties:	<b>Please see my resume.</b>		
Employment Dates: From: To:	City:	State:	Placed through temp. service Y/N
Supervisor:	Hourly Pay Rate:		
Job Title:	Reason Left:		
Duties:			
Employment Dates: From: To:	City:	State:	Placed through temp. service Y/N
Supervisor:	Hourly Pay Rate:		
Job Title:	Reason Left:		
Duties:			

Education	School Name	City / State	Major	Graduated
High School	Haiti of USA			yes
Vocational				
College				
Other				

Co-Workers or Friends Seeking Other Employment

Name	Telephone Number	Type of Work
HOPE	(414) 403-1654	2011 VEV
MICHAEL	470-933-1217	COOKING
RE GENE	209-520-0263	COOKING

### Drake Staffing

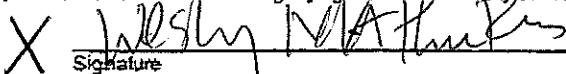
It is the intent and resolve of Drake Staffing to comply with the state and federal requirements and spirit of the law in the implementation of all facets of equal opportunity and affirmative action. In the recruitment, selection, training, utilization, promotion, termination, or any other personnel 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

11-30-2016

### For Office Use Only

Temp  Direct  Temp to Direct

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# 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. -----

Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Form W-4	Department of the Treasury Internal Revenue Service	2018
► 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 <i>Wesley MATHURIN</i>	Last name <i>MATHURIN</i>	2 Your social security number <i>674-01-5550</i>
Home address (number and street or rural route) <i>8 Pon Ce De Leon Ave</i>	3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code <i>SCOTTDALE, GA. 30079</i>	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 <input type="checkbox"/> 1	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 <input type="checkbox"/> \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no tax liability, and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no tax liability.</b>	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.) ► *Wesley MATHURIN*

Date ► *08-16-2018*

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.) *Wesley MATHURIN*

9 First date of employment

10 Employer identification number (EIN)



## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <i>Wesley Mathurin</i>	1b. YOUR SOCIAL SECURITY NUMBER <i>674-01-5550</i>
2a. HOME ADDRESS (Number, Street, or Rural Route) <i>3328 E Ponce De Leon AV</i>	2b. CITY, STATE AND ZIP CODE <i>SOCIALDALE, GA. 30079</i>

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 4. DEPENDENT ALLOWANCES 

B. Married Filing Joint, both spouses working:

Enter 0 or 1 

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2 5. ADDITIONAL ALLOWANCES 

(Worksheet below must be completed)

D. Married Filing Separate:

Enter 0 or 1 

E. Head of Household:

Enter 0 or 1 

6. ADDITIONAL WITHHOLDING \$ \_\_\_\_\_

## 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:  Age 65 or over  Blind

Number of boxes checked \_\_\_\_\_ x 1300 \_\_\_\_\_ \$ \_\_\_\_\_

Spouse:  Age 65 or over  Blind

## 2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300

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) \_\_\_\_\_

(Employer: The letter indicates the tax tables in 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 *Wesley Mathurin*Date *08-16-2018*

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 NAME: \_\_\_\_\_

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.



Please Read Carefully, Initial Each Paragraph and Sign Below

W.M. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

W.O.Y. I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

W.M. I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

W.O.Y. I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

W.O.Y. Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature

Date 08-16-2018