

DRIVER QUALIFICATION FILE
CHECK OFF LIST

- _____ DRIVERS APPLICATION
- _____ PREVIOUS EMPLOYMENT DRUG AND ALCOHOL INFORMATION REQUEST
- _____ PREVIOUS DRUG AND ALCOHOL TEST STATEMENT
- _____ SINGLE DRIVER LICENSE CERTIFICATION
- _____ STATEMENT OF ON DUTY TIME PRIOR 7 DAYS
- _____ ANNUAL REVIEW OF DRIVING RECORD
- _____ RECORD OF VIOLATIONS/DRIVERS CERTIFICATION
- _____ COPY OF DMV PRINT OUT (30) DAYS CURRENT (3) YEAR MINIMUM
- _____ W-4
- _____ PAYCHECK AUTHORIZATION
- _____ COPY OF CDL
- _____ COPY OF MEDICAL CARD – FRONT AND BACK
- _____ COPY OF SOCIAL SECURITY CARD
- _____ PRE-EMPLOYMENT DRUG SCREEN
- _____ DRUG AND ALCOHOL PROGRAM
- _____ EMPLOYEE TRAINING HANDOUT
- _____ ADDED TO PULL NOTICE PROGRAM
- _____ RECORD OF ROAD TEST
- _____ CERTIFICATE OF ROAD TEST
- _____ DRIVER PROFICIENCY AND AUTHORIZATION OF VEHICLES FORM

**DAN PALMER TRUCKING, INC.
4710 LOCUST RD.
ANDERSON, CA 96007**

APPLICATION FOR EMPLOYMENT: (A) Except as provided in subpart G of this part, a person shall not drive a commercial motor vehicle unless he/she has completed and furnished the motor carrier that employs him/her with an application for employment that meets the requirement of paragraph (b) or this section.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

(PLEASE PRINT AND ANSWER ALL QUESTIONS)

DATE OF APPLICATION: _____

APPLICANT NAME: _____
LAST
FIRST
MIDDLE

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

THE ADDRESS AT WHICH YOU HAVE RESIDED DURING THE 3 YEARS PRECEDING THE DATE ON WHICH THIS APPLICATION IS SUBMITTED:

CURRENT ADDRESS: _____
STREET
CITY
STATE
ZIP CODE
PHONE
HOW LONG?

PREVIOUS ADDRESSES: _____
STREET
CITY
STATE & ZIP
HOW LONG?

STREET
CITY
STATE & ZIP
HOW LONG?

STREET
CITY
STATE & ZIP
HOW LONG?

ARE YOU CURRENTLY EMPLOYED: _____ IF NOT, DATE OF LAST EMPLOYMENT: _____
 REASON FOR LEAVING: _____

HIGH SCHOOL GRADUATE? _____ IF NOT, HIGHEST GRADE COMPLETED: _____
 COLLEGE? _____ YEARS COMPLETED: _____ DEGREE? _____ TYPE: _____

CURRENT LICENSE HELD: _____
LICENSE NO.
STATE
TYPE/CLASS
EXPIRATION

LIST ANY OTHER UNEXPIRED LICENSES YOU CURRENTLY HOLD: (IF NON, WRITE NONE)

LICENSE NO.
STATE
TYPE/CLASS
EXPIRATION

LICENSE NO.
STATE
TYPE/CLASS
EXPIRATION

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE 3 YEARS PRECEDING THE DATE OF APPLICATION, SPECIFYING THE DATE AND NATURE OF EACH ACCIDENT AND ANY FATALITIES OR PERSONAL INJURIES IT CAUSED. (LIST MOST RECENT FIRST, IF NON, WRITE NONE)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN VIOLATIONS INVOLVING ONLY PARKING) OF WHICH YOU WERE CONVICTED OR FOREITED BOND OR COLLATERAL DURING THE 3 YEARS PRECEDING THE DATE OF APPLICAION.

DATE	LOCATION	CHARGE	PENALTY

IF NECESSARY LIST ADDITIONAL ON BACK OF PAGE

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES LISTED BELOW.

STRAIGHT TRUCK: _____ Type	FROM: _____ Dates	TO: _____ Dates	APPROX. NO. OF MILES : _____
TRACTOR & SEMI-TRAILER: _____ Type	FROM: _____ Dates	TO: _____ Dates	APPROX. NO. OF MILES : _____
TRACTOR – DOUBLES: _____ Type	FROM: _____ Dates	TO: _____ Dates	APPROX. NO. OF MILES : _____
BUSES: _____ Type	FROM: _____ Dates	TO: _____ Dates	APPROX. NO. OF MILES : _____
OTHER: _____ Type	FROM: _____ Dates	TO: _____ Dates	APPROX. NO. OF MILES : _____
SPECIALTY EQUIP.: _____ Type	FROM: _____ Dates	TO: _____ Dates	APPROX. NO. OF MILES : _____

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

LIST ANY TRAINING SOURCES AND SAFETY AWARDS RECEIVED AND BY WHOME: _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES _____ NO _____

HAVE YOU EVER HELD A DRIVERS LICENSE IN ANY NAME OTHER THAN THE ONE YOU LISTED ON FIRST PAGE OF THIS APPLICATION? YES _____ NO _____ IF YES, PLEASE LIST NAMES USED: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE EXPLAIN: _____

APPLICANT MUST READ AND SIGN BELOW

MY SIGNATURE BELOW CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT THE ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MY SIGNATURE FURTHER CERTIFIES THAT I UNDERSTAND AS A MOTOR CARRIER YOU ARE REQUIRED TO CONTACT MY PREVIOUS EMPLOYERS FOR THE PURPOSE OF INVESTIGATING MY BACKGROUND AS REQUIRED BY FEDERAL CODE OF REGULATIONS PART 391.23. I HEREBY RELEASE ANY PERSON(S) OR ENTITIES FROM ALL LIABILITY IN RESPONDING TO INQUIRIES AND RELEASING INFORMAITON IN CONNECTION WITH MY APPLICATION.

DATE: _____

APPLICANT SIGNATURE: _____

PLEASE LIST ALL PREVIOUS EMPLOYERS DURNING THE 3 YEARS PRECEDING THE DATE OF APPLICATION, TOGETHER WITH THE DATES YOU WERE EMPLOYED AND YOUR REASON FOR LEAVING ;

FOR THOSE DRIVERS APPLYING TO OPERATE COMMERCIAL MOTOR VEHICLES AS DEFINED BY THE FEDERAL CODE OF REGULATIONS, LIST THE NAMES AND ADDRESSES OF YOUR EMPLOYERS DURING THE 7 YEAR PERIOD PRECEDING THE 3 YEARS LISTED ABLOVE, FOR WHICH YOU WERE AN OPERATOR OF A COMMERCIAL MOTOR VEHICLE, TOGETHER WITH THE DATES OF EMPLOYMENT AND THE REASONS FOR LEAVING SUCH EMPLOYMENT:

START WITH THE MOST RECENT EMPLOYER AND WORK BACK TO THE MOST DISTANT. (ADD ANOTHER SHEET IF NECESSARY)

1. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____
CONTACT PERSON: _____ PHONE: _____ FAX: _____
POSITION HELD: _____ REASON FOR LEAVING: _____

2. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____
CONTACT PERSON: _____ PHONE: _____ FAX: _____
POSITION HELD: _____ REASON FOR LEAVING: _____

3. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____
CONTACT PERSON: _____ PHONE: _____ FAX: _____
POSITION HELD: _____ REASON FOR LEAVING: _____

4. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____
CONTACT PERSON: _____ PHONE: _____ FAX: _____
POSITION HELD: _____ REASON FOR LEAVING: _____

5. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____
CONTACT PERSON: _____ PHONE: _____ FAX: _____
POSITION HELD: _____ REASON FOR LEAVING: _____

6. EMPLOYER NAME: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIO: _____
CONTACT PERSON: _____ PHONE: _____ FAX: _____
POSITION HELD: _____ REASON FOR LEAVING: _____

PREVIOUS EMPLOYMENT, DRUG AND ALCOHOL INFORMATION REQUEST

TO FORMER EMPLOYER: Federal Motor Carrier Safety Regulations, Parts 391.23 and 382.413, require that a motor carrier obtain previous employment information. Therefore, you are hereby authorized to release to DAN PALMER TRUCKING, INC., any and all information regarding my duties, character, conduct, positive drug or alcohol results, or refusal to submit to required testing including verified adulterated or substituted test results while in your employ.

Applicant Signature: _____ Date: _____

_____ APPLICANTS DO NOT WRITE BELOW THIS LINE _____

To: _____ Fax: _____

Address: _____ Date: _____

Applicant Name: _____ SS#: _____

Has made application to this company for a position as truck driver and states that he/she was employed by your company as a truck driver from _____ to _____
We appreciate your help in completing this form. You can return it to fax number (530) 365-6337.

1. Are dates of employment correct as stated above? Yes ___ No ___ If no, please correct dates from _____ to _____
2. Was applicant employed: Full Time ___ Part Time ___ Seasonal ___
3. What type of tractor was driven? Semi-Tractor ___ 2 Axle ___ 3 Axle ___ Conven ___ Cabover ___
4. What type of trailer(s) pulled? Flat ___ Van ___ End Dump ___ Low Bed ___
Other: _____
5. What geographical areas did applicant travel? _____
6. Number of accidents? _____ Preventable accidents? _____
7. Do you consider this person a safe driver? Yes ___ No ___ Was his/her general conduct satisfactory? Yes ___ No ___ If no explain: _____
8. Eligible for re-employment? _____ Why did he/she leave? _____
9. Did this applicant ever test positive for a controlled substance in the last two years? Yes ___ No ___
10. Has the applicant ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last 2 years? Yes ___ No ___
11. Has applicant ever refused a required test for drug or alcohol including verified adulterated or substituted drug tests in the last 2 years? Yes ___ No ___
12. Has applicant committed other violations of DOT agency drug and alcohol testing requirements? Yes ___ No ___
13. If applicant has violated a DOT drug and alcohol regulation, do you have documentation of the employees successful completion of DOT return-to-duty requirements, including follow-up tests? Yes ___ No ___

If yes to any question 9 through 13 please forward documentation to the number listed above.
Also include drug and alcohol resting information obtained from previous employers per part 40.25 of Federal Code of Regulations

Signature and Title of person completing form Date and Phone

PREVIOUS DRUG AND ALCOHOL TEST STATEMENT

Date: _____

To be completed by driver/applicant.

During the past (2) two years, have you ever Tested Positive for controlled substances including a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes _____ No _____

During the past (2) two years, have you ever refused to test for controlled substances or alcohol including a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes _____ No _____

During the past (2) two years, have you had a verified adulterated or substituted drug test result? Yes _____ No _____

During the past (2) two years, have you ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? Yes _____ No _____

If you answered yes to any of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Date: _____

Name of Applicant: _____

Signature of Applicant: _____

Social Security No: _____ / _____ / _____

**ACKNOWLEDGEMENT OF ALCOHOL AND DRUG TESTING
POLICY & PROCEDURES**

I, _____, SSN _____,

ACKNOWLEDGE THAT IN ACCORDANCE WITH **THE ALCOHOL AND DRUG TESTING POLICY AND PROCEDURES FOR DAN PALMER TRUCKING INC.** I AM REQUIRED UNDER STATE LAW, AS INDICATED IN CALIFORNIA VEHICLE CODE, SECTION 34520, TO ABIDE BY THE REQUIREMENTS OF THIS POLICY. I ACCEPT AND AGREE TO COMPLY WITH THE TERMS OF THE ALCOHOL AND DRUG TESTING POLICY, AND TO BE SUBJECT TO TESTING FOR ALCOHOL AND DRUGS AS REQUIRED. I UNDERSTAND THAT IF THE TEST RESULTS INDICATE THE PRESENCE OF ANY PROHIBITED DRUG OR THE MISUSE OF ALCOHOL, I WILL BE SUBJECT TO DISCIPLINARY ACTION OR TERMINATION.

FURTHERMORE, I HAVE BEEN PROVIDED A COPY OF **THE ALCOHOL AND DRUG TESTING POLICY AND PROCEDURES FOR DAN PALMER TRUCKING INC.** I HAVE READ THE POLICY AND HAVE HAD ANY QUESTIONS REGARDING ITS CONTENTS ANSWERED.

Employee

Date

Designated Employee Representative

Date

SINGLE DRIVER LICENSE CERTIFICATION

FEDERAL CODE OF REGULATION REQUIREMENTS

1. Part 383.21 No person who operates a commercial motor vehicle shall at any time have more than one drivers license.

2. Part 383.31 (a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State of jurisdiction which issued such license, or such conviction. The notification must be made within 30 days after the date that person has been convicted.

3. Parts 383.31 (b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State of local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to 383.31 (a).

My Signature below certifies that I have read and understand the provisions of the Federal Code of Regulations listed above. My signature further certifies that the commercial vehicle license listed below is the only one held.

DRIVERS NAME: _____ SOC. SEC. # _____

DRIVERS ADDRESS: _____

LICENSE ISSUING STATE: _____ TYPE/CLASS: _____ ID NO: _____

If it applies, list any licenses you have surrendered and the State in which they were issued in the past 3 years.

STATE: _____ TYPE/CLASS: _____ ID NO: _____

STATE: _____ TYPE/CLASS: _____ ID NO: _____

DRIVERS'S SIGNATURE: _____

DATE: _____

STATEMENT OF ON DUTY TIME PRIOR 7 DAYS

Part 395.8 (j) (2) of U.S. D.O.T. Motor Carrier Safety Regulations

Motor carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed Statement giving the total time on duty during the immediately preceding 7 days and the time at which the Driver was last relieved from duty prior to beginning work for the motor carrier.

Current Date _____ / _____ / _____

Time last relieved from duty for previous day: _____ am/pm

Enter number of hours on duty for the seven (7) previous days, last day first.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

_____ Total

_____ Usable hours today... seventy (70) hrs. minus seven (7) day total.

_____ Usable hours today... eighty (80) hrs. minus seven (7) day total.

I hereby certify by my signature below, that total hours on duty for the seven (7) previous days, as stated, are true and correct.

Signature: _____ Date: _____

ANNUAL REVIEW OF DRIVING RECORD

Name of Driver: _____

Address: _____
Number & Street City State Zip

Social Security Number: ____/____/____ Date of Employment: _____

In accordance with Department of Transportation Section 391.25 a motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine that driver meets the minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

CERTIFICATE OF REVIEW

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one);

Date	Name of Person Reviewing	Meets Minimum Requirements	Disqualified to drive a motor vehicle pursuant to Section 391.15
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS CONCERNING DISQUALIFICATION:

Letter if Disqualification Issued (Yes) (No) Date: _____

RECORD OF VIOLATIONS

(391.27)

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require its employees to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted of on account he/she has forfeited bond or collateral during the preceding 12 months. (b) Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify.

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Offense	Location	Type of Vehicles
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ DRIVERS SIGNATURE _____ PRINT NAME _____ DATE

DRIVERS CERTIFICATION

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

_____ DRIVERS SIGNATURE _____ PRINT NAME _____ DATE

Company Name _____

Address _____

City _____ State _____ Zip _____

Reviewed By _____ Title _____

391.27 (d) The motor carrier shall retain the list or certificate required by this section, or a copy of it, in its files as part of the driver's qualification file.

Dan Palmer Trucking, Inc.
4710 Locust Rd.
Anderson, CA 96007
Phone (530) 365-6355
Fax (530) 365-4179

IMPORTANT NOTICE

If you want someone other than yourself to pick up your paycheck at the office, you must bring this notice into our office.

I hereby authorize _____ to pick up my paycheck.
This authorization will be in force until I give a written notice of any other changes.

Name: _____ Date: _____

Drivers Name: _____ Date: _____

1. PRETRIP INSPECTION
_____ Satisfactory _____ Unsatisfactory

2. COUPLING AND UNCOUPLING OF COMBINATION UNITS, IF THE EQUIPMENT HE/SHE MAY DRIVE INCLUDES COMBINATION UNITS
_____ Satisfactory _____ Unsatisfactory

3. PLACING MOTOR VEHICLES IN OPERATION
_____ Satisfactory _____ Unsatisfactory

4. USE OF THE COMMERCIAL MOTOR VEHICLE'S CONTROLS AND EMERGENCY EQUIPMENT.
_____ Satisfactory _____ Unsatisfactory

5. OPERATING THE COMMERCIAL MOTOR VEHICLE IN TRAFFICE AND WHILE PASSING OTHER MOTOR VEHICLES.
_____ Satisfactory _____ Unsatisfactory

6. TURNING THE COMMERCIAL MOTOR VEHICLE.
_____ Satisfactory _____ Unsatisfactory

7. BRAKING AND SLOWING THE COMMERCIAL MOTOR VEHICLE BY OTHER MEANS OTHER THAN BRAKING.
_____ Satisfactory _____ Unsatisfactory

REMARKS: _____

GENERAL PERFORMANCE:
_____ Satisfactory _____ Unsatisfactory _____ Needs Training

TYPE OF EQUIPMENT QUALIFIED FOR:
_____ Truck _____ Tractor-Semitrailer _____ Other (specify) _____

The below signature certifies that the driver listed above was given a road test under my supervision from _____ to _____ consisting of _____ miles.

Examiners Signature and Title _____
Date _____

Company/Organization: DAN PALMER TRUCKING, INC _____

CERTIFICATE OF ROAD TEST

Date _____

Applicant/Driver Name _____

Operators or Chauffeurs CDL (License) ID # _____

State Issued _____ Type/Class of License _____

Social Security Number _____

Type of Power Unit _____

Type of Trailer (s) _____

If passenger carrier, type of Bus _____

This certificate is to certify that the above named driver was given a road test under my supervision in (Date) _____
Consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner _____ Date _____

Company/Organization DAN PALMER TRUCKING, INC.
4710 LOCUST RD.
ANDERSON, CA 96007

**DRIVER PROFICIENCY (CAC 13, 1229)
AND AUTHORIZED VEHICLES (CAC 13, 1234 (b))**

_____ has demonstrated to me _____
Drivers Name Name & Title

That he/she can safely operate the below named vehicles/equipment:

- _____ Straight Truck
- _____ Tractor & Trailer Combination
- _____ Doubles/Triples
- _____ Tank Vehicle
- _____ Vehicles less than 10,000 pounds GVWR
- _____ Vehicles 10,000 pounds to 26,000 pounds GVWR
- _____ Vehicles 26,001 pounds and more GVWR
- _____ Bus with Air Brakes _____ passengers
- _____ Bus with Hydraulic Brakes _____ passengers
- _____ Standard Shift Transmission
- _____ Automatic Transmission Only
- _____ Air Brakes Endorsement
- _____ Hazardous Materials Endorsement
- _____ Special Equipment (specify) _____

<p>USE THIS FORM AS A MASTER AND COPY THE CURRENT DRIVER'S LICENSE HERE</p> <p>Optional VC 14606 (a)</p>	<p>A LONG FORM MEDICAL EXAMINATION REPORT IS PREFERRED. YOU MAY COPY A SHORT FORM MEDICAL EXAMINERS CERTIFICATE HERE.</p> <p>Optional VC 14606 (b)</p>
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Dan Palmer Trucking Inc.
4710 Locust Rd
Anderson, CA 96007

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I hereby authorize Craig C. Hansen insurance Service, Inc. to obtain records concerning my driving. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

I hereby release and hold harmless any person that discloses matters in accordance with this authorization, as well as Craig C. Hansen Insurance Service, Inc. from the liability that might otherwise result from the request for use of and/or disclosure of any of the foregoing information.

I agree that a copy of this authorization has the same effect as an original.

Full Name (Print clearly)

Signature

Date

Drivers License #

State Licensed

Date of Birth

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)
TriNet/PAIRE, 1100 San Leandro Blvd., San Leandro, CA 94577

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
	4. Voter's registration card	
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	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	
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	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 (2012)

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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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-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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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: <ul style="list-style-type: none"> • 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 \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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 to seven eligible children or less "2" if you have eight 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 	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 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 \$40,000 (\$10,000 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.

Separate 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2012</div>
1 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 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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) _____

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 2012 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: { \$11,900 if married filing jointly or qualifying widow(er) \$8,700 if head of household \$5,950 if single or married filing separately }	2	\$ _____
		3	\$ _____
		4	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 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 \$3,800 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 through 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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

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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 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 to the Department of Health and Human Services for use 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.