

# **DSK PROFESSIONAL EMPLOYER ORGANIZATION**

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6715 W. GROVER CLEVELAND BLVD., HOMOSASSA, FL 34446  
PHONE: 352.628.9800 TOLL FREE 1.888.556.5869  
FAX: 352.628.5455

## **ENROLLMENT AGREEMENT FORM**

***A COPY OF YOUR SOCIAL SECURITY CARD MUST ACCOMPANY THIS  
ENROLLMENT FORM***

CLIENT COMPANY NAME: \_\_\_\_\_  
(WORK SITE LOCATION)

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

## SECTION I: TO BE COMPLETED BY EMPLOYEE

**This form must be completed in its entirety to be accepted. Forms that are not complete will be returned.**

### NOTICE TO APPLICANTS:

This employer is an equal opportunity employer, and will not discriminate against any employee with respect to their compensation, terms, conditions or privileges of employment because of race, color, religion, sex, national origin, marital status, disabilities or any other category protected by any applicable local, state or federal law.

Name: \_\_\_\_\_  
(As it appears on your Social Security Card)

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you work in a different state than your above address? ☐ Yes ☐ No Are you over the age of 18? ☐ Yes ☐ No

Have you, since the age of 18, ever been convicted of a misdemeanor or felony? (Note: A conviction will not necessarily bar you from employment.) ☐ Yes ☐ No

\_\_\_\_ Yes, I would like to receive an electronic copy of my form W-2 instead of mailing a paper copy.

\_\_\_\_ No, I would like to have a paper copy of my Form W-2 mailed to the address on file.

### VOLUNTARY SURVEY:

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. *Submission of information is voluntary.*

Check One: ☐ Male ☐ Female

Check One of the Following Race/Ethnic Groups:

☐ Native American ☐ Caucasian ☐ African American ☐ Asian/Pacific Islander ☐ Hispanic

### EMERGENCY INFORMATION:

Name Address Telephone Relationship

## SECTION II: TO BE COMPLETED BY CLIENT ON-SITE SUPERVISOR

Client Company Name: \_\_\_\_\_

Hire Date with Client Company: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Department: \_\_\_\_\_ Job Description: \_\_\_\_\_

#### Pay Type:

- ☐ Hourly  
☐ Salaried  
☐ Commission

#### Pay Cycle:

- ☐ Weekly ☐ Monthly  
☐ Bi-Weekly ☐ Semi-Monthly  
☐ Other \_\_\_\_\_

#### Status:

- ☐ Full-Time (30 hours a week or more)  
☐ Part-Time (under 30 hours a week)

**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$	
	<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$	
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$	

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

**Employers**  
**Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about 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 of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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 with no other entries on the form; 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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

**Arizona tax rates have decreased. As a result, we are revising withholding percentages and are requiring taxpayers to complete a new Form A-4 for 2023.**

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town	State	ZIP Code	

**Choose either box 1 or box 2:**

☐ **1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):

☐ 0.5%    ☐ 1.0%    ☐ 1.5%    ☐ 2.0%    ☐ 2.5%    ☐ 3.0%    ☐ 3.5%

☐ Check this box and enter an extra amount to be withheld from each paycheck ..... \$

☐ **2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

#### What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

#### New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.0% of your gross taxable wages.

#### Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

#### What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

#### Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

#### Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
If you check <b>Item Number 4.</b> , enter one of these:							
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
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. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. 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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the individual's status or parole as long as that 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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
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		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts			
May be presented in lieu of a document listed above for a temporary period.			
For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

## DSK / CLIENT / EMPLOYEE RELATIONSHIP

DSK is incorporated to provide administrative services for clients and employees. The following conditions exist between DSK and the employee:

1. The employee is a leased employee of DSK but is under the direct supervision of the client.
2. The employment is of mutual consent and is considered a relationship "at will" and does not constitute a contract of any specific duration. DSK, the client or the employee can terminate the employment relationship at any time.
3. Employee agrees to abide by the employment policies and standards of conduct set by DSK and the client.
4. New employees understand that from his/her hire date with DSK and client he/she will be on probation for up to 90 days of employment.
5. Employee may be required to submit to periodic drug/alcohol testing during the term of his/her employment.
6. Employee understands that during his/her employment, he/she may be subject to a background investigation including, but not limited to, criminal, credit or motor vehicle.

## EMPLOYEE ACKNOWLEDGEMENT

I acknowledge by my signature below that I have been informed that I will be a co-employee of DSK and (worksite employer)\_\_\_\_\_ (now considered the client).

\_\_\_\_ I understand that DSK is responsible for the payment of wages and payroll-related taxes. In the event my work site employer fails to meet their invoice obligation for any period(s), I understand that DSK's liability for that period(s) will be limited to paying me at the applicable minimum wage or the legally required minimum salary or overtime pay. Any and all other wages (including accrued sick or vacation pay, severance agreement and PTO) are the sole responsibility of my work site employer.

\_\_\_\_ I have been informed, and I agree that if my assignment with any DSK client to which I am assigned ends for any reason, I must report back to DSK within seventy-two (72) hours for possible reassignment, and that unemployment benefits may be denied me if I fail to do so.

\_\_\_\_ In recognition of the fact that any work-related injuries which might be sustained me, are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of DSK based on the same injury or injuries, and to the extent permitted by law; I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of DSK for damages based upon injuries which are covered under such workers' compensation statutes.

\_\_\_\_ I also agree that at any time during my employment, I am involved in any employment dispute, or am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact DSK's Human Resource Department at (352) 628-9800, 6715 W. Grover Cleveland Blvd., Homosassa, FL 34446, to obtain assistance in the resolution of such matters.

\_\_\_\_ For the period of my employment with DSK, I hereby authorize blood, breath and urine testing for alcohol and/or drug use, and I agree to allow such samples and testing to be completed at a time and place to be chosen by DSK. I further authorize the results of such samples and/or testing to be released to DSK, any other joint employer, appropriate insurance carriers and Governmental Agencies for the purposes of determining the validity of compensation claims. I will hold all parties harmless, including DSK and/or its affiliates, from any liabilities due to my refusal to test and/or the reporting of any results of such test. This policy and authorization has been explained to me in a language I understand. Any questions regarding this policy or my test results will be answered by a representative of DSK and/or its affiliates. Because DSK and/or the client company are incurring all costs for testing, I understand this is a legally binding document.

Name \_\_\_\_\_  
Please Print

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DSK 'S DRUG FREE WORKPLACE PROGRAM

\_\_\_\_ I am hereby advised that if I am injured on the job, regardless of how minor the injury may seem, I am to immediately report that injury to my supervisor. I am hereby advised that DSK encourages a Drug Free Workplace to better ensure the safety of all employees and to control the cost of workers' compensation coverage.

The policy of DSK is to maintain a drug and alcohol free work environment that is safe and productive for our employees and others conducting business with our company. To meet these objectives the following policy has been adopted:

The use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs or alcohol while on DSK or client premises or while performing services for DSK or client is strictly prohibited.

In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

Pre-employment:	As may be required/requested by DSK or clients
Post-Accident:	Any employee involved in an accident/injury while performing services for DSK or client that results in property damage or bodily injury, requiring medical treatment, will be required to submit to a substance abuse screening.
Reasonable Suspicion:	Testing may be conducted due to the suspicion that a substance problem exists.
Random:	Unannounced testing of randomly selected employees may be performed.

Compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination.

Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable State Law.

*I certify that the answers given by me are true and correct without omissions of any kind whatsoever, and that intentional falsification of information given will be grounds for disciplinary action, up to and including termination. In addition, I certify that I have read, understand and agree to the requirements and conditions explained in the DSK / CLIENT / EMPLOYEE RELATIONSHIP, DRUG FREE WORKPLACE and EMPLOYEE ACKNOWLEDGEMENT sections. I hereby release DSK and respective agents, owners, officers, managers, employees and vendors (released parties) from any claims, causes of action, or liability from any damages that may or could result in furnishing or having knowledge of any information relating to paragraphs 5 and 6 on the DSK / CLIENT / EMPLOYEE RELATIONSHIP section, and all other information presented by the employee on this form.*

*Further, I certify that I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to DSK. I understand that any false or misleading answers to these questions can be sufficient reason for denial of benefits under the prevailing State Workers' Compensation Act, and basis for termination of employment. I also understand that my answers will be researched and verified by investigation.*

Name: \_\_\_\_\_  
Please Print

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT

### (EMPLOYEE INFORMATION)

In accordance with the Statute in which this agreement was executed, all medical treatment for work-related injuries and illnesses must be provided through a Managed Care Arrangement. Medical treatment in non-emergency situations must be provided through a certified provider in the managed care network. All medical treatment must be coordinated by a network "Medical Care Coordinator" (MCC) who is a primary care provider within the provider network. The MCC is responsible for managing medical care including determining other health care providers and health care facilities to which you will be referred for evaluation or treatment. A MCC shall be a physician licensed under the Statute in which this agreement was executed. Medical treatment in a non-emergency situation must be provided through a certified physician in the managed care network. If your injury requires ongoing medical treatment, you may be contacted by a Workers' Compensation Case Manager.

#### **You may receive medical treatment from a doctor outside the network in the following situations:**

- In emergency situations, go to the nearest hospital or call 911
- The MCC refers you to a physician outside the network when medically necessary treatment is not available and accessible in the provider network.

#### Your Rights and Responsibilities under the managed care arrangement

- You are allowed one change to another provider within the same specialty and provider network as the authorized treating physician during the course of your medical treatment for a work-related injury. Should you seek medical treatment outside the provider network, you may be held responsible for charges incurred.
- You are allowed one second medical opinion in the same specialty and within the provider network during the course of treatment for a work-related injury.
- There is an informal and formal grievance procedure that is available for anyone who has a complaint involving the managed care system.

This managed care arrangement is for benefits related to occupational injuries only and does not apply to or change your employee medical benefits in any way.

*I have received and understand the information regarding the above Managed Care Arrangement:*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## POST-HIRE MEDICAL QUESTIONNAIRE

This Medical Questionnaire and Authorization to Release Information Form is designed to gain information and enable DSK to utilize the "second injury fund" should you become injured on the job. The purpose of this questionnaire is to determine whether or not you have the physical or mental qualifications necessary to perform the job that has been offered and what accommodations may be necessary.

The information elicited below will not be used for any purpose not concerning work-related injuries. DSK does not discriminate in employment on the basis of handicap or on the basis of an individual's having filed a workers' compensation claim.

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Length of time at this address: \_\_\_\_\_

Do you have/have you ever had or been treated for any of the following conditions, ailments or diseases? Please check if YES. Explain fully all YES answers to questions 1-75. Include diagnosis, treatments, results, duration's and names and addresses of all doctors and hospitals (attach separate sheet(s) if necessary).

- |  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| 1. Allergy _____                       | 39. Parkinson's Disease _____   | 62. Have you ever been re-       |
| 2. Anemia _____                        | 40. Pleurisy _____              | fused employment be-             |
| 3. Asthma _____                        | 41. Pneumoconiosis _____        | cause of your health? _____      |
| 4. Black-Out Spells _____              | 42. Pneumonia _____             | 63. Have you ever been ad-       |
| 5. Bladder Trouble _____               | 43. Polio _____                 | vised to have or do you          |
| 6. Brain Tumor _____                   | 44. Phlebitis of a vein _____   | contemplate surgery? _____       |
| 7. Bronchitis _____                    | 45. Persistent Cough _____      | 64. Have you ever received       |
| 8. Cancer or Tumor of any kind _____   | 46. Rheumatic Fever _____       | treatment for emotional          |
| 9. Cerebral Palsy _____                | 47. Rheumatism _____            | problems? _____                  |
| 10. Chest Pain _____                   | 48. Silicosis/Asbestosis _____  | 65. Have you ever been           |
| 11. Chronic Bone Infection _____       | 49. Stress _____                | treated for excessive use        |
| 12. Chronic Fatigue _____              | 50. Skin Disease _____          | of alcohol or drugs? _____       |
| 13. Carpal Tunnel Syndrome _____       | 51. Syphilis _____              | 66. Do you wear glasses or       |
| 14. Chronic Bowel Trouble _____        | 52. Thrombophlebitis _____      | hearing aid? _____               |
| 15. Diabetes, Thyroid or other         | 53. Ulcer, disorder of the      | 67. Has your weight changed      |
| endocrine disorder _____               | stomach , intestines, liver,    | more than 15lbs. in the          |
| 16. Disorder of Eyes, Ears, Nose       | gallbladder _____               | last two years? _____            |
| Throat or Sinus _____                  | 54. Varicose Veins _____        | 68. Are you allergic to chem.-   |
| 17. Emphysema _____                    | 55. Do your teeth need repair   | icals, dust, sunlight or         |
| 18. Epilepsy _____                     | or replacement? _____           | medication? _____                |
| 19. Frequent Hoarseness _____          | 56. Arthritis, Gout or disorder | 69. Have you had any serious     |
| 20. Fainting or Dizziness _____        | of the muscles or bones,        | illness? _____                   |
| 21. Frequent Colds _____               | including the spine, back       | 70. Are you now receiving or     |
| 22. Frostbite _____                    | or joints, deformity, lame-     | do you contemplate receiving     |
| 23. Goiter (Thyroid) _____             | ness or amputation? _____       | treatment for an injury, sick-   |
| 24. Gonorrhea _____                    | 57. Do your feet give you       | ness or disability? _____        |
| 25. Headaches (Frequent) _____         | trouble when you walk or        | 71. In the past 10 yrs. have you |
| 26. Hemorrhoids _____                  | stand for long periods at       | been in a hospital, clinic, or   |
| 27. Hemophilia _____                   | a time? _____                   | institution for examination      |
| 28. Hernia _____                       | 58. If female, have you ever    | diagnosis, operation or          |
| 29. Heat Stroke _____                  | had any disorder of men-        | treatment? _____                 |
| 30. High Blood Pressure, Stroke        | struation, female organ or      | 72. Have you ever requested      |
| Or other disease(s) of the             | breasts? _____                  | or received a pension or         |
| Heart or Blood Vessels _____           | 59. Have you ever had trouble   | benefit or payment because       |
| 31. Jaundice _____                     | with neck or shoulder? _____    | of any injury, sickness,         |
| 32. Kidney or Urinary Disorder _____   | 60. Have you ever worn          | or disability? _____             |
| 33. Lung or Respiratory Disorder _____ | a back brace or support? _____  | 73. Do you smoke or use any      |
| 34. Malar _____                        | 61. In the past 10 yrs have you | tobacco? _____                   |
| 35. Multiple Sclerosis _____           | consulted any other doctor or   | 74. Do you use drugs? _____      |
| 36. Muscular Dystrophy _____           | have been treated for any other | 75. In the past 10 yrs. have you |
| 37. Mononucleosis _____                | causes not named above? _____   | consulted any other doctor or    |
| 38. Migraine Headaches _____           | 62. Have you ever had any       | have been treated for any other  |
|  | chronic back problems           | causes not named above? _____    |
|  | or back injuries? _____         |                                  |

Name & Address of Personal Physician: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement

I, the undersigned employee, in consideration of my hiring by DSK as an at-will leased employee of DSK, acknowledge and agree to the following: I have been hired as an at-will employee of DSK which is an employee leasing company, there is no contract of employment which exists between me and the client to which I have been assigned, nor between DSK and me and DSK has no liability with regard to any employment agreement. I understand and agree that either DSK or I can terminate our employment relationship at any time as I am an at-will employee. I also agree that while I am a leased employee of DSK, if DSK does not receive payment from client for services which I perform as a leased employee, DSK will still pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. I understand and agree that DSK has no obligation to pay me any other compensation or benefit unless DSK has specifically, in a written agreement with me, adopted the client's obligation to pay me such compensation or benefit. I understand that the client to which I am assigned at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee even if DSK is not paid by the client to which I am assigned. I understand and agree that DSK does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where payment for such items has not been received by DSK from the client to which I am assigned. I have been informed and I agree that if my assignment with any DSK client to which I am assigned ends for any reason, I must report back to DSK within seventy-two (72) hours for possible reassignment and that unemployment benefits may be denied me if I fail to do so. I have also been informed that workers' compensation coverage will be provided by a policy issued to the client to which I have been assigned and I agree to this. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of DSK or against DSK based on the same injury or injuries, and to the extent permitted by law, **I hereby waive and forever release any rights I might have** to make claims or bring suit against any client or customer of DSK or against DSK for damages based upon injuries which are covered under such workers' compensation statutes. I also agree to comply with any drug testing policy which DSK may adopt, and I specifically agree to post-accident drug testing in any situation where it is allowed by law. In addition, I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, marital status, age, religion, color, retaliation, national origin, handicap, or disability, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact DSK's human resources director at 1-888-556-5869 in order to obtain assistance in the resolution of such matters.

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Date

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Signature



## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

CLIENT

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

EMPLOYEE

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

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

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

BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### ACCOUNT 1

### ACCOUNT 2

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_

Type:    C    S            (Checking/Savings)

Type:    C    S            (Checking/Savings)

Amount: \_\_\_\_\_

Amount: \_\_\_\_\_

***Please attach a sample check. We cannot process your direct deposit without a sample check. Note: There is a .30 cent charge per direct deposit. Thank you.***

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAMES): \_\_\_\_\_ SS# \_\_\_\_\_  
(PLEASE PRINT)

NAME (S): \_\_\_\_\_  
(PLEASE PRINT)

SIGNED:x \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED:x \_\_\_\_\_