



**Worksite Employer (Client):** \_\_\_\_\_

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**Work Location:** \_\_\_\_\_ **Work State:** \_\_\_\_\_

**NOTE: \*\*\*45 day notice required for new Location/State\*\*\***

**NEW EMPLOYEE PACKET**

Please complete this packet only **AFTER** you have accepted an offer of employment with your Worksite Employer.

Welcome to CEO! Your Worksite Employer has entered into a relationship with CEO to provide certain administrative services which typically include: preparation of your paycheck, management of work-related injuries or illnesses via our workers' compensation program, human resources support services and offer certain optional benefits. Your Worksite Employer will continue to have day-to-day direction and control of your employment. Your policies, procedures, pay rate, hours of work and employment practices will remain the responsibility of your Worksite Employer/Company.

**Employee Instructions:** Complete all items marked in **YELLOW**, sign and **promptly return** to your Worksite Supervisor.

**Worksite Employer (Client) Instructions:**

- 1) Complete all items marked in **BLUE**: Page 1(a); Page 4(a) - Section 2 "Employer Review and Verification;" and bottom of Pages 5(a) and 6(a);
- 2) Verify employee has completed packet, including signatures on all forms and acknowledgments; and
- 3) Fax Pages 1 (front and back) and Pages 2(a) through 6(a) (front only) to your CEO Payroll Team; and
- 4) Keep the original New Employee Packet for your records. Note: Pages 4(a), 5(a) and 6(a) should be kept separate from personnel file.

**EMPLOYEE PERSONAL INFORMATION**

Please **PRINT** your name **exactly** as shown on your Social Security Card:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female      Marital Status:  Single  Married

Home Street Address: \_\_\_\_\_ Apt/Bldg #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Cell (optional): (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**WORKSITE EMPLOYER (CLIENT) ONLY**

Employee Date of Hire with Client: \_\_\_\_/\_\_\_\_/\_\_\_\_      CEO Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title: \_\_\_\_\_ W/C Code: \_\_\_\_\_ Department: \_\_\_\_\_ Project: \_\_\_\_\_

Pay Type:  Hourly  Salaried  Commission  Tipped      Classification:  Non-Exempt  Exempt

Status\*:  Full Time  Part Time  Seasonal  Temporary  
 (\*You are responsible for immediately notifying CEO of changes in employee status.)

Pay Cycle:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Scheduled Hours Per Week: \_\_\_\_\_      Rate of Pay:  Standard Rate      Rate \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Secondary Rate      Rate \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Other: \_\_\_\_\_      Rate \$ \_\_\_\_\_ Per \_\_\_\_\_

PTO/Accrual Class/Code: \_\_\_\_\_      Benefits Class Code (i.e. ABC01)\*: \_\_\_\_\_  
 (\*Required if benefits are administered by CEO)

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Authorizations &  
Acknowledgements**

**Employment:** I understand that my Worksite Employer has entered into an Agreement with Century Employer Organization, LLC or an affiliated company ("CEO") whereby CEO has agreed to provide certain specifically identified employment related services for me and my Worksite Employer. I understand that my Worksite Employer will still manage, direct and control day-to-day activities, and that I remain an at-will leased employee. Employment is on a probationary basis for the first ninety (90) days after hiring.

**Acknowledgement/Disclaimer of Employment Status:** I understand I will NOT be considered a CEO employee for any purpose until a completed New Employee Packet and required paperwork is fully COMPLETED and RECEIVED by CEO.

**Wages:** I acknowledge that my Worksite Employer is responsible for paying my wages. In the event my Worksite Employer does not pay CEO for services provided by me to my Worksite Employer for a particular pay period, CEO may terminate the Agreement with the Worksite Employer, with no further obligations to me or my Worksite Employer. If the Agreement with my Worksite Employer remains in place, CEO may terminate my employment with no further obligations, or may elect to pay me for such pay period no more than the then-current minimum wage rate and my applicable overtime pay based on such minimum wage rate or the minimum salary for that pay period, as permitted by law. I understand that my Worksite Employer remains ultimately obligated to me for any unpaid wages I may be due. In the event that my Worksite Employer files a petition in bankruptcy at a time when monies are due to CEO from my Worksite Employer for wages paid to me, I hereby assign CEO any and all rights I have to assert a priority wage claim in the bankruptcy proceeding. I also authorize CEO and its affiliates to initiate any adjustments on future wages for any entries made in error.

**Unemployment:** I hereby agree to notify CEO in the event I resign or am terminated by my Worksite Employer, regardless of the reason within 48 hours for possible reassignment and that unemployment benefits may be denied if I fail to do so.

**Safety/Injuries:** I agree to immediately report to CEO and my Worksite Employer any accidents or injuries I suffer while working or while on my Worksite Employer's premises. I further agree to follow all safety rules and regulations established by either CEO or my Worksite Employer and realize that failure to do so may alter any workers' compensation benefits provided to me. 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 in suits against the customers or clients of CEO 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 suits against any client or customer of CEO for damages based upon injuries which are covered under such Workers' Compensation statutes.

**Drug Testing:** I understand that CEO or my Worksite Employer may now have, or may establish, a drug-free workplace or a drug and/or alcohol testing program consistent with applicable federal, state, or local law. I understand that, pursuant to the Worksite Employer's policy and federal, state, or local law, I may, as a condition of hire or continued employment, be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. I also understand that I may be subject to an alcohol and/or drug test before any treatment of a work-related accident or injury. I understand that refusal to submit to an alcohol and/or drug test may be considered a positive test result and/or grounds for termination.

**Background Check:** I understand that all information contained in this New Employee Packet is subject to verification. In the event my Worksite Employer required a complete background and/or credit check, I authorize and consent, to the extent permitted by federal, state, and local law, to allow my Worksite Employer, CEO, or their respective agent(s) to obtain information including, but not limited to, motor vehicle reports (driving records), credit history, employment or educational references, criminal history, and any other information concerning me.

**Duty to Report Harassment:** CEO does not and will not tolerate harassment of or discrimination against employees, applicants, customers or vendors. All CEO employees are strictly prohibited from engaging in any form of harassing and/or discriminatory conduct. If you think you are being harassed or discriminated against by another employee, manager, customer, or vendor, you should promptly notify the Worksite Employer's President and the Human Resource Department at CEO, 5228 Paylor Lane, Unit 4, Sarasota, FL 34240; telephone 941-907-4520, fax 941-907-9617, whereupon the matter will be discreetly and thoroughly investigated. Immediate steps will be taken to stop any improper behavior. Disciplinary action, up to and including termination of employment, will be taken, when appropriate, against the offender(s). I agree that if at any time during my employment I am subject to any type of discrimination, including but not limited to discrimination because of race, sex, including same-sex, sexual orientation, pregnancy, age, religion, color, military status, veteran status, national origin, citizenship, handicap, disability, or marital status, or if I am subject to any type of harassment, including but not limited to sexual harassment, or any other treatment which I believe is unfair or improper, I will immediately contact the Worksite Employer's President and the Human Resource Department at CEO, telephone telephone 941-907-4520, in order to obtain assistance in the resolution of such matters.

**Authorizing Release:** I hereby authorize any party or agency contacted by my Worksite Employer, CEO, or their respective agent(s) to furnish information requested. I understand that I may be required to complete additional releases authorizing my Worksite Employer or its agents to investigate all statements contained in this or any other employment related documents. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, or local law, my Worksite Employer, CEO, their respective agent(s), and any party delivering information to them pursuant to this authorization from any liabilities, claims, charges, or cause of action that I may have as a result of gathering delivery or disclosure of any requested information.

**Employee Certification**

I hereby certify that all information contained in this New Employee Packet or in any other application, resume, or document provided to my Worksite Employer or CEO is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate, or incomplete information may result in disciplinary action, up to and including termination of my employment.

Employee Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

CEO • 5228 Paylor Lane, Unit 4 • Sarasota, FL 34240 • 941-907-4520 • Fax: 941-907-9617 • www.ceo.peo



**POST HIRE ONLY**

**Personal Health History Questionnaire**

Applicable state and federal laws prohibit discrimination based on disability or prior filing of claim for workers' compensation or taking medical leave to which you were entitled. This personal health history questionnaire will be maintained in a file separate from your employment file. Any false statements, misrepresentations, or concealments to secure employment are sufficient grounds for dismissal.

Circle YES or NO if you now have, or if you are being treated now by a health care provider, OR if you have had in the past, or have been treated in the past by a health care provider, for any of the following. Please provide the details of any "YES" answer, including the duration of the condition, dates of treatment, work restrictions or impairment level (if any), and outcome. Please use additional sheets of paper if necessary to fully answer each question.

YES	NO	1.	Carpel Tunnel diagnosis or surgery	DETAILS:
YES	NO	2.	Heart Disease or Attack	DETAILS:
YES	NO	3.	Bone or Joint Problems i.e. knee/shoulder/wrist/etc.	DETAILS:
YES	NO	4.	Dizziness, fainting spells, or frequent headaches	DETAILS:
YES	NO	5.	Depression/Nervous Disorder/Mental illness	DETAILS:
YES	NO	6.	Back or neck condition/injury?	DETAILS:
YES	NO	7.	Have you ever had any surgery?	DETAILS:
YES	NO	8.	Do you have any physical limitations that limit or reduce your ability to perform any work related duties?	DETAILS:
YES	NO	9.	Have you ever had a workers' compensation claim due to an on-the-job injury or illness?	DETAILS:
YES	NO	10.	Have you had any medical condition, illness, or disease that resulted in your absence from work or inability to perform the essential functions of your job for more than 7 consecutive work days?	DETAILS:

Have you ever had or been treated for any of the following conditions or diseases?

- |                                       |                             |                              |                 |                             |                              |
|---------------------------------------|-----------------------------|------------------------------|-----------------|-----------------------------|------------------------------|
| Repetitive Stress Trauma:             | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Diabetes:       | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Back or neck problems or injury:      | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Alcoholism:     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Knee injury:                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Drug addiction: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Major illness in the past five years: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                 |                             |                              |

Employee Signature

Date

Print Name

Social Security Number (SSN)

Witnessed By

Date

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

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)

**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)

15201 NW 7th Ave, Miami, FL 33169

# 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 this worksheet, and apply the number 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](http://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.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return, (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b>	<b>H</b>	

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.

<p><b>Form W-4</b> Department of the Treasury Internal Revenue Service</p>	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; 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>	<p>OMB No. 1545-0074</p> <h1 style="font-size: 2em; margin: 0;">2012</h1>
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. <b>Note.</b> 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 <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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)