



Loc:	Employee ID :
Dept Code:	Start Date:
Background Check: <b>N/A</b> <b>CLEAR</b> <b>RECORD</b>	Less 30 Hrs PT <input type="checkbox"/> 30 Hrs - More FT <input type="checkbox"/> Pay Rate:
Note:	PA Tax:

23 North Michigan Avenue, Kenilworth, NJ 07033

Phone: (908) 298-8120

Fax: (908) 298-8020.

Eastern Janitorial Services is an EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to gender, race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Last Name:	First Name:		
Social Sec #:	Birthdate:		
Street Address:	City, State, Zip		
Are you a US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Day Phone:		
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	Number of Dependents Claiming:		

Have you ever been convicted of a felony: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide date and reason	
Have you ever been employed by EJS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide dates employed:	
Are you related to a current employee of EJS: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide name:	
Do you have a valid Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/> License #	Exp:

Name of School	City / State	Graduated	Degree Received	Majored In
H.S.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College:		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Military:		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions within the same company, detail each position separately. Attach a resume as necessary. Omission of prior employment may be considered falsification of information, and can disqualify you for the position applied for. Please explain any gaps in employment. Include full time military or volunteer information. Please note: Eastern Janitorial Services reserves the right to contact all current and former employers for reference information. Provide truthful responses in regards to background checks and the investigation of any prior criminal history. Felony convictions does not immediately disbar a candidate from employment, however, failure to disclose that information will result in immediate disqualification.

## Work Experience

Title:	Company:	Supervisor Name:
From To:	Street Address:	Supervisor Phone:
Starting Salary:	City, State, Zip:	Supervisor Title:
Ending Salary:	Duties:	Were you a supervisor: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving:	Are you eligible for rehire: Yes <input type="checkbox"/> No <input type="checkbox"/>

Title:	Company:	Supervisor Name:
From To:	Street Address:	Supervisor Phone:
Starting Salary:	City, State, Zip:	Supervisor Title:
Ending Salary:	Duties:	Were you a supervisor: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving:	Are you eligible for rehire: Yes <input type="checkbox"/> No <input type="checkbox"/>

Title:	Company:	Supervisor Name:
From To:	Street Address:	Supervisor Phone:
Starting Salary:	City, State, Zip:	Supervisor Title:
Ending Salary:	Duties:	Were you a supervisor: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving:	Are you eligible for rehire: Yes <input type="checkbox"/> No <input type="checkbox"/>

Title:	Company:	Supervisor Name:
From To:	Street Address:	Supervisor Phone:
Starting Salary:	City, State, Zip:	Supervisor Title:
Ending Salary:	Duties:	Were you a supervisor: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving:	Are you eligible for rehire: Yes <input type="checkbox"/> No <input type="checkbox"/>

## Please check all that apply:

Strip & Wax <input type="checkbox"/>	Hotel Housekeeping <input type="checkbox"/>	100 % Fluency in English <input type="checkbox"/>	Morning <input type="checkbox"/>	<u>Professional Careers</u>
Carpet Shampoo <input type="checkbox"/>	Janitorial Company <input type="checkbox"/>	100 % Fluency in Spanish <input type="checkbox"/>	Evening <input type="checkbox"/>	Sales/Marketing <input type="checkbox"/>
Painting <input type="checkbox"/>	Commercial Cleaning <input type="checkbox"/>	Supervisor: <input type="checkbox"/>	Late Night <input type="checkbox"/>	Accounting <input type="checkbox"/>
Carpentry <input type="checkbox"/>	Facility Management <input type="checkbox"/>	Management: <input type="checkbox"/>	Overnight <input type="checkbox"/>	Administrative <input type="checkbox"/>
Tiling <input type="checkbox"/>	Window Cleaning <input type="checkbox"/>	Administrative: <input type="checkbox"/>	Seasonal <input type="checkbox"/>	HR/Payroll <input type="checkbox"/>
Machine Scrub <input type="checkbox"/>	No Prior Experience <input type="checkbox"/>	Entry Level Worker: <input type="checkbox"/>	Temporary <input type="checkbox"/>	Executive <input type="checkbox"/>

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment with Eastern Janitorial Services, as maybe necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also, that I am required to abide by all the rules and regulations of the employer. I understand that any offer of employment will be contingent upon the successful completion of any drug testing and background investigation. I understand that a background check may be performed by the company prior to employment. The cost of the examination will be paid by EJS. I understand I may be subject to random drug testing at any time. I understand that this application or subsequent employment does not create a contract of employment nor does it guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of my employer and my employment may be terminated at any time, with or without cause and with or without notice. I also acknowledge that the following offenses are grounds for immediate dismissal from employment at the discretion of EJS:

- Use of cell phones during working hours is prohibited.
- Being out of the assigned work area without authorization is prohibited.
- Excessive lateness reporting for duty, and/or failure to notify EJS of absence or excessive absenteeism.
- Failure to call in 3 or more hours prior to your scheduled start time.
- Failure to be in proper uniform. (All uniforms must be clean and pressed at all times - NO EXCEPTIONS.)
- Failure to perform duties in a professional manner.
- Insubordination toward ANY EJS Representatives – (Executives, Managers, Supervisors, Lead Person)
- Falsifying any Eastern Janitorial Services reports. (Time sheets, Log Books, Reports)
- Leaving work without proper authorization from the Client or Eastern Janitorial Services.
- Reporting to work intoxicated or under the influence of drugs, or engaging in these activities while on duty.
- Any employee caught sleeping while on duty.
- Borrowing or lending money to or from ANY employee of the Client or Eastern Janitorial Services.
- Usage of Client equipment without proper authorization. (Phone, Fax, Computers, Copiers, Typewriters, Etc.)

EJS uniforms, cell phones, and all company owned materials should be returned when the employment relationship has ended. Failure to do so will result in final payroll deductions for the items retail value.

**Completion of this section is voluntary and won't affect your opportunity for employment.**

_____ Male	_____ Hispanic	_____ Black / African American	_____ Hawaiian / Pacific
_____ Female	_____ White	_____ American Indian / Alaska	_____ 2 or More Races

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

\_\_\_\_\_  
Date

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin. Thank you for your participation.

# Form W-4 (2016)

**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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-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 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## 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: <div><div>• You are single and have only one job; or</div><div>• You are married, have only one job, and your spouse does not work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	<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 \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<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. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<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>	_____
	For accuracy, complete all worksheets that apply. <div><div>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</div><div>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</div><div>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</div></div>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ► 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.		OMB No. 1545-0074 <b>2016</b>
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 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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.) ►				
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)

**Acknowledgment of Receipt for the  
EASTERN JANITORIAL SERVICES WELFARE BENEFIT PLAN  
Summary Plan Description**

Each plan participant must acknowledge their receipt of the Welfare Benefit Plan Summary Plan Description by filling in the information and signing below. Please return to EASTERN JANITORIAL SERVICES.

I \_\_\_\_\_ (name of plan participant)  
acknowledge receipt of the Eastern Janitorial Services Welfare Benefit Plan  
Summary Plan Description.

Signed: \_\_\_\_\_

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

## DISCLOSURE AND AUTHORIZATION

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION

### **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Eastern Janitorial Services ("the Company") may obtain information about you for employment/volunteer or contractor purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon proper request to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the "consumer report" and/or "investigative consumer report" will be conducted by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866) 255-1852, [www.aurico.com](http://www.aurico.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants, volunteers, contractors or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants, volunteers, contractors or employees only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants, volunteers, contractors or employees only:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants, volunteers, contractors or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

### **ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Arlington Heights, Illinois, 60004, (866) 255-1852, [www.aurico.com](http://www.aurico.com), another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants, volunteers, contractors or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants, volunteers, contractors or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

**California applicants, volunteers, contractors or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

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

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

**NOTE: YOU MUST RETURN PAGES 1 and 2**

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

First Name:

Middle Name:

Last Name:

Maiden Name:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

Other last names used:

Date Changed:

List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary

Street

City

County

State

ZIP

How Long?

Current:

2:

3:

4:

Present Phone Number (with area code):

Social Security Number:

Date of Birth\* (MM/DD/YYYY):

Gender\*

☐ Male ☐ Female

Driver's License Number:

Driver's License State:

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

► **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

**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 ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )																					
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town		State	Zip Code																			
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												E-mail Address <table border="1"><tr><td colspan="10"></td></tr></table>													Telephone Number

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 Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

**3-D Barcode**  
**Do Not Write in This Space**

Signature of Employee:	Date ( <i>mm/dd/yyyy</i> ):
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**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.

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



**Employer Completes Next Page**





## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--