FLORIDA RESOURCE MANAGEMENT

Welcome!
In accordance with Florida Statute Title XXII; Section 468.125(f), your worksite employer has entered into an agreement with Florida Resource Management, a Professional Employer Organization.

To Be Completed By EMPLOYEE:

First _____ Middle _____ Last _____

Social Security # ____-____-____ Date of Birth ____/____/_____ Gender: Male / Female

Home Street Address: _____ Apt. No._____
City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____
City: _____ State: _____ Zip: _____

Home Phone: ( ) _____-_____ Phone: ( ) _____-_____
Emergency Contact: _____ Phone: _____

Three (3) or more consecutive scheduled days of No Call or No Show for shifts will be considered a voluntary quit/job abandonment. No prior warnings are needed to consider this as a voluntary resignation. Upon separation from employment, the former employee must call Florida Resource Management at (941) 343-6160.

Employee Signature _____ **Date** _____

Voluntary EEO Identification

Various agencies of the United States Government require employers to maintain information on applicants pertaining to such factors as race, sex and type of position for which an applicant applies. The information requested here is for compliance with certain record keeping requirements. We believe all persons are entitled to equal employment opportunities and do not discriminate against employees or applicants for employment because of race, color, sex, religion, nationality, disability, veteran status, age, marital status, or any other protected group.

_____ White (Non-Hispanic or Latino)
_____ Black or African American (Non-Hispanic or Latino)
_____ Hispanic or Latino
_____ Asian (Non-Hispanic or Latino) Origins of the Far East, Southeast Asia or the Indian subcontinent
_____ Native Hawaiian or Other Pacific Islander Origins of Hawaii, Guam, Samoa or other Pacific Islands
_____ American Indian or Alaskan Native
_____ Two or More Races (Non-Hispanic or Latino) All persons who identify with more than one of the listed races

_____ If the employee elected not to complete the information, the employer has completed it through visual identification as required by law.

To Be Completed by CLIENT

Client Name _____ _____
Status ___New Hire ___Re-Hire Hire Date _____ Original Hire Date _____
Workers Comp Class Code _____ Position Title _____
Location _____ Primary Dept. _____
FLSA Status ___ Exempt / ___Non-Exempt
___Full Time ___Part-Time Standard # of Hours per Week _____

Pay Frequency
___ Weekly
___ Bi-Weekly
___ Semi-Monthly
___ Monthly

Method and Rate of Pay
___ Hourly / Rate _____
___ Salary / Amount _____
___ Piecework Rate / Amount _____

Client Signature _____ Date _____

FLORIDA RESOURCE MANAGEMENT

9.1.15

AGREEMENT

I, THE UNDERSIGNED EMPLOYEE, IN CONSIDERATION OF MY HIRING BY FLORIDA RESOURCE MANAGEMENT, LLC ("FRM") AS AN AT-WILL LEASED EMPLOYEE OF FRM, ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- I have been hired as an at-will employee of FRM, 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 FRM and me, and FRM have no liability with regard to any employment agreement.
- I understand and agree that either FRM or I can terminate our employment relationship at any time as I am an at-will employee of FRM.
- I further understand and agree that continued employment with the client to which I have been assigned is an essential requirement for employment with FRM, and that if my employment with the client to which I have been assigned ends, my employment with FRM will also immediately end at that time.
- I also agree that while I am a leased employee of FRM, if FRM does not receive payment from client for services which I perform as a leased employee, FRM 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 FRM has no obligation to pay me any other compensation or benefit unless FRM 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 FRM is not paid by the client to which I am assigned.
- I understand and agree that FRM 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 FRM from the client to which I am assigned.
- 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 FRM, or against FRM 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 FRM or against FRM for damages based upon injuries which are covered under such workers' compensation statutes.
- I also agree to comply with any drug testing policy which FRM 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, age, genetic information, religion, color, retaliation, national origin, handicap, disability, or marital status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of the client company to which I have been assigned. In most instances, this appropriate person will be the president of the client company. Should I choose not to contact the client company for any reason, I may contact FRM human resources director at 941-343-6160 in order to obtain assistance in the resolution of such matters. I understand and agree FRM does not have actual control over my workplace and as such, is not in a position to end or remediate any discrimination, harassment, or retaliation which may be occurring. The responsibility to resolve and/or end such inappropriate conduct rests with the client company; however, FRM will attempt to facilitate a resolution.
- I understand and agree that if I am accepted as a leased employee of FRM, I am expressly prohibited from performing any work outside the state of Florida for client during my status as a leased employee except as is allowed pursuant to the workers' compensation policy provided to me by FRM, or except as may be allowed in writing by FRM and FRM workers' compensation carrier. If I work outside the state of Florida for client without first securing this approval, I understand that I will not be a leased employee of FRM and may not be provided workers' compensation benefits through FRM or FRM's workers' compensation carrier. My leased employment with FRM will be considered immediately terminated upon commencement of my trip outside the state of Florida to perform work for client where prior approval has not been received as set forth herein.

_____ _____

DATE SIGNATURE

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Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at *www.irs.gov/W4App* to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at *www.irs.gov/W4App* to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at *www.irs.gov/W4App* to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No. 1545-0074
2019

1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ ☐	

5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . | 5 |
6 Additional amount, if any, you want withheld from each paycheck . . . . | 6 | $
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, write "Exempt" here . . . . ▶ | 7 |

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

Employee's signature
(This form is not valid unless you sign it.) ▶ Date ▶

8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	9 First date of employment	10 Employer identification number (EIN)

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Prohibited Placement Policy

As an FRM employee, your safety is our greatest concern. For that reason, there are certain jobs and working conditions that we do not allow. Under no circumstances do we allow our workers' to get on roofs. Work that is more than six feet off of the ground must be approved by FRM in writing, and work that is more than knee level below ground must meet OSHA requirements. If you are ever asked to perform work that involves these conditions, you must call our office immediately at 941-343-6160.

NO ROOFS!

NO WORK MORE THAN SIX FEET OFF OF THE GROUND WITHOUT WRITTEN CONSENT

DO NOT PERFORM ANY WORK THAT YOU FEEL IS UNSAFE!

By signing below, I agree to call FRM's office if I am asked to perform work that requires me to get on a roof, is more than six feet off of the ground, or is more than knee deep below ground level.

Employee Name: _____

Signature: _____

Date: _____