

Employer's Name		Dates Employed	
		From: / /	To: / /
<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	
Address/City/State/Zip		Reason For Leaving	
Position	Supervisor	Company Phone Number ()	
Job Site Location/City/State/Zip		Site Phone Number ()	
If Unemployed, State Name And Telephone Number Of Person Who Can Verify			
Employer's Name		Dates Employed	
		From: / /	To: / /
<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed	
Address/City/State/Zip		Reason For Leaving	
Position	Supervisor	Company Phone Number ()	
Job Site Location/City/State/Zip		Site Phone Number ()	
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Job Site Location/City/State/Zip		Site Phone Number ()	
If Unemployed, State Name And Telephone Number Of Person Who Can Verify			

Education

Provide all education received since the date of your eighteenth birthday.

FACILITY	DATES (include day/month/year)	LOCATION (City/State)	DEGREE RECEIVED

References

Please list the names and contact details for at least three references who you have known for at least five (5) years.

NAME	DAYTIME PHONE NUMBER	LENGTH OF ASSOCIATION

ADDITIONAL INFORMATION – LIGHT INDUSTRIAL

Do you have any experience in any of the following:

Assembly Experience Yes No
If yes, what / how long? _____

Food Service Yes No
If yes, circle: Dishwasher / Set-Up / Server / Cook _____

Driven Forklift Yes No
If yes, type of forklift? _____

Move Furniture Professionally Yes No
If yes, where and how long? _____

Commercial Landscaping/Grounds Yes No
If yes, list equipment used: _____

Operated any type of machinery Yes No
If yes, types of machinery operated? _____

Picking / Packing / Production Yes No
If yes, where / what types? _____

Commercial Janitorial / Housekeeping Yes No
If yes, where / how long? _____

Load / unload trucks? Yes No
If yes, manually or by jack / life? _____

Residential / Commercial Construction Yes No
If yes, describe (buildings, roads, demolition, clean-up, etc.) _____

Shipyard Labor Yes No

Are you willing to work single day jobs? Yes No

ADDITIONAL INFORMATION – OFFICE / CLERICAL ADMINISTRATION

Do you have any experience in any of the following:

Accounting Yes No
If yes, circle type: AP, AR, GL Payroll (how many employees? _____) Where _____

Banking Yes No
If yes, circle type: Teller, Loans, Other _____ Where _____

Collections Yes No
If yes, where? _____ For how long? _____

Customer Service Yes No
If yes, circle type: Counter or Inbound calls? Where? _____

Data Entry Yes No
If yes, speed _____ Where _____ For how long? _____

General Office Work Yes No
If yes, circle type: Switchboard, Reception, Filing, Fax, Copier, Other _____

Human Resources Yes No
If yes, where / what types? _____

Secretarial Yes No
If yes, typing speed? _____ Where _____

Telemarketing Yes No
If yes, circle Inbound or Outbound Calls _____

Shipping & Receiving Yes No
If yes, circle Inbound or Outbound Shipments _____

Microsoft Office Experience Yes No
If yes, circle level of experience: Beginner Intermediate Expert

Other Software Proficiency Yes No
If yes, list programs: _____

CHANGE IN STATUS

IF YOU MOVE, CHANGE YOUR PHONE NUMBER, GET MARRIED OR HAVE A NAME CHANGE, you will need to let PSS know. We do not know unless you tell us. You will need to complete a change of status form. If you are actively employed you may see your Site Representative for the change form or you may come into the PSS Main Office and change your information there. **WE CANNOT TAKE ADDRESS CHANGES OVER THE PHONE. NO EXCEPTIONS.**

If you move out of the area, you may send us a self-addressed stamped envelope and a letter with your request to change your information. Address Information must contain Street name, Street number or Apt number, City and State and CORRECT zip code. If you are having mail sent to a Post Office (P.O Box), check to ensure that you can receive mail at the P.O. Box. Your mail can be delayed or re-routed with missing/incorrect address information. In order for us to assure that we can reach you or even to send your paychecks, mailings or W-2 forms in the mail, we need to have the correct information on file.

NOTE: Every year we have W-2's and checks returned because we are not notified of the changes.

If you have worked with us within the past two years, whether you are actively employed with PSS or not, you must inform us of status changes as soon as you have the correct information. If you are expecting a W-2 form from us, you must notify us of your correct change of address prior to January 7th of the New Year. If you fail to notify us of the change of address, our only alternative is to mail to the last known address on file in our system. If we have to re-issue a W-2 because you failed to provide us with the correct mailing information a fee will be imposed.

I have read and understand the above policy on Status Changes.

Applicant's Signature

Date

PSS Signature

Date

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" _____
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" _____
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) _____
4. Subtotal Personal Exemptions (add lines 1 through 3) _____
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1" _____
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" _____
6. Exemptions for blindness
 - (a) If you are legally blind, write "1" _____
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" _____
7. Subtotal exemptions for age and blindness (add lines 5 through 6) _____
8. Total of Exemptions - add line 4 and line 7 _____

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet _____
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet _____
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet _____
2. Enter the amount of additional withholding requested (see instructions) _____
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

2601064 Rev. 11/09

Signature _____

Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "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.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, **complete all worksheets that apply.**
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ 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 2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2017, 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 lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)	



AFFIRMATIVE ACTION DATA RECORD

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including affirmative action responsibilities where they apply.

The purpose for this data record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file.

Please Print:

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

SSN:

Home Phone #

Work Phone #

Cell Phone #

Current Position:

Birth Date: MM/DD/YYYY

Check One:

Male _____

Female _____

Check One Of The Following: (Ethnic Origin)

____ Hispanic or Latino

____ White

____ Black

____ Asian

____ Native Hawaiian or Other Pacific Islander

____ American Indian / Alaskan Native

____ Two or More Races

Check if Any Of The Following Are Applicable:

____ Vietnam Era Veteran

____ Disabled Veteran

____ Other Veteran

____ Newly Separated Veteran

____ Disabled Individuals