

Employment Application

COMPANY OR EMPLOYER NAME: _____

Position applying for: _____

EMPLOYEE INFORMATION

Name: _____

Last

First

Middle

Telephone: _____ Email: _____ Alternate telephone: _____

Address: _____

Are you able to perform the essential functions of the position with or without accommodations?

Yes No

If necessary for the job are you older than:

14 15 16 (Check one)

18 19 21

I am legally eligible for employment in the U.S.?

Yes No

I am seeking a permanent position: Yes No

I will be able to report to work

_____ **days after being notified I am hired.**

If necessary for the job, I am able to:

Work overtime? Yes No

Provide a valid Alaska Driver's License? Yes No

If so, fill out the following: Issuing state: _____

Type: _____

Endorsement(s): Hazardous Material Passengers

Tankers Tank with Hazardous Materials

School Bus Double/Triple trailers

Work the following shifts: (check all that apply)

Any Day Night Swing Rotating

Split Graveyard Other: _____

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:
Pay: \$	Supervisor:	Reason for leaving:	
Per:	Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
Pay: \$	Supervisor:	Reason for leaving:	
Per:	Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
Pay: \$	Supervisor:	Reason for leaving:	
Per:	Telephone:		
Employer name and address:	Position title/duties, skills:	Start date:	End date:
Pay: \$	Supervisor:	Reason for leaving:	
Per:	Telephone:		

Summarize other employment related to this job:

EDUCATION

	Institution name	Years completed	Field of study	Graduate or degree
High school				
College/university				
Business/technical				
Additional				

MILITARY

Are you a veteran? Yes No

Duty/specialized training: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing speed: _____ per minute

REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

CONTACT

In case of accident or illness, please contact: Name: _____ Daytime phone: _____
Address: _____ Relationship: _____

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant _____

Date _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Developed at employer request by the Alaska Department of Labor & Workforce Development, Employment Security Division.

REPORT OF INDEPENDENT CONTRACTOR(S)

See detailed instructions on reverse side. Please type or print.



05420101



SERVICE-RECIPIENT (BUSINESS OR GOVERNMENT ENTITY):

DATE <input type="text"/>	FEDERAL ID NO. <input type="text"/>	CA EMPLOYER ACCOUNT NO. <input type="text"/>	SOCIAL SECURITY NO. <input type="text"/>	NO. OF FORMS NEEDED <input type="text"/>
SERVICE-RECIPIENT NAME / BUSINESS NAME <input type="text"/>			CONTACT PERSON <input type="text"/>	
ADDRESS <input type="text"/>			TELEPHONE NO. <input type="text"/>	
CITY <input type="text"/>			STATE <input type="text"/>	ZIP <input type="text"/>

SERVICE-PROVIDER (INDEPENDENT CONTRACTOR):

FIRST NAME <input type="text"/>	MI <input type="text"/>	LAST NAME <input type="text"/>
SOCIAL SECURITY NO. <input type="text"/>	STREET NO. <input type="text"/>	STREET NAME <input type="text"/>
CITY <input type="text"/>		UNIT / APT. <input type="text"/>
STATE <input type="text"/>		ZIP <input type="text"/>
START DATE OF CONTRACT <input type="text"/>	AMOUNT OF CONTRACT <input type="text"/>	CONTRACT EXPIRATION DATE <input type="text"/>
M M D D Y Y		M M D D Y Y
		CHECK HERE IF CONTRACT IS ONGOING <input type="checkbox"/>

FIRST NAME <input type="text"/>	MI <input type="text"/>	LAST NAME <input type="text"/>
SOCIAL SECURITY NO. <input type="text"/>	STREET NO. <input type="text"/>	STREET NAME <input type="text"/>
CITY <input type="text"/>		UNIT / APT. <input type="text"/>
STATE <input type="text"/>		ZIP <input type="text"/>
START DATE OF CONTRACT <input type="text"/>	AMOUNT OF CONTRACT <input type="text"/>	CONTRACT EXPIRATION DATE <input type="text"/>
M M D D Y Y		M M D D Y Y
		CHECK HERE IF CONTRACT IS ONGOING <input type="checkbox"/>

FIRST NAME <input type="text"/>	MI <input type="text"/>	LAST NAME <input type="text"/>
SOCIAL SECURITY NO. <input type="text"/>	STREET NO. <input type="text"/>	STREET NAME <input type="text"/>
CITY <input type="text"/>		UNIT / APT. <input type="text"/>
STATE <input type="text"/>		ZIP <input type="text"/>
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M M D D Y Y		M M D D Y Y
		CHECK HERE IF CONTRACT IS ONGOING <input type="checkbox"/>



WORKERS' COMPENSATION

Insurance Carrier's Name: _____

Address: _____

Telephone Number: _____

Policy No.: _____

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

ACKNOWLEDGMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

(Date provided to employee & signed by representative)

(Date received by employee & signed by employee)

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

This Notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for premium wage rates for all overtime worked.

The full text of Labor Code section 2810.5 may be found at www.leginfo.ca.gov/calaw.html. Check "Labor Code" and search for "2810.5" in quotes.

The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice does not constitute a voluntary written agreement as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.

NOTICE TO EMPLOYEE
Labor Code section 2810.5

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated on the next page.
This notice is available in other languages at www.dir.ca.gov/DLSE.

EMPLOYEE

Employee Name: _____ Hire Date: _____

EMPLOYER

Name of Employer: _____

(Check all that apply): Sole Proprietor Corporation Limited Liability Company General Partnership

Other type of entity: _____

Staffing agency (e.g., temp agency or PEO)

Other Name Employer is doing business as (if applicable): _____

Physical Address of Main Office: _____

Employer's Mailing Address: _____

Employer's Telephone Number: _____

If the worksite employer uses any other business or entity to hire employees or administer wages or benefits, complete the information above for the worksite employer, complete the information below for the other business, and complete the remaining sections. If there is no other business or co-employer, or if the only other business is a recruiting service or a payroll processing service, skip the rest of this section, and complete the remaining sections.

Name of Other Business: _____

This other business is a:

Professional Employer Organization (PEO) or Employee Leasing Company or a Temporary Services Agency

Other: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Employment agreement is (check box): Oral Written

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

Regular Pay Day: _____

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type Or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances <input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD
City, State and ZIP Code	

- Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California
 Withholding Schedules for 2012 _____
 OR
- Additional amount of State income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under
 the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
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SAMPLE
NOTICE TO EMPLOYEE AS TO CHANGE IN RELATIONSHIP
(Issued pursuant to provisions of Section 1089
of the California Unemployment Insurance Code)

Name _____ SSN# _____

1. You were/will be laid off/discharged on _____ 20_____
(date)

2. You were/will be on leave of absence starting _____ 20_____
(date)

3. On _____ employment status changed/will change as follows:
(date)

(Name of Employer)

(By)

TRIPLE CHECK PAYROLL

Phone: (818) 243-1977
Fax (213) 984-2653
email nbsandco@aol.com

210 N Central Ave. #100
Glendale, Ca 91203
Web www.3cpayroll.com

WHO PAYS WHAT?



EMPLOYEE



(BOTH)

FICA

(paid by employer AND employee)

What: Federal Insurance Contributions Act
When: Quarterly
Where: IRS
Why: Social Security & Medicare



EMPLOYER



FIT & SIT

What: Federal & State Income Tax
When: Quarterly
Where: Fed = IRS, State = EDD
Why: Government Spending

FUTA

What: Federal Unemployment Tax Act
When: Yearly, Due Next January 31st
Where: IRS
Why: Unemployment Compensation

DI

What: State Disability Insurance
When: Quarterly
Where: EDD
Why: Unemployed & *Un-able* to Work

UI

What: State Unemployment Insurance
When: Quarterly
Where: EDD
Why: Unemployed & *Able* to Work

ETT

What: Employment Training Tax
When: Quarterly
Where: EDD
Why: Job Training Programs

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PAYROLL	
<i>Problems</i>	<i>Solutions</i>
<p>Need payroll?</p> <p>Calculate ASAP after our business hours or during weekends/holidays.</p>	<p>1) www.payrollguru.com</p> <p>2) Tabs-click the tab "Paycheck Calculator"</p> <p>3) Tabs-click the tab "Payroll Check Calculator" and the payroll calculator opens.</p> <p>4) Enter year, state, filing status, payroll frequency, gross wages, federal/state exemptions and click "Calculate Pay Check."</p> <p>5) Please fax or email us the date, check #, and amount paid to employee asap.</p> <p><i>OR</i></p> <p>1) DOWNLOAD the payrollguru app and you can do the calculations over the cell phone app anytime.</p> <p>2) Please fax or email us the date, check #, and amount paid to employee asap.</p>

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EMPLOYEE WARNING

I _____ Owner/President of _____ addressed above.

I do hereby given a verbal and written warning for the employee, information as follow.

Name of employee:

Social Security Number:

The Warning reason for :

Date of this warning:

On the 3rd warning the said employee will be terminated.

Upon signing this Document employer and employee fully understand that on the 3rd verbal and written warning the said employee will be terminated.

(Employer name)	Signature	Date
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(Employee name)	Signature	Date
-----------------	-----------	------

(Witness name)	Signature	Date
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PREPAYMENT PAYROLL TAX DATES FOR ALL BUSINESSES

	Due On:	
JAN PREPAY	→	FEB 15
FEB PREPAY	→	MAR 15
MAR PREPAY	→	APRIL 15
APRIL PREPAY	→	MAY 15
MAY PREPAY	→	JUNE 15
JUNE PREPAY	→	JULY 15
JULY PREPAY	→	AUG 15
AUG PREPAY	→	SEPT 15
SEPT PREPAY	→	OCT 15
OCT PREPAY	→	NOV 15
NOV PREPAY	→	DEC 15
DEC PREPAY	→	JAN 15

EFTPS PAYMENT ONLY!

PLEASE NOTE

1. This calendar does not reflect all federal, State Holidays and weekends
 2. Call our office in the month of July for mid year review and December for year end review
 3. In order to avoid interest and penalties please pay the above taxes during the year in question
 4. If you overpaid the Gov. agencies will either refund or apply the taxes to the following year.
 5. If you missed one payment make it up the following payment plus the prior payment
- Any questions regarding this form? please call us at above phone number. Thank you

Name

Signature

Date

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5 STEPS PAYROLL PROCESS

STEP #	FORM NAME & #	PROVIDED FROM	PROVIDED TO
1	A. W-4 = EMPLOYEES WITHOLDING ALLOWANCE CERFITICATE IRS B. DE4 = EMPLOYEES WITHOLDING ALLOWANCE CERFITICATE (EDD CA) C. I-9 = EMPLOYEMENT ELIGIBILITY VERIFICATION D. DE34 = REPORT OF NEW EMPLOYEES(NBS WILL EFILE TO GOV. AGENCY)	CLIENT	NBS ACCOUNTANT OFFICE
2	YEAR PAYCHEKS WITHOLDING AMOUNTS	NBS ACCOUNTANT OFFICE	CLIENT
3	INIVIDUAL COMPENSATION RECORDS	CLIENT	NBS ACCOUNTANT OFFICE
4	A. ACCOUNTANT OFFICE WILL PREPARE FORMS 941, DE88, DE9, DE9C BASED ON ALL ABOVE INFORMATION B. CLIENT WILL BE PROVIDED THE FINISH PRODUCT TO DOUBLE CHECK FOR ACCURACY THEN NOOTFY US FOR ANY OR NO CHANGES	NBS ACCOUNTANT OFFICE	CLIENT
5	AFTER WRITTEN APPROVAL ACCOUNTANT WILL NOTIFY THE CLIENT FOR THE FUNDS NEEDED TO EFTPS ALL ABOVE FORMS	NBS ACCOUNTANT OFFICE	TO ALL GOVERMANTAL AGENCIES