

Rock Coast Personnel

Personal Information

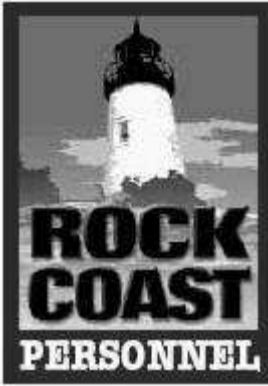
| | | | | | | | | |
|---|--|-----------------------------|--------------------|------------------------------|-----------------------------|---------------------|--|-----------------------------|
| First Name | | Last Name | | MI | | Date | | |
| Phone # | | | Other Phone | | | | | |
| E-Mail | | | Street | | | | | |
| City | | | State | | Zip | | | |
| How did you hear of us? | <input type="checkbox"/> Friend <input type="checkbox"/> Business: _____ <input type="checkbox"/> Rock Coast Site <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram <input type="checkbox"/> JobsInMe <input type="checkbox"/> Craig's List <input type="checkbox"/> Glass Door <input type="checkbox"/> Indeed <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair <input type="checkbox"/> Other: _____ | | | | | | | |
| Would you follow our Job Postings on the following? | <input type="checkbox"/> Instagram <input type="checkbox"/> Twitter <input type="checkbox"/> Other: _____ | | | | | | | |
| Are you able, with or without accommodation, to perform the tasks essential for this position? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reliable Transportation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Busline? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Own Vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Emergency Contact Name | | | | Phone # | | | | |

Availability

| | | | | | | |
|--|------------------------------------|------------------------------------|--|---------------------------------|---|--------------------------------------|
| Are You Applying for: | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | Work Type: | <input type="checkbox"/> Temp | <input type="checkbox"/> Temp to Hire | <input type="checkbox"/> Direct Hire |
| Are You Available for Same Day Assignments: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How Much Notice Do You Require: | | | |
| Dates Available for Work: | Start Date: | | | End Date: | | |
| Shifts Available: | <input type="checkbox"/> 1st | <input type="checkbox"/> 2nd | <input type="checkbox"/> 3rd | Days: | <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Holidays | |
| What Are Your Salary Requirements: | | | Please Check One: | <input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Annually |

Please Do Not Write Below This Line

Interviewer Notes



***Bringing the Best Qualified
People and Companies Together***

Sign Off Sheet

In your past employment have you ever been disciplined or received written warnings for any one of the following reasons:

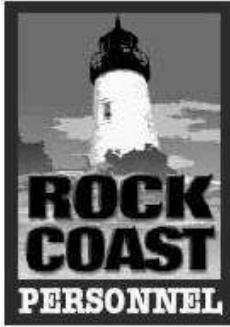
- Harassment
- Workplace Violence
- Illegal Drug Use
- Alcohol Abuse

If yes, please explain:

I hereby affirm that all information given by me in this Sign Off Sheet is true and complete. If the answers are untrue or misleading, you have the right to dismiss me immediately.

Signature of Employee

Date



***Bringing the Best Qualified
People and Companies Together***

Reference, Criminal Background, Educational, and Credit Check Release

I hereby give my permission to Rock Coast Personnel and/or its assigns to check any and all professional references and to confirm any and all information supplied to them during the employment process either verbally or in writing. I also understand that it is well within Rock Coast Personnel's and/or assigns legal right to do criminal background, educational background, employment history, and/or credit checks before being hired for any position. I unequivocally state that the information that I gave on my application is accurate and complete and I understand that any misrepresentation of the same is grounds for immediate termination of my employment.

Printed Name: _____

Signature: _____

Date: _____

Please Note: *Not all positions require a background check, and we will notify candidates when a check is required.*

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

| | | | |
|---|---|-----------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|-------------|----------|
| Step 3: Claim Dependents | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____ | | |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

| | | | |
|------------------------------------|--|--|-------------|
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. | | |
| | ▶ _____ ▶ | | ▶ _____ ▶ |
| | Employee's signature (This form is not valid unless you sign it.) | | Date |

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

MAINE
Employee's Withholding Allowance Certificate

| | |
|---|---|
| 1. Type or print your first name _____ M.I. _____ Last name _____ Home address (number and street or rural route) _____ City or town _____ State _____ ZIP code _____ | 2. Your social security number _____ - _____ - _____ 3. <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married, but withholding at higher single rate (See Instructions) |
|---|---|

| | |
|--|----|
| 4. Total number of allowances you are claiming from line C of the personal allowances worksheet below 4. | |
| 5. Additional amount, if any, you want withheld from your paycheck..... 5. | \$ |

6. If you **do not want any** state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select:
- a. You claimed "Exempt" on line 7 of your federal Form W-4..... 6a.
 - b. You completed federal Form W-4P and checked the box on line 1 6b.
 - c. You are a resident employee with no Maine tax liability in prior or current year 6c.
 - d. You are a recipient of periodic retirement payments with no tax liability in prior or current year 6d.
 - e. Your spouse is a member of the military assigned to a location in Maine and you qualify for exemption under the Military Spouse's Residency Relief Act. You must attach supporting documents. See instructions..... 6e.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.

EMPLOYEE'S/PAYEE'S SIGNATURE

(Form is not valid unless you sign it.) ▶

Date ▶

TO BE COMPLETED BY EMPLOYER/PAYER (see Instructions)

| | |
|---|---|
| 7. Employer/Payer Name and Address (Employer/Payer: Complete lines 7, 8, 9, and 10 only if sending to Maine Revenue Services) | 8. Identification Number |
| 9. Employer/Payer Contact Person: | 10. Contact Person's Phone Number: () - |

----- Cut here and give the certificate above to your employer. Keep the part below for your records. -----

Personal Allowances Worksheet - for line 4 above

Note: Because the personal exemption amount for 2013 is \$3,900 (an increase of \$1,050 over the 2012 personal exemption amount), you should determine the number of allowances for 2013 carefully.

| | |
|--|----------|
| A. Number of federal allowances claimed (see instructions for line 4)..... | A. _____ |
| B. Less: Number of allowances claimed on federal Form W-4 Personal Allowances Worksheet, line G for the Child Tax Credit..... | B. _____ |
| C. Maximum number of allowances for Maine purposes (line A minus line B). Enter here and on line 4 above. See line 4 instructions below if you want to claim fewer allowances or more allowances than claimed for federal purposes. | C. _____ |

Employee/Payee Instructions

Purpose: Complete Form W-4ME so your employer/payer can withhold the correct Maine income tax from your pay. Because your tax situation may change, you may want to recalculate your withholding each year.

Line 4. If you qualify for one of the Maine exemptions from withholding, please complete lines 1, 2, 3 and 6, and sign the form. Otherwise, complete the Personal Allowances worksheet above. Enter on line A the number of allowances you claimed on federal Form W-4, line 5 or Form W-4P, line 2. If you are a spouse in a same-sex marriage, enter the number of allowances that would be allowed if you had completed federal Form W-4 or W-4P as a married person. You may claim fewer allowances than you are entitled to, but you must obtain special permission from the State Tax Assessor if you want to claim more allowances than claimed on your federal Form W-4.

Box 3. Select the marital status that applies to you. You must select the single box if you are single, married but legally separated, or you or your spouse are a nonresident alien. Married individuals have the option of selecting either the married filing joint or married but withholding at higher single rate box.

Line 6. Exemptions from withholding:

Line 6a. You may check this box if you claimed "Exempt" on line 7 of your federal Form W-4. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6b. You may check this box if you completed federal Form W-4P and put a check in the box on line 1. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

Line 6c. You may elect this exemption if you are an employee receiving wages and you meet both of the following conditions:

- 1. You had **no** Maine income tax liability last year, **and**
- 2. You reasonably expect to have **no** Maine income tax liability this year.

This exemption will expire at the end of the year and you must complete a new Form W-4ME for next year or you will be subject to Maine withholding at the maximum rate.

Line 6d. You may elect this exemption if you receive periodic retirement payments pursuant to IRC § 3405, you had no Maine income tax liability in the prior year and you reasonably expect you will have no Maine income tax liability this year.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address | | Employee's 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 boxes):

| | |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|-------------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employer Completes Next Page



Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

Rock Coast Personnel

Work History

| | | | | | |
|-------------------|--|------------------|--|-------------|--|
| First Name | | Last Name | | Date | |
|-------------------|--|------------------|--|-------------|--|

Education

| | | | |
|--|--|---------------------|--|
| High School <i>(Please Indicate Highest Grade Completed from 1-4)</i> | | GED (Yes/No) | |
|--|--|---------------------|--|

| | | | |
|------------------------------|--|--|--|
| College or University | | | |
|------------------------------|--|--|--|

| | | | |
|----------------------------|--|---------------------------|--|
| Grade Point Average | | Graduated (Yes/No) | |
|----------------------------|--|---------------------------|--|

| | | | |
|-----------------------|--|--------------|--|
| Type of Degree | | Major | |
|-----------------------|--|--------------|--|

| | | | |
|---|--|--|--|
| Vocational / Internship Experience | | | |
|---|--|--|--|

Previous Employment

| Start Date | End Date | Company Name & Address | Phone Number | Supervisor | Job Title | Salary | Reason for Leaving |
|------------|----------|------------------------|--------------|------------|-----------|--------|--------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Professional References

| Name | Company Name & Address | Phone Number | Title | Years | Relationship |
|------|------------------------|--------------|-------|-------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

By filling out this work history I hereby affirm that all information given by me on this Work History Form is true and complete. If my answers are untrue or misleading, you have the right to dismiss me immediately. If selected for employment, I agree to provide documentation showing that I am authorized to work in the United States. You may contact my former employers for references and release the information herein to your clients and insurance companies and may give references regarding me. (At your request I will submit to a physical examination by a doctor of your choice. Such physical examination may include testing for drugs and alcohol.) My employment may be terminated by you at any time and you will only be liable for wages earned up to termination. While working for you, I will be considered an employee of Rock Coast Personnel and an employee at will. I will obtain permission before discussing regular employment with your clients. I will keep confidential all information I learn from your clients.