



Saratoga and North Creek Railway

The Polar Express

Seasonal Staff Application

Your Name: _____ Date: _____

Your Email Address: _____

Please complete all three pages of this application in full. Return it to us by October via one of the following three ways:

- Deliver to Saratoga Springs depot, located at 26 Station Lane, Saratoga Springs
- Mail to Saratoga & North Creek Railway, 118 S. Clinton St, Suite 400, Chicago IL 60661
- Submit via email / fax to Mark Salis – salism@iowapacific.com or (518) 251-3959

A background check will be conducted on all selected applicants. Do you agree to this background check? yes no

Please indicate which of the following positions you are interested in (you may select more than one):

Delivering posters and flyers to local businesses (you must provide your own vehicle)

Are you available weekdays between Oct. 15 and Nov. 14th? yes no mostly, please tell us of any schedule conflicts: _____

Performing as one of the following:

Santa Claus, do you have your own costume? yes no

An Elf

A Chef Waiter

The Conductor

A hobo

Do you have experience singing holiday carols? yes no

Do you have experience performing choreographed dances? yes no

Sound technician

Gift shop sales

Ticket agent

Janitorial

Parking lot attendant

Please indicate with an "X" which of the following days/evenings you are available to work:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM		X					
PM		X					

EMPLOYMENT APPLICATION -- IOWA PACIFIC HOLDINGS COMPANIES

Permian Basin Railways	Iowa Pacific Holdings	Texas - New Mexico R.R.
Mount Hood Railroad	San Luis & Rio Grande R.R.	West Texas & Lubbock Rly.
Key Holidays	Pullman	Central Car Repair
Chicago Terminal R.R.	Rusk Palestine & Pacific Rail	Santa Cruz & Monterey Bay
Saratoga North Creek Rail	Cape Cod Rail	Mass Coastal Railroad



Please answer all questions in your own handwriting and in ink. Resumes are not accepted in lieu of this application though you may submit one too. While some questions on this application may not apply to the job you are seeking, please answer all questions to the best of your abilities.

NOTICE: A PRE-EMPLOYMENT DRUG AND ALCOHOL TEST AND BACKGROUND CHECK ARE REQUIRED FOR EMPLOYMENT.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date
			Home Phone
Street Address			Cell Phone
City	State	Zip	E-Mail
			Social Security Number
Have you ever been involuntarily terminated or asked to resign? If "yes," please explain.			
If hired, can you provide verification of your legal right to work in the U.S.?		Have you ever worked under a different name?	
If required for the job for which you are applying, do you have a valid driver's license?		Are you at least 18 years old?	
Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? If "yes," list offense, date and disposition of the case. (Convictions will not necessarily disqualify you for employment.)			

EMPLOYMENT INTERESTS

Position Desired	Date Available	Desired Salary negotiable	Are you willing to work overtime?
Type of Employment Desired	Days Available for Work	Are you willing to relocate? Where?	
How did you find out about our company?			

EDUCATION INFORMATION

School Level	Name & Location of School	Course of Study	highest grade	Did you graduate?	Degree
High School			1 2	yes	no
			3 4		
College/University			1 2	yes	no
			3 4		
Business/Technical			1 2	yes	no
			3 4		
Post-Graduate			1 2	yes	no
			3 4		

SKILLS

Typing Speed WPM:	Languages Spoken:								
Computer Skills:									
Certifications:	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Engineer Card</td> <td style="width: 10%;">no</td> <td style="width: 30%;">Rules (specify):</td> <td style="width: 30%;">no</td> </tr> <tr> <td>CDL:</td> <td>no</td> <td>Other (specify)</td> <td></td> </tr> </table>	Engineer Card	no	Rules (specify):	no	CDL:	no	Other (specify)	
Engineer Card	no	Rules (specify):	no						
CDL:	no	Other (specify)							
Additional Skills (welder, mechanic, equipment qualified, etc.):									

NOTICE: IPH complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical examination. If required, all new employees in the same job category will be subject to the same examination. All information relating to medical history and examinations will be kept confidential.

NOTICE: IPH is an equal opportunity employer. Employment decisions are made without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status or marital status. Employment at IPH is solely dependent upon your qualifications and ability to perform job duties as required.

EMPLOYMENT INFORMATION

Please begin with your most recent employer. Please account for all time periods. Attach additional sheets as necessary.

Company Name	Phone	Employed From (M/Y)	Employed To (M/Y) current
Street Address		Starting Pay/Ending Pay	
City	State	Zip	May we contact this employer?
Job or Job Title	Immediate Supervisor	Job Duties	
Reason for Leaving			

Company Name	Phone	Employed From (M/Y)	Employed To (M/Y)
Street Address		Starting Pay/Ending Pay	
City	State	Zip	May we contact this employer? yes no
Job or Job Title	Immediate Supervisor	Job Duties	
Reason for Leaving			

Company Name	Phone	Employed From (M/Y)	Employed To (M/Y)
Street Address		Starting Pay/Ending Pay	
City	State	Zip	May we contact this employer? yes no
Job or Job Title	Immediate Supervisor	Job Duties	
Reason for Leaving			

Please read each of the following paragraphs carefully and initial where indicated. "IPH" refers to Iowa Pacific Holdings and affiliated companies.

Initials	I authorize any person, school, current or past employer (except as noted above) and organizations cited in this application and any accompanying resume and/or documentation to provide IPH with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and/or opinion to IPH and its management.
Initials	In consideration of employment, I agree to obey all rules and standards of IPH. I understand that nothing in this application or in the interview process is intended to create a contract between IPH and myself for employment, salary or benefits. I agree that my employment at IPH is at-will and my terms of employment may be changed with or without cause and/or with or without notice. Terms include but are not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, work location, payment method, pay date, work rules, sign-up location, etc. Terms may be changed at any time and for any reason at the option of myself or IPH. This constitutes my entire agreement with IPH with regard to the length and terms of my employment.
Initials	IPH has a zero tolerance policy for drug/alcohol use while on duty and/or on IPH property. I understand that as a condition of employment I may be required to take a post-offer, pre-employment drug/alcohol test and/or physical examination. I understand that I may be required to take random drug/alcohol tests at any time during my employment. I may be required to take a drug/alcohol test if IPH management suspects I may be under the influence of such substances. I understand that in the event my off-duty behavior causes me to be unable to perform my job requirements, I will be terminated.
Initials	I agree that I am responsible for reading, understanding and questioning the contents of all information provided to me by IPH. The contents of any employee handbooks or personnel manuals, as well as other IPH policies and practices, are subject to change or modification by IPH, solely at its discretion, without notice. I also understand that no employee of IPH has the authority to enter into any agreement with me contrary to the foregoing.
Initials	I understand the nature of the railroad industry may require me to work holidays, overtime, on call, irregular hours, at irregular locations, away from home, outside and in bad weather, etc. I understand I may be required to travel long distances to work locations. I understand I may be called in to work on my off days in the event of an emergency. I understand the demands of my job may require physical exertion.
Initials	I understand that all offers of employment are contingent on my providing satisfactory proof of my identity and legal right to work in the United States.
Initials	This application will remain active for sixty (60) days. Any applicant wishing to be considered for employment after sixty (60) days should reapply.
Initials	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in this application and any other accompanying documents are true and complete. I understand any misrepresentations or omissions will disqualify me from further consideration for employment and will result in my termination from employment if discovered at a later date.

Applicant Signature:	Date:
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Form W-4 (2014)

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 2014 expires February 17, 2015. 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 \$1,000 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 2014. 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	<u> </u>
B	Enter "1" if: {	• You are single and have only one job; or	B
		• You are married, have only one job, and your spouse does not work; or	
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.)	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
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	<u> </u>
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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.		
	• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
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	<u> </u>

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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2014</h1>
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 without at higher Single rate.
City or town, state, and ZIP code		Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		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"/>
6 Additional amount, if any, you want withheld from each paycheck		5 <u> </u>
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.		6 \$ <u> </u>
• 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)



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your social security number
Permanent home address (number and street or rural route)		Apartment number
City, village, or post office		State ZIP code

Single or Head of household Married
 Married, but withhold at higher single rate

Note: If married but legally separated, mark an X in the Single or Head of household box.

Are you a resident of New York City? Yes No
 Are you a resident of Yonkers? Yes No

Complete the worksheet on page 3 before making any entries.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17)	1	
2 Total number of allowances for New York City (from line 28)	2	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3	
4 New York City amount	4	
5 Yonkers amount	5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employers only: Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department)	Employer identification number
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Instructions

Changes effective for 2013

Form IT-2104 has been revised for tax year 2013. The worksheet on page 3 used to compute your withholding allowances and the charts beginning on page 4 used to enter an additional dollar amount of withholding have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2013 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$102,900 or more during the tax year.
- The total income of you and your spouse has increased to \$102,900 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Receipt of Seasonal Employee Handbook

By signing below, you acknowledge that you have received a copy of IPH's Employee Handbook, and understand that it is your responsibility to read and comply with the policies contained therein and any revisions made to it in the future. Furthermore, you acknowledge that you are employed "at-will" and that this Handbook is neither a contract of employment nor a legal document.

By signing below, you also acknowledge the following:

1. I understand and agree that I am required to take a drug test and complete a background check as a condition of my employment with IPH. I further acknowledge and understand that I cannot begin to work for IPH until I receive an email from the Human Resources Department authorizing me to work for IPH. As such, any service rendered by me prior to receiving authority to begin employment from the Human Resources Department will be performed by me on a strictly volunteer basis and I will not be compensated for my time
2. I agree that I will not come to work until I have completed all of the documents necessary to establish my eligibility to work in the United States, including my I-9 form, and where appropriate, state documentation required for minors. If I do begin working for IPH before I have completed these documents, it is on a strictly volunteer basis and I will not be compensated for my time.
3. I agree that I am SOLELY responsible for submitting my time and hours worked through the ADP time and attendance payroll system made available to me by IPH. I understand that it is my responsibility to "clock in" and "clock out" of work every day. Further, in the event that I fail to clock in or out I will be required to contact my manager or supervisor immediately in order to correct this situation. I acknowledge and understand that IPH will not accept timesheets or any other form or paper submission of time worked.
4. I have been advised, and agree that if there is any issue or problem with my payroll or paychecks, I am required to contact Human Resources at hr@iowapacific.com to address that issue.

Signature

Date

Please print your full name

Email



118 SOUTH CLINTON ST. > SUITE 400 > CHICAGO, IL 60661

**Effective October 1, 2014, Texas State Railroad will comply with
Federal DOT drug & alcohol policy.**

Drug and Alcohol Policy Receipt

This letter acknowledges that you have received a copy of the Iowa Pacific Holdings, full compliance Drug and Alcohol Policy that includes Texas State Railroad. A copy of this letter will be maintained in your personnel file. Please familiarize yourself with the policy. Iowa Pacific is committed to a safe and drug- and alcohol-free workplace. Should you have any questions, please see your supervisor.

I, _____,
(printed name)

have received a copy of the Iowa Pacific drug and alcohol policy

(signature)

(date)

RECEIPT OF INJURY POLICY

The Employee Handbook contains a section which relates to the reporting and handling of injuries both while at work and away from the job.

By signing below, you acknowledge that you have received a copy of IPH's Employee Injury Policy, effective September 1, 2013, and understand the terms, conditions and responsibilities under the Injury policy, and agree to abide by its terms.

Signature

Date

Please print your full name

Please sign and date one copy of this notice and return it to Human Resources retain a second copy for your reference.

New Employee Form

Hire date: _____

Employee Information:	
* Employee Name:	
Employee ID No.:	
Company:	
Location:	
Persona/Information:	
* Mailing Address:	
City/State/Zip:	
Email Address:	
Cell Number:	
Emergency Contact:	
Marital Status:	
Job Position Information :	
Job Title:	
Department:	
Rate of Pay:	
Status:	Seasonal 1099 Contractor Temp P/T F/T
Employment Documentation Check List:	
Comments:	
Application:	Date Completed:
1-9 Form	Date Completed:
Background Authorization Form:	Date Completed:
W-4 Form	Date Completed:
Drug and Alcohol Policy Receipt:	Date Completed:
Direct Deposit and Voided Check:	Date Completed:
Sexual Harassment:	Date Completed:
Employee Handbook:	Date Completed:
Prior DOT Screening:	Date Completed:
Injury Policy:	Date Completed:
Benefits Eligible?	Y/N
Date Eligible for Benefits:	
Date Eligible for 401(k) contribution:	
Date Eligible for 401(k) match:	
Supervisor:	Date Signed:
Human Resources:	Date Signed:



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 (Employer must complete and sign Section 1 of Form I-9 no later than the first day of employment.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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		E-mail Address			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

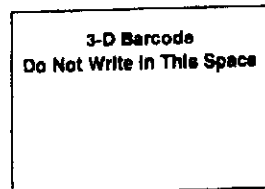
2. Form I-94 Admission Number: _____

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)



Signature of Employee:	Date (mm/dd/yyyy):
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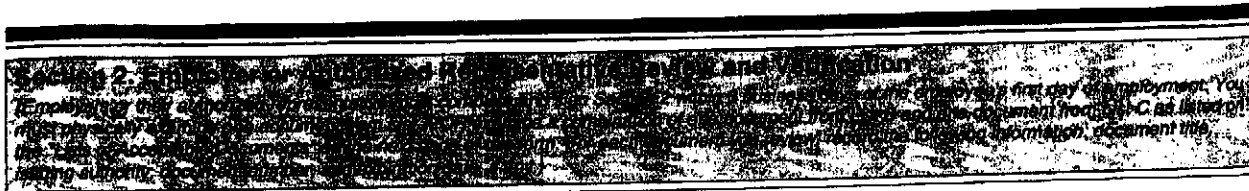
Section 2. Preparer and/or Translator Certification (This section must be completed by a person other than the employee.)

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 (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



For Employer To Fill Out
(Leave with packet)



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: Verification of Status

A. New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Hire (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:
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Either Direct Deposit form OR ADP Aline Card

EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

To enroll for direct deposit, fill out this form completely and return it to your payroll manager.

Instructions

Attach a voided check for each checking account into which you wish to have funds deposited -- NOT a deposit slip. If you wish deposits to go into a savings account ask your bank to give you the routing/transit number for the account. Note that the routing/transit number is not always the same number as on deposit slips. The routing/transit number is the left-most group of nine numbers on the bottom of a check. The account number is the next group of nine numbers on the bottom of the check. The right-most group of numbers is the check number (this is not needed for direct deposit).

IMPORTANT! Please read and sign the following before completing this form.

I hereby authorize ADP/PayCom to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP/PayCom to my account. In the event ADP/PayCom deposits funds erroneously into my account, I authorize ADP/PayCom to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until ADP/PayCom and Bank have received written notice from me of its termination in such time and manner as to afford ADP/PayCom and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security Number: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. You may deposit to up to five accounts. If you need more room, use another form. Make sure to indicate what kind of account, along with the amount to be deposited, if less than your total paycheck.

1) Bank Name/City/State: _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Other

I wish to deposit: \$ _____ Entire net amount.

2) Bank Name/City/State: _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Other

I wish to deposit: \$ _____ Entire net amount.

3) Bank Name/City/State: _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Other

I wish to deposit: \$ _____ Entire net amount.

4) Bank Name/City/State: _____

Routing/Transit Number: _____ Account Number: _____

Checking Savings Other

I wish to deposit: \$ _____ Entire net amount.

Payroll Manager Use Only

Company Code: _____ Company Name: _____ Emp. File #: _____

Payroll Manager Name: _____ Payroll Manager Signature: _____



Enrollment Form

IPH

Employee Information

Print and Complete All Fields

First Name _____ MI _____ Last Name _____

Social Security Number ____ / ____ / ____ Date of Birth (mm/dd/yyyy) ____ / ____ / ____

Address _____ APT # _____
(P.O. Boxes Not Allowed)

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

E-mail _____

I am requesting Full amount of my pay loaded to my ALINE Card
I am requesting Partial amount of \$ _____ of my pay loaded to my ALINE Card.

Please read and sign before submitting:

By accepting and using my ALINE Card, I agree to be bound by the terms and conditions outlined in the ALINE Cardholder Agreement. I hereby authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my ALINE Card. In the event that ADP loads funds erroneously to my ALINE Card, I authorize ADP and my employer to debit my card for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until ADP has received written notice from me of its termination in such time and in such manner as to afford ADP reasonable opportunity to act on it. I agree that I have reviewed, and understand the ALINE Cardholder Fees Summary.

Employee Signature: _____ Date: _____

NOTE: After completing the form, please return it to your employer.

FOR EMPLOYER USE ONLY

Tax Branch: _____ Company Code: _____ Employee ID Number: _____

Company Name: _____ Employer Contact: _____

Phone: _____ Fax: _____

E-mail: _____

Employer Signature _____ Date _____

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