



PHONE 713-975-7576
PHONE 800-701-4014
FAX 713-783-1566
FAX 800-765-0652
1616 S. VOSS, STE 700
HOUSTON, TEXAS 77057
www.TFIresources.com

INSTRUCTIONS

PLEASE FILL OUT AND RETURN

TFI RESOURCES IS THE EMPLOYER OF RECORD FOR TEMPORARY AND CONTRACT WORKERS REFERRED BY 180 NORTH.

In order to process your time sheet and issue a payroll check, we will need the following items from you:

- Application for Employment/Employment Policies. Please read and complete, initial page 1, sign and date page 2, and return ALL pages.
- Form W-4: Please complete, sign and return
- Form I-9: Please complete Section 1, sign and return
- Copies of 2 forms of identification (See Form I-9 Attachment)
- State withholding form, completed and signed (if applicable)
- Direct Deposit Authorization (Direct deposit is recommended to eliminate the possibility of delayed or lost checks.)

PLEASE FAX THESE DOCUMENTS TO US AS SOON AS POSSIBLE: 713-783-1566 OR 1-800-765-0652. AFTER FAXING, PLEASE CALL TFI RESOURCES TO CONFIRM THAT WE HAVE ALL NECESSARY INFORMATION.

Included in this package is a paper time sheet for your use during this assignment. If you prefer, you may use an electronic time sheet (etimesheet) that can be saved to your computer desktop and reused weekly. At the end of the week, you can print the etimesheet, sign it, and submit it to your supervisor for approval; or you can enter your name in the employee signature field on the etimesheet, and forward it to your supervisor who can approve the time and forward to TFI.

If you have any questions, please feel free to call our office at 800-701-4014. It is important to identify your referring Recruiter, as noted above, when calling so that we will be able to direct you to the appropriate account representative.

We appreciate the opportunity to serve as your employer for this temporary work assignment.

Special Note: Watch your email for confirmation that you have successfully been set up in our system for payroll purposes. This confirmation will also provide information on accessing our employee self service site. Some features of this site are the ability to view and print copies of pay checks, job history, and W-2s. You also have the option of updating your address and withholding forms.



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TFI RESOURCES

EMPLOYMENT POLICIES AND APPLICATION FOR EMPLOYMENT

TFI RESOURCES WILL BE THE EMPLOYER OF RECORD FOR YOUR CURRENT WORK ASSIGNMENT. Please read and complete this document carefully, then sign and return one copy to TFI Resources.

APPLICATION FOR EMPLOYMENT

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Home Telephone _____

E-mail Address (mandatory) _____ Mobile/Other # _____

Referring Recruiter or Staffing Company 180 NORTH

Job Title: _____ Job Description: Office/clerical Office/professional Other

If Other (please describe) _____

Are you legally eligible for employment in this country? (TFI subscribes to the DHS E-Verify program)..... Yes No

EMPLOYMENT POLICIES

DISCIPLINARY ISSUES

Please report to and leave work at the times specified by the client company. Absenteeism and tardiness can be considered misconduct. In the event you will be late or absent, please notify the client company at least one (1) hour before your scheduled arrival time. Absences due to medically verifiable illnesses, jury duty, and military leave are acceptable in moderation with valid documentation.

Failure to act appropriately is considered misconduct. You should follow the client company's "house rules" while on assignment. Use of offensive language, illegal drug or alcohol use, absenteeism, tardiness, harassment and/or violence are considered disciplinary issues and may result in termination.

The use, sale, or possession of illegal drugs or alcohol on the premises of the client company is strictly prohibited. Random drug tests and/or reasonable searches for drugs may be conducted by the client company or TFI Resources. Refusal to submit to a drug test or search may be cause for termination. I understand that TFI will require a drug screen and alcohol test whenever an on the job accident or injury is reported and that refusal to submit to such a test may be cause for termination. All claims will be fully investigated and properly substantiated prior to acceptance.

CONFIDENTIAL INFORMATION/PRIVACY

Employees must exercise care in reference to all confidential information of the client company. Information may not be taken, copied or communicated to other parties. Office equipment and work areas are for business use and are subject to the rules and regulations of the client company.

BENEFITS AND COMPENSATION

TFI Resources does not offer group insurance, a pension plan, paid holidays or paid vacations. Individual health plans, dental and vision discounts, and credit union membership are available to temporary and contract employees. TFI makes available to eligible employees a **Section 125 Premium Reimbursement Plan** and a **Transportation Reimbursement Plan**. Both plans allow you to set aside a portion of your wages on a pre-tax basis for certain insurance premiums and transportation costs. More information is available upon request.

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
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	<u> </u>
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 \$1,900 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. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	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. { <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. }		

----- Cut 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="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. 1545-2159 2011
1 Type or print 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 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 <u> </u>
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)

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared 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.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 (month/day/year) _____
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**Who must complete this form?**

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay. If you are claiming exempt status (see Publication 131, Withholding Income Tax Filing and Payment Requirements) from Illinois withholding, you must check the exempt status box on the IL-W-4.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I file?

You must file Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You should complete this form and give it to your employer on or before the date you start working for your employer. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your previously claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional exemption for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have filed takes effect or until your employer is required by the department to disregard it. Your employer is required to disregard your Form IL-W-4 if you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption. Also, if the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4, your employer must also disregard your Form IL-W-4. Finally, if you claim 15 or more exemptions on your Form IL-W-4 without claiming at least the same number of exemptions on your federal Form W-4, and your employer is not required to refer your federal Form W-4 to the IRS for review, your employer must refer your Form IL-W-4 to the department for review. In that case, your Form IL-W-4 will be effective unless and until the department notifies your employer to disregard it.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax. Therefore, your employer will withhold Illinois Income Tax based on your compensation minus the exemptions to which you are entitled.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

What if I underpay my tax?

If the amount withheld from your compensation is not enough to cover your tax liability for the year, (e.g., you have non-wage income, such as interest or dividends), you may reduce the number of allowances or request that your employer withhold an additional amount from your pay. Otherwise, you may owe additional tax at the end of the year. If you do not have enough tax withheld from your pay, and you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty. You should either increase the amount you have withheld from your pay, or you must make estimated tax payments.

You may be assessed a **late-payment penalty** if your required estimated payments are not paid in full by the due dates.

Note You may still owe this penalty for an earlier quarter, even if you pay enough tax later to make up the underpayment from a previous quarter.

For additional information on penalties, see Publication 103, Uniform Penalties and Interest. Visit our web site at tax.illinois.gov to obtain a copy.

Where do I get help?

- Visit our web site at tax.illinois.gov
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to
**ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19044
SPRINGFIELD IL 62794-9044**

Illinois Withholding Allowance Worksheet

General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
- I can claim my spouse as a dependent.

- 1 Write the total number of boxes you checked. 1 _____
- 2 Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
- 3 Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are **entitled**. 3 _____
- 4 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.
- My spouse is 65 or older.
- I am legally blind.
- My spouse is legally blind.

- 5 Write the total number of boxes you checked. 5 _____
- 6 Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4. 6 _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 _____
- 8 Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are **entitled**. 8 _____
- 9 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 _____

Note If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

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



Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

_____-_____-_____-
Social Security number

Name

Street address

City

State

ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding.

- 1 Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- 2 Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- 3 Write the additional amount you want withheld (deducted) from each pay. 3 _____

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

Your signature

Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

EMPLOYEE RELEASE AND DISCLOSURE

Client: TFI Resources Phone: 713-975-7576

**RECRUITING
AGENCY:**

In connection with my application for employment with **TFI RESOURCES (TFI)** (including contract for services); **TFI** may obtain a consumer report on you, as defined in the Federal Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq.* TFI may not obtain any consumer report on you for employment purposes without your written consent. Also, **TFI** may not obtain medical information about you without your express consent to the release of medical information. Consent to the release of medical information, is *not* covered by the authorization contained in this document.

I expressly authorize any person associated with any educational institution, past or present employer, any law enforcement agency (federal, state or local), any credit reporting organization, or any person who has knowledge of my character, work experience, criminal records, education, personal interviews, worker's compensation records (**ONLY AFTER A CONDITIONAL JOB OFFER HAS BEEN MADE**, in accordance with Title I: Americans with Disabilities Act), to release information to **TFI or any party or agency contracted by TFI**, including their employees and agents, orally or in writing. I hereby waive any rights or claims I may have and release **TFI** and their employees or agents from any liability and responsibility, and any person providing the requested information from any damage whatsoever resulting from the acquisition, use, retention, or disclosure of any such information. I hereby authorize that a photocopy or Fax of this authorization can be considered as valid as an original. I will not hold **TFI**, their employees or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background. I also authorize **TFI or any party or agency contracted by TFI**, to release the above information only to **TFI** for their sole use.

I request a copy of the consumer report.

SIGNATURE

DATE

E-MAIL

State-specific information:

- California – If you are a California resident or applying for employment at a location in the State of California, in addition to this disclosure/authorization, please review and complete the “Disclosure and Acknowledgement Concerning Consumer Credit Report Obtained for Employment Purposes Pursuant to California Law.”
- Minnesota – If you are a Minnesota resident or applying for employment at a location within the State of Minnesota, you have a right to obtain a copy of the consumer report by checking this box.
- Oklahoma – If you are an Oklahoma resident or applying for employment at a location within the State of Oklahoma, you have a right to obtain a copy of the consumer report by checking this box.

FAX DOCUMENTS BACK TO TFI RESOURCES – 713-783-1566 OR 800-765-0652

**EMPLOYEE AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYROLL DEPOSITS**

PLEASE TYPE OR PRINT CLEARLY.



Phone 713-975-7576
Phone 800-701-4014
Fax 713-783-1566
Fax 800-765-0652
1616 S. Voss, Suite 700
Houston, Texas 77057
www.TFIresources.com

Employee Name (Last, First & Middle Initial)

180 NORTH

Recruiter/Staffing Agency

Social Security Number Contact Phone Number

Action Type ____ New ____ Change ____ Cancel
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I hereby authorize TFI RESOURCES to initiate and make credit entries and debit entries (for the purpose of adjusting any credit entries made in error to my account) at the indicated financial institution and I hereby authorize the indicated financial institution to accept and post such entries to my account. The forgoing authorization is solely for the purpose of facilitating automatic payroll deposit.

IMPORTANT: I understand it may take up to forty-eight (48) hours after TFI RESOURCES transmits my funds before they are posted to my account. Further, I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

This authorization is effective until I cancel my direct deposit, by delivering written notice of cancellation to TFI RESOURCES at least five business days prior to the desired termination date. However, I understand that this authorization will automatically become inactive on the first of the month following ninety (90) consecutive days of inactivity. After becoming inactive, I will have to complete a new Authorization Agreement before TFI RESOURCES will initiate any further automatic payroll deposits. TFI RESOURCES may terminate this authorization agreement at any time.

I hereby authorize TFI RESOURCES to provide a copy of this authorization only as necessary for purposes of automatic payroll deduction.

NAME OF BANK: _____
CITY / STATE / ZIP: _____
PHONE NUMBER: _____
ACCOUNT NUMBER: _____
BANK ROUTING/TRANSIT #: _____

CHECK ONE: CHECKING ACCOUNT
 SAVINGS ACCOUNT

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid in a timely manner.

Employee Signature _____ Date _____

NOTE: Any time you change your bank account authorization, it may take seven (7) to ten (10) business days before payroll can be transmitted by direct deposit. Please let our office know if you would like the live check(s) mailed to you or if you would prefer to pick up at our office.

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For Account Verification:
ATTACH VOIDED CHECK – (not a deposit slip)
Please Do Not Use Staples

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PHONE 713-975-7576
 PHONE 800-701-4014
 FAX 713-783-1566
 FAX 800-765-0652
 1616 S. VOSS, STE. 700
 HOUSTON, TX 77057

DATE _____
 EMPLOYEE NAME _____
 CLIENT COMPANY _____
 WORK PHONE _____

NH

PAYROLL SERVICE FOR:



EMPLOYEE TIME SHEET

DAY	DATE	START	LUNCH		END	REG HOURS	OT HOURS	REMARKS
			OUT	IN				
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
TOTALS:	_____ >							
Express hours worked in decimals & round to the nearest quarter hour. For example: (7 hrs 15 min = 7.25 hrs) (7 hrs 45 min = 7.75 hrs) (7 hrs 35 min = 7.50 hrs) (7 hrs 40 min = 7.75 hrs)						=	THIS WEEK'S TOTAL HOURS WORKED	

PAY CHECK DISTRIBUTION	STATEMENT OF ACCURACY	APPROVAL OF HOURS WORKED
Fax time sheets by noon C.S.T. on Monday. Pay checks will be mailed on Tuesday evening. Any other arrangements should be explained on time sheet below <u>and</u> confirmed by phone with a payroll administrator of TFI Resources. <input type="checkbox"/> Please distribute my pay check as follows: _____	I attest that the hours stated on this time sheet were worked by me during the time period shown above and that these hours were properly certified by an authorized representative of the client company.	Execution of this form by the client company constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.
	Employee Signature	Authorized Client Company Rep/Mgr Signature
	My Assignment Will Continue Next Week: YES <input type="checkbox"/> NO <input type="checkbox"/>	Print authorized representative name _____ Title _____

IMPORTANT NOTES - PLEASE READ:

- Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
- Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
- Employee acknowledges that he/she has received meal and rest periods as mandated by state law.
- Employee acknowledges that he/she has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
- Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
- Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
- Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
- Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
- As the employer of record for temporary or contract workers provided by 180 North, TFI Resources makes no representations, express or implied, as to the background or qualifications of any worker furnished by 180 North or to the accuracy of any facts or information provided by 180 North. Background checks and drug screens are not performed by TFI or 180 North on temporary or contract workers unless specifically requested in writing by the client company. TFI Resources disclaims any responsibility for any actions taken by a temporary or contract worker while under the direct control and supervision of the client company.

HIRING POLICY: 180 North refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a personnel placement fee to be due 180 North in the amount of 35% of the annual salary. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for the same fee if the worker is hired within one year of such referral.