



APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR

--

MIDDLE INITIAL:

GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE)	DATE
SOCIAL SECURITY NUMBER	PHONE NUMBER
ADDRESS (STREET, CITY, STATE & ZIP)	ALTERNATE NUMBER
EMAIL ADDRESS	PLACE OF BIRTH (CITY, STATE)
EMERGENCY CONTACT INFORMATION: (NAME)	RELATIONSHIP
ADDRESS	PHONE #

FIRST NAME:

EDUCATION

HIGH SCHOOL	GRADE COMPLETED	9	10	11	12	DID YOU GRADUATE
						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED
COLLEGE	YEARS COMPLETED	YEAR GRADUATED				DEGREE RECEIVED
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+					
POST GRAD	YEARS COMPLETED	YEAR GRADUATED				DEGREE RECEIVED
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+					
TRADE SCHOOL	YEARS COMPLETED	YEAR GRADUATED				DEGREE RECEIVED
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+					
MAJOR						

LAST NAME:

INDUSTRIAL APPLICANTS

HAVE YOU EVER SERVED AN APPRENTICESHIP IN ANY TRADE?	LOCATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
DATES	TRADE	
ARE YOU A CERTIFIED JOURNEYMAN?	DO YOU READ BLUEPRINTS?	DO YOU HAVE YOUR OWN TOOLS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATIONS OR LICENSES		



APPLICATION MUST BE SIGNED AND FILLED COMPLETELY

APPLICANT'S SIGNATURE

EMPLOYMENT HISTORY

EMPLOYER		TITLE
DATES	SUPERVISOR'S NAME	
ADDRESS		PHONE
PAY RATE	REASON FOR LEAVING	
JOB DUTIES		
EMPLOYER		TITLE
DATES	SUPERVISOR'S NAME	
ADDRESS		PHONE
PAY RATE	REASON FOR LEAVING	
JOB DUTIES		
EMPLOYER		TITLE
DATES	SUPERVISOR'S NAME	
ADDRESS		PHONE
PAY RATE	REASON FOR LEAVING	
JOB DUTIES		
EMPLOYER		TITLE
DATES	SUPERVISOR'S NAME	
ADDRESS		PHONE
PAY RATE	REASON FOR LEAVING	
JOB DUTIES		

EMPLOYMENT HISTORY CONTINUED

EMPLOYER		TITLE
DATES	SUPERVISOR'S NAME	
ADDRESS		PHONE
PAY RATE	REASON FOR LEAVING	
JOB DUTIES		

ADDITIONAL SKILLS (E.G. SOFTWARE PROFICIENCY, PROFESSIONAL CERTIFICATIONS)

MISC. INFORMATION

SALARY REQUIREMENT \$	VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRIVERS LICENSE #	EXPIRATION DATE	STATE ISSUED
METHOD OF TRANSPORTATION	<input type="checkbox"/> OWN TRANSPORTATION <input type="checkbox"/> RIDE <input type="checkbox"/> PUBLIC TRANSPORTATION	
WHAT HOURS / DAYS CAN YOU WORK?		
WHAT TYPE OF WORK WILL YOU CONSIDER? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SHORT TERM <input type="checkbox"/> LONG TERM		
DO YOU NEED TO GIVE NOTICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MUCH NOTICE?	
HOW DID YOU HEAR ABOUT CALIPER?		
HAVE YOU EVER WORKED FOR CALIPER? <input type="checkbox"/> YES <input type="checkbox"/> NO	TITLE	DATES
REASON FOR LEAVING		

MILITARY

HAVE YOU SERVED IN THE ARMED FORCES OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	
DATES SERVED	RATING	TYPE OF DISCHARGE
ARE YOU IN THE RESERVES?	BRANCH	DD214 <input type="checkbox"/> YES <input type="checkbox"/> NO

CRIMINAL HISTORY

HAVE YOU BEEN CONVICTED OF THE FOLLOWING: (REGARDLESS OF TIME PERIOD)	FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO	MISDEMEANOR <input type="checkbox"/> YES <input type="checkbox"/> NO
GIVE CHARGE, LOCATION & DATE OF EACH CONVICTION		

Caliper, Incorporated Employee Handbook

Introduction

Caliper, Incorporated is an equal opportunity employer and does not discriminate based on age, sex, race, religion, national origin, color or handicap. It is our intention to hire an individual based solely on his/her qualifications. Employees are strictly prohibited from discriminating against co-workers and acts of discrimination will result in disciplinary action and possible termination. If for some reason you feel that you were discriminated against during the hiring process or at any time throughout the course of your employment with the company, contact our Caliper, Inc. Human Resources Department immediately at 800-476-1306.

Each employee's employment with Caliper, Inc. is AT-WILL. Either Caliper, Inc. or the employee may terminate employment, with or without cause, at any time. As an employee of a staffing company, you are filling a customer requirement and as such we ask that you provide as much notice as possible should you have to resign from your position with the company.

You will be assigned to a designated Caliper, Inc. representative who will serve as your primary point of contact. If you have any personnel or payroll related questions please contact this representative for assistance.

We look forward to developing a long-term working relationship with our employees and are here to provide assistance throughout your employment. Please review the below policies and if you need assistance or further clarification, please contact us.

Corporate Policies

Employment: As an employee of Caliper, Inc. you may be assigned to various client locations. Throughout your tenure, you are an employee of Caliper, Inc. and are not considered an employee of the client you are assigned to support. Caliper, Inc. is directly responsible for all payroll taxes, insurance and benefits administration. Caliper, Inc. employees are not entitled to the benefits offered to our customers or corporate staff and shall receive a Caliper, Inc. benefit package from our HR department with eligibility requirements.

Caliper, Inc. employees must complete the following documents to complete the hiring process:

- Caliper, Inc. application
- I-9 form (two valid forms of identification must be presented)
- Tax forms (federal and state tax forms)
- Employee handbook acknowledgement page must be signed
- Post-offer medical questionnaire must be completed upon hire
- Background package completed (if customer requirement)
- Release of information forms signed (as required)

Work Schedule: You will be assigned a specific daily work schedule. This schedule will reflect the required hours established by our customer. You must be ready to begin work at your scheduled start time and may not leave your designated work location prior to the scheduled end of your shift. Caliper, Inc. or a customer representative must authorize any deviation from your scheduled shift.

- Failure to report to your designated work area on time will result in your hours being docked. For payroll purposes hours are rounded to the nearest quarter hour.
- You may not make up missed work hours at the end of the workday or throughout the workweek, unless authorized by a designated Caliper, Inc. representative and/or customer management.

Attendance: If you are unable to report to work due to illness or for personal reasons it is your responsibility to contact your Caliper, Inc. representative and, when specified, your designated customer contact. Contacting the customer directly without additionally contacting Caliper, Inc. does not comply with this policy and, unless otherwise specified when assigned, you must notify your designated Caliper, Inc. representative of an absence immediately.

Your attendance and commitment is essential to your personal growth and the success of the company. Excessive absenteeism is not acceptable. If you miss more than 3 scheduled workdays without proper notification, it will be assumed that you are voluntarily terminating your position with Caliper, Inc. and you will not be eligible for re-employment with the company, no exceptions.

Failure to notify Caliper, Inc. that you must miss scheduled work hours may result in termination and will directly affect your ability to work on future assignments and collect unemployment benefits.

Timekeeping: Caliper, Inc. requires our contract employees to coordinate the weekly submittal of their timesheets no later than noon each Monday. We strongly encourage employee participation in our Fastime paperless timekeeping system which allows you to submit your hours electronically and directly to your supervisor for approval. If Fastime is not accepted by the customer to which you are assigned, you will be required to complete and fax a weekly timesheet to our payroll department. It is YOUR RESPONSIBILITY to turn in approved timesheets each week. If Caliper, Inc. receives a timesheet after the deadline of noon on Monday, your payroll check may be processed the following week.

Payroll: Caliper, Inc. compensates contract employees on a weekly basis and strongly encourages your participation in direct deposit. Direct deposit advices are available upon request and regular payroll checks are available each Friday at one of office locations. If you do not have access to an office, you may elect to have your paycheck mailed. If you chose the mail option for paychecks, your check will be mailed no later than Friday of each week. Once a check is mailed Caliper, Inc. cannot guarantee timely delivery. If a check is lost in the mail, you will be responsible for “stop payment” fees to reissue.

It is important to remember that if you change your address or contact information while employed or after termination with Caliper, Inc., it is your responsibility to notify our corporate office or your Caliper, Inc. representative of your updated contact information.

Garnishments and Payroll Deductions: Caliper, Inc. must comply with any garnishments or withholding order presented by the state or court system. In many cases, Caliper, Inc. is authorized to deduct a processing fee from the employee for making garnishment payments. This fee shall be charged when allowed without exception.

Assignment Status: Upon hire, you are required to keep your designated Caliper, Inc. representative informed of any and all relevant changes to your assignment. When possible, the Caliper, Inc. representative will be the person notifying you of assignment extensions, schedule changes and/or anticipated end dates. Should any change occur without contact by Caliper, Inc., you are required to contact your representative.

Lay off/Reduction in Force:

Caliper, Inc. is committed to keeping our employees working. At times, we may have to temporarily reduce the size of our staff as projects end. If you are unemployed as a result of a lay off, you are required to check in at least once a week with your company representative to look for available work and to keep us up to date on your employment status.

When speaking to a company representative, request that they update your availability in our system. Failure to adhere to this policy will affect your eligibility for unemployment benefits. If you are collecting unemployment benefits and fail to contact our office at least once a week, Caliper, Inc. will notify the appropriate employment commission.

To qualify for unemployment benefits you must be laid off from an assignment due to lack of work and you must keep in regular contact with your designated Caliper, Inc. representative. If you are released for reasons other than lack of work or if you fail to report to work as assigned, your termination from the company shall be considered permanent unless otherwise indicated by a company representative.

Dress Code: As a representative of Caliper, Inc., you are expected to always maintain a neat and professional appearance and maintain good personal hygiene. Compliance to our provided Rules and Regulations pertaining to proper work attire is mandatory.

Telephone Policy: Caliper, Inc. employees are not permitted to use customer telephones for personal calls without the express authorization of customer management. Long distance calls are strictly prohibited and may lead to disciplinary action leading up to removal from a customer job location.

Computer/Internet Usage: Caliper, Inc. employees are not permitted to use customer computers or Internet for personal use without the express authorization of customer management. Computer and Internet usage without permission is strictly prohibited and may lead to disciplinary action leading up to termination from an assignment.

Searches: All Caliper, Inc. employees are subject to random searches of lockers, toolboxes, lunchboxes, desks or any other company/personal property while assigned to customer locations. This search can be performed by either the Caliper, Inc. or customer management with or without notice to the contract employee.

Property Damages: If a Caliper, Inc. employee is involved in a deliberate act of vandalism or damage to company or customer property, the employee shall be held financially responsible for the repair or replacement of the property. A deduction from his/her wages will be authorized to cover the appropriate costs. Disciplinary action will also result from this willful act.

Drug Free Work Place: Caliper, Inc. is a Drug Free Work Place Employer and will not tolerate the use of illegal drugs and/or alcohol on any work site. You are prohibited from reporting to work under the influence of any illegal drug and/or alcohol. If you are taking a prescribed drug that may influence your ability to perform the assigned job, notify your company representative and customer management immediately.

Substance Screening: Upon employment, you are subject to a substance screening. Test results will directly determine your eligibility for employment with Caliper, Inc.. All company employees are required to undergo substance screenings, For Cause, on a Random Basis, or immediately following a Work Related Accident.

Sexual Harassment: Caliper, Inc. prohibits sexual harassment of any form either by or directed toward any of our employees. Sexual harassment includes but is not limited to any unwelcome comment, advance, conversation or action that may adversely affect an employee in any way. Such conduct will result in immediate disciplinary action up to and including dismissal. Any employee that feels that he/she is being harassed or knows first hand of individuals being harassed should contact the Caliper, Inc. Human Resources Department immediately. All complaints will be investigated, and shall remain in the strictest confidence.

Benefits: Caliper, Inc. offers a wide range of cost-effective benefits. If you are interested in learning more about our programs contact Lisa Rich or Dawn Messer at 800.476.1306. Benefits information is sent out to employees based on eligibility.

Employee Assistance Program: As a Caliper, Inc. employee you may elect to seek confidential support through our employee assistance program. If you are experiencing difficulties as a result of substance abuse and voluntarily request assistance, Caliper, Inc. can provide you with information on several organizations that will help. If this request is made voluntarily without cause, we will work with you to continue your employment once you have successfully completed treatment. Our employee assistance program is voluntary and completely confidential, for details, you can contact our corporate office and dial extension 25.

Safety

Employees are required to follow the general rules and regulations identified below and may be subject to additional site-specific requirements:

1. As an employee of Caliper, Inc. you have an obligation to report any unsafe conditions you may be exposed to on a job site.

2. All on-site accidents must be reported to your Caliper, Inc. representative within 24 hours. When an accident occurs, call your designated office or our corporate office toll free at (800) 476-1306. You can call this number 24 hours a day. A representative will return your call as quickly as possible. After you have received treatment for an injury, you must complete a company accident report. Failure to report an accident may result in denial of a claim.
3. Employees involved in an on the job injury will be subject to a drug screening when initial medical attention is provided. The results of this screening will be evaluated and may directly affect an employee's claim for worker's compensation benefits.
4. Head and eye protection must be worn at all times on the job site. Each employee must wear suitable (steel toe) shoes in good condition unless otherwise instructed. Additional personal protective equipment may be required and shall be provided by the company.
5. Horseplay and/or fighting are strictly prohibited. If an employee is found in violation of this rule, he/she will be immediately removed from the job site and dismissed from the company.
6. Employees shall not wear loose clothing, or have rags or other objects extending from their belts or pockets when in the immediate area of machinery, motors, engines, etc...
7. Only qualified employees are permitted to operate machinery, equipment and/or tools. Do not begin operation of equipment without the proper authority and instruction. Never operate any equipment without having the proper guards in place. Do not attempt to repair or tamper with any equipment that is not working properly; report it to your supervisor.
8. Caliper, Inc. employees are responsible for inspecting tools, cords, and equipment on a daily basis. Any defective equipment shall be returned for inspection, repair and/or replacement.
9. You must be aware of the nearest and best fire exits in your designated work area. You must also be aware of the placement and proper operation of fire extinguishers.
10. Use the correct method when lifting at all times. Lift with your legs, not your back. If you are required to do repetitive lifting, your Caliper, Inc. representative can arrange for an evaluation to determine the necessity of back support and training. If you are required to lift more than 50 lb., ask for assistance. It is important to use good judgment when lifting. Do not take on more than you are able and if assistance is refused contact your Caliper, Inc. representative immediately.
11. Employees responsible for using chemicals or cleaning solutions must become familiar with the Material Safety Data Sheets for the chemical being used. Contact your on-site supervisor for more details about the locations of these sheets.

12. Good housekeeping standards are required in all work areas. It is the responsibility of each employee to ensure that these standards are maintained.
13. Caliper, Inc. is committed to your safety. If at any time you have a safety question or concern contact your company representative at the Caliper, Inc. corporate office at 800-476-1306.

Workers Compensation and Return to Work: Any Caliper, Inc. employee that is injured while working on a customer jobsite regardless of severity of the injury is REQUIRED to report the injury to their designated Caliper, Inc. representative, WITHOUT EXCEPTION. You must notify us immediately so that we may arrange for the appropriate medical care. Failure to report an injury is considered a violation of company policy and may result in disciplinary action.

It is YOUR responsibility to notify us of an injury and to complete a company accident report immediately. Also you are required to submit all medical reports related to your injury to our HR department for processing. If you have any questions or concerns regarding a job-related injury contact Dawn Messer at 800.476.1306.

When an injured employee is able to return to modified or restricted duty, it is Caliper, Inc.'s intention to provide employment opportunities to adhere to your restrictions. It is your responsibility to notify the assigned Caliper, Inc. representative immediately, when you have received a return to work release regardless of restrictions or limitations.

Communication is essential to successful claims management. If you are involved in a job site accident, follow the instructions provided by your Caliper, Inc. representative. If at any time you have a question or concern, we encourage you to contact our Human Resources Department at 800.476.1306.

Summary

Caliper, Inc. is providing the above information so that as an employee you clearly understand your responsibilities and company procedures. You will be required to sign this policy upon employment and unless a specific rule or regulation is modified, you will only receive additional copies of this document upon request.

Employees that are inactive for more than one year and later return to work with Caliper, Inc. will be required to complete a new I-9 form, provide two valid forms of identification and sign an updated policy acknowledgement.

Acknowledgement Form

I hereby authorize Caliper, Inc., to process my application through standard background verifications as required by the company. I grant all individuals and organizations listed in my application or developed as a result of an investigation the right to release any requested information. Records and information obtained will be used in determining my eligibility for employment with the company.

I understand that if Caliper, Inc. employs me I may be required to submit to a substance screening. The results of this screening may be used to determine my eligibility for employment. I will agree to submit to a screening when requested *for cause, on a random basis* or *immediately following a work related accident and/or incident*.

I hereby authorize any physician, hospital or medical facility retained by Caliper, Inc. to release the results of a substance screening to the authorized Caliper, Inc. representative.

Furthermore, I understand that **Safety** is my responsibility and agree to do my part to ensure that a safe job site is maintained at all times. I agree to report all unsafe conditions to my **Caliper, Inc. representative**.

I hereby acknowledge that I have read, understand and shall comply with the Caliper, Inc. policies identified in the Employee Handbook.

My signature shall act as consent and acknowledgment.

Signature: _____

Date: _____

Caliper Incorporated Acknowledgement and Consent to Screening

In connection with services to be conducted on behalf of Caliper, Inc., I acknowledge and consent to a background investigation screening. The screening process consists of the following elements:

Previous Employment Verification
Education Verification
Criminal Conviction Record Check
Personal References (both provided and developed references)
Psychological Evaluation (through questionnaire or clinical interview)
Credit Reports (this information is reviewed to establish a pattern of reliability)
Substance Screening

Acknowledgement:

I hereby acknowledge and understand the scope and purpose of the screening required. To the extent that my job assignment requires; I consent to this screening evaluation; I grant the release of information by those individuals and organizations contacted, and I permit the review of pertinent records for official use by employer and other agencies as required.

I have been informed by Caliper, Incorporated that the information that is obtained may be released to potential client companies. I am aware that Caliper, Incorporated will retain all screening records and I have a right to review information obtained. I have a right to dispute any information obtained by filing a statement with the Caliper, Incorporated security department.

I understand my responsibility to report any information to my supervisor of events that occur during the course of employment that may impact my trustworthiness and reliability.

I understand the all records will be retained by Caliper, Incorporated for a period of no less than five years after the date of termination of my employment.

Printed Full Name

Social Security

Signature

Date

**CALIPER, INC. EARLY RETURN TO WORK
POLICY STATEMENT**

Caliper, Inc. is committed to administering a Transitional Work Program. This program is designed to assist an employee in returning to work as soon as possible following a work related injury.

We recognize the need to secure useful and productive work for the employee, within their specified work restrictions, while they are recovering. As part of our commitment to our employees, we will make every effort to cooperate with the employee's medical provider in developing a transitional work program that will seek to return the employee to full work status at the earliest possible date.

One critical component of this return to work program is *timely notification of an injury*. It is the policy of **Caliper, Inc.** that any employee injured on the job must report the injury to their **Caliper Supervisor** immediately. This notification must be made out in writing using the *Employee Accident Report* form filled out by the employee and signed by the supervisor. If an employee fails to report their work related injury in a timely manner, they may jeopardize their eligibility for coverage under the company's worker compensation insurance program.

Once reported **Caliper, Inc.** will provide the injured employee with a panel listing of physicians from which the employee can choose to obtain treatment and care for their injury. Naturally, employees with a life or limb threatening injury should seek immediate medical care from the nearest emergency care facility and then follow up with the medical panel provider for treatment. Be advised that failure to use a medical provider, form the panel, for your work-related injury treatment could result in a denial of your claim for benefits.

A second, critical component of this program is *communication*. Employees who are unable to work during their recovery should remain in touch with their supervisor and human resources department during the rehabilitation. A weekly phone call or email is all it takes to keep everyone in the loop and working towards a speedy recovery for the injured employee.

A third, critical component of this program is *awareness*. **Caliper, Inc.** strives to provide all employees with a safe and healthy work environment. As part of this commitment, it is the employee's responsibility to observe proper safety procedures, policies and guidelines and act in a professional manner while on the job. Workplace injuries that are the result of horseplay, improper behavior or an employee's failure to observe reasonable safety precautions is not tolerated.

For more information regarding our policies, please consult your employee handbook.

Employee Acknowledgement and understanding of this policy:

(Print name)

(Signature)

DATE

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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. • 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 to seven eligible children or less "2" if you have eight 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	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 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 \$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. 		

----- 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="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 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Take Advantage of Direct Deposit Today

Now you can have your pay deposited into your account without ever having to go to your bank. We can arrange it for you through our direct deposit program. Your paycheck is credited to your account on the normal Friday payday.

◆ **It's Convenient**

You don't have to worry about getting to the bank because we send your deposit electronically and give you a written payroll statement including your wages, taxes, deductions, etc.

◆ **It's Fast**

As soon as it's time for you to be paid, your money is deposited electronically. The delay between receiving your pay and getting it into your account is eliminated.

◆ **It's Safe**

Since there's no paper check to worry about, there's no chance that it can be lost or stolen.

◆ **It's Free**

There is no charge for this service.

NOTE: WE NEED YOU TO PROVIDE A VOID CHECK. SIMPLY ATTACH THE CHECK TO THE BOTTOM OF THIS FORM, SO THAT WE MAY PROCESS YOUR PAPERWORK. **IF YOU CHOOSE A SAVINGS ACCOUNT, PLEASE CONTACT YOUR BANK FOR THE "BANK ROUTING NUMBER". DO NOT SEND DEPOSIT SLIPS.

Once we have received your enrollment form and void check, the process will take two weeks to go into effect. The first week is pre-notification time to verify that all the information is correct with your bank. The second week your money will be deposited directly into your account and you will be mailed an advice of deposit (check stub).

NAME	SOCIAL SECURITY NUMBER
BANK'S NAME	EMPLOYER
<input type="checkbox"/> DEPOSIT INTO MY CHECKING ACCOUNT	ROUTING NUMBER:
<input type="checkbox"/> DEPOSIT INTO MY SAVINGS ACCOUNT	ACCOUNT NUMBER:
ROUTING NUMBER (FIRST GROUPING OF NUMBERS AT THE BOTTOM OF YOUR CHECK: 8 OR 9 NUMBERS)	
I AUTHORIZE CREDIT ENTRIES AND ANY ADJUSTMENTS TO BE MADE TO MY ACCOUNT	
DATE	SIGNATURE