


Employment Application

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

 Print clearly and complete ALL information requested.

A

Name _____
First Middle Initial Last

Present Address _____
Street Number City State Zip

Permanent Address (if different) _____
Street Number City State Zip

Home Phone _____ Message Phone _____ SSN _____
Include Area Code Include Area Code

If you are hired, can you furnish proof that you are over 18 years of age? yes no

If you are hired, can you present evidence of your legal right to live and work in this country as required by law? yes no

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? yes no

B

If yes, give the date(s) and details _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? yes no

If yes, give the date(s) and details _____

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations, and arrests or convictions which have been sealed or expunged in answering this question.)

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation? yes no

Position Desired _____ Date You Can Start _____ Salary Desired _____

C

Which do you prefer? full-time part-time during the following days and hours _____

Are you employed now? yes no If so, may we contact your present employer? yes no


Have you ever applied to or worked for this Company before? yes no If yes, specify dates _____

D

| Education | Name of School | City and State | # of Years Completed | Did you Graduate? | Degree(s) Earned |
|-------------|----------------|----------------|----------------------|-------------------|------------------|
| High School | | | | | |
| College | | | | | |
| Graduate | | | | | |

Have you served in the United States Armed Forces? yes no Branch _____ Final Rank _____

Additional training, skill, experience, and special achievements relevant to position _____

 List present and past employers beginning with the most recent. Attach additional sheets as needed.

| Month/ Year | Name & Address of Employer | Initial Position and Duties | Previous Supervisor | Starting Pay | Reason for Leaving |
|----------------|-------------------------------|-----------------------------|---------------------|--------------|-----------------------|
| | | Final Position and Duties | Telephone Number | Ending Pay | |
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |
| From | | | | | |
| To | | | | | |

Have you ever been terminated or asked to resign from any job? yes no If yes, please explain circumstances _____

Please explain fully any gaps in your employment history _____

F How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

0 - 10 Days 10 - 30 Days 30 + Days

Do you have adequate transportation to and from work? yes no

Do you have any friends or relatives who work for the Company? yes no If yes, who? _____

 List three personal references who know you well but who are not previous employers or relatives.

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
| | | |

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

H **X** _____
SIGNATURE OF APPLICANT DATE

Applicant's Statement & Agreement

In the event of my employment to a position in the Company, I will comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of drugs and/or alcohol in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality tests or honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that for insurance purposes bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named by me as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me

to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation), has the authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and myself regarding the rights of the Company or myself to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of myself and the Company.

I also acknowledge that the Company utilizes a system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against each other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act in conformity with the procedures of the Uniform Arbitration Act. However in addition to requirements imposed by law, any arbitrator herein shall be a retired Kansas Circuit Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading, discovery, and evidence (including the right to resolution of the dispute by means of motions for sum-

mary judgment, judgment on pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Kansas Court of Appeals of a civil judgment following court trial. Should any term or

provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER.

I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to waive the benefits of arbitrating Title VII claims.

The at-will employment and/or alternate dispute resolution process referred to above are inapplicable and superseded only to the extent they conflict with any union or collective bargaining agreement for which you are covered.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements, understand them and agree to be bound thereby.

 DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

I

X

SIGNATURE OF APPLICANT

DATE

COMPLETE THE FOLLOWING PAGES ONLY IF THE APPLICANT IS HIRED

This section to be completed by the Employee.

J I also understand that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, both the Company and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) that either I or the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against each other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act in conformity with the procedures of the Uniform Arbitration Act. However in addition to requirements imposed by law, any arbitrator herein shall be a retired Kansas Circuit Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading, discovery, and evidence (including the right to resolution of the dispute by means of motions for summary judgment, judgment on pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the Kansas Court of Appeals of a civil judgment following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR THE COMPANY MAY HAVE AGAINST EACH OTHER.

The alternative dispute resolution process referred to above is inapplicable and superseded only to the extent it conflicts with any union or collective bargaining agreement for which you are covered.

X

SIGNATURE OF EMPLOYEE

DATE

This section to be completed by the Employee.

K

Emergency Contact _____
Name Phone Number Relationship

Emergency Contact _____
Name Phone Number Relationship

Employee Birthdate (mm/dd/yyyy) _____

This section to be completed by the Employer.

Hire Date _____ Part-time Full-time Other _____

Job Title _____

L

List job functions to identify workers' compensation class code _____


| Earning Type | Amount |
|--------------------|--------|
| Salary | |
| Hourly | |
| Piecework | |
| Shift Differential | |

Authorized Signature


Print Name

Date

Background Check Authorization

 Complete all items on this page unless otherwise directed.

M

 **The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Please provide addresses covering at least the last seven years.**

Print Full Legal Name _____ Male Female

Print Other Names You Have Used _____

SSN: _____ - - Drivers License # _____ Issuing State _____

Birthdate (mm/dd/yyyy) _____ / _____ / _____ Place of Birth (City and State) _____

Current Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

I authorize the Company and/or its agents to request a consumer report, or investigative consumer report, about me for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I understand that background reports will be requested on me, including: credit reports, criminal convictions, employment history, education, professional references, personal references, civil court filings, driving records, and insurance records. These reports will include information as to my character, general reputation, personal characteristics, mode of living, work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies which maintain records concerning my past activities.

I release the Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

This Background Check Authorization is inapplicable and superseded only to the extent it conflicts with any union and/or collective bargaining agreement for which you are covered.

X

SIGNATURE OF APPLICANT

DATE

 **This section to be completed by management and determines which background checks will be conducted. Allow five business days for processing.**

N

Company Name _____

Client Number -

Position _____

Criminal Background Check: All New Hires.

Driving Record Check: Will the employee drive company vehicles of any kind, or drive their personal vehicle during work hours or on company errands? yes no

Credit Record Check: Will the employee have access to company funds or financial records, be able to make purchases using company credit, or have managerial decision-making authority? yes no

Authorized Signature _____

Print Name _____

DO NOT WRITE BELOW THIS LINE

SSN _____ DMV _____ Criminal _____ Credit _____

Drug Testing Donor Form

This section to be completed by the Donor

Instructions: Read and Complete this entire page before providing sample.

Company Policy: Impairment related to drug or alcohol use is not tolerated in any way. Employees who are in a condition which could impair their ability to perform their job, endanger the safety of themselves or others, cause equipment or property damage, or otherwise expose the company to potential liability will not be allowed to continue working, or to remain in the workplace. This rule applies to anyone who is ill, fatigued, or otherwise incapable of performing his or her job.

For these reasons, 'impairment' is defined to include, but not limited to the inability to perform one's job in the manner prescribed for that function or in accordance with established practice. Such impairment may include but is not limited to the inability to use or operate equipment or tools properly, to communicate clearly, to exercise reasonable judgment in making decisions, to interact with other employees or business contacts in an appropriate manner, or to engage in other appropriate personal behavior. Such impairment, when caused by drug or alcohol abuse, is a violation of this company's policy.

Notice of Testing: I hereby acknowledge that it is the policy of this company, that all candidates for employment or continued employment, must submit a sample of their saliva for chemical or other analysis. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances in my saliva. I hereby freely and voluntarily consent to this request for a saliva specimen and agree to participate in the testing program.

Donor Name: _____ **SSN:** _____ - _____ - _____

Donor Address: _____

Medication Disclosure: Please list below all drugs and/or medications (including prescription and non-prescription) that you have taken in the last 30 days. If you have taken none, please write "none" on the lines below.

| Type Description | Date of Use | Prescribing Physician |
|------------------|-------------|-----------------------|
| | | |
| | | |
| | | |

I certify that the following is true and correct: The specimen of saliva I have provided, is mine. The saliva was provided by me at the time requested for purposes of this test. This test I have taken has NOT been adulterated in any manner. The test device with my saliva, was inserted into the test collection device by me, or in my presence. The completed test was returned to the collector by me, and to my knowledge is in good order.

This Drug Testing Donor Form is inapplicable and superseded only to the extent it conflicts with any union and/or collective bargaining agreement for which you are covered.

X _____
SIGNATURE OF DONOR DATE

Donor Instructions to provide Saliva Specimen

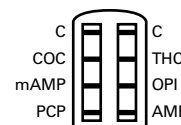
 Should you have any questions, please ask the collector.

- 1 Remove the swab/sponge from the sealed pouch and remove the cap from the collector kit.** Insert swab into your mouth and actively swab the inside of your mouth, cheeks and the top of your tongue until the sponge becomes moist.
- 2 Collect for a total of about one and a half (1-1/2) to three (3) minutes.** The time will depend on how soon the swab/sponge becomes completely saturated. There should be no hard spots on the sponge when full.
- 3 Remove the swab/sponge and place it in the collector test device by pushing down into the chamber and turning clockwise to lock into place.**
- 4 Watch for the saliva to be absorbed by the test strips** (the test strips will have a slight color change as the saliva is absorbed). If there is not enough fluid to process the test completely, remove the swab/sponge. A new swab/sponge can be used to collect additional saliva.
- 5 Return the collection device with the swab/sponge intact to the test administrator.** Please review the instructions above to make sure nothing was missed. The results of the test will be available within the next 24 hours. You may be subject to further clinical analysis pending these results.

Employer Instructions Regarding Test Results

Upon receipt of the drug kit from the donor, confirm that the test and this form have been completed. Excuse and advise the donor that he or she will be contacted with the test results within 24 hours.

Reading Test Results



Drug Test Passed –
all lines present indicates no drugs were detected

Drug Test Failed –
ANY line missing on the test means drug(s) were detected. Call (877) 234-4420 for further instructions and confirmation procedures.

Collector Name /Title

Date

X _____

Collector Signature

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 _____ |
| 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 _____ |
| 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 _____ |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D _____ |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E _____ |
| F | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit | F _____ |
| 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 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 _____ |
| 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 _____ |
| | 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; margin: 0;">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) | 6 Additional amount, if any, you want withheld from each paycheck | 5 _____ 6 \$ _____ |
| 7 I claim exemption from withholding for 2012, 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 _____ |
| 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) |

K-4

(9/07)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

The following instructions will assist you in completing the worksheet and K-4 form below. After you have completed the K-4 form, detach it and give it to your employer. For assistance with this form, call KDOR (Kansas Department of Revenue) at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding: To qualify for exempt status you must, 1) Verify with KDOR that last year you had the right to a refund of all STATE income tax withheld because you

had no tax liability; 2) Verify with KDOR that this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Notes: Your status of "Single" or "Joint" may differ from your status claimed on your Federal Form W-4. Claiming more than the proper amount may result in taxes owed when filing your state income tax.

Basic Instructions: If you are not exempt, complete the **Personal Allowances Worksheet** below. The allowances claimed on this form should not exceed that claimed under "Exemptions" on your Kansas income tax return. To avoid owing taxes when you file, follow the suggested allowance rate selection on line A below. This form must be

filed with your employer; otherwise, your employer must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

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 cost of keeping up a home for yourself and for your dependent(s).**

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payment using form K-40ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax when filing your state income tax return.

Personal Allowance Worksheet (Keep for your records)

A Allowance Rate:

If you are a single filer mark "Single"

If you are married and your spouse has income mark "Single"

If you are married and your spouse does not work mark "Joint"



Single

Joint

B Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) **B** _____

C Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld) **C** _____

D Enter "1" if you will file head of household on your tax return (see conditions under "Head of household" above) **D** _____

E Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. **E** _____

F Enter "1" if you have at least \$1,500 of child or dependant care expenses for which you plan to claim a credit and your household income is below \$50,000 **F** _____

G Add lines B through F and enter the total here **G** _____

▼ **Cut here and give this K-4 form to your employer. (Keep the top portion for your records.)**

K-4

(9/07)

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by KDOR. Your employer may be required to send a copy of this form to KDOR.

| | | | | | |
|---|--|-----------|---|--|--------------------------------|
| 1 Print your first name and middle initial | | Last Name | | 2 Social Security Number | |
| Mailing Address | | | 3 Allowance Rate | | |
| City or Town, State, and ZIP Code | | | Mark the allowance rate selected in line A above. | | |
| | | | <input type="checkbox"/> Single | | <input type="checkbox"/> Joint |
| 4 Total number of allowances you are claiming (from line G above) | | | | 4 | |
| 5 Enter any additional amount you want withheld from each paycheck (this is optional) | | | | 5 | \$ |
| 6 I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line. Note: KDOR will receive your federal W-2 forms for all years claimed Exempt. | | | | 6 | |
| 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. | | | | | |
| SIGN HERE ► | | | | | |
| 7 Employer's name and address | | | | DATE | |
| | | | | 8 EIN (Employer Identification Number) | |

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 <i>(Street Name and Number)</i> | | Apt. # | Date of Birth <i>(month/day/year)</i> |
| 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 <i>(month/day/year)</i> |
|----------------------|------------------------------|

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 <i>(Street Name and Number, City, State, Zip Code)</i> | |
| Date <i>(month/day/year)</i> | |

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 <i>(if any)</i> : _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date <i>(if any)</i> : _____ | | _____ | | _____ |

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 <i>(Street Name and Number, City, State, Zip Code)</i> | | Date <i>(month/day/year)</i> |

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

| | |
|------------------------------------|--|
| A. New Name <i>(if applicable)</i> | B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i> |
|------------------------------------|--|

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 <i>(if any)</i> : _____ |
|-----------------------|-------------------|---|

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 <i>(month/day/year)</i> |
|--|------------------------------|

DO NOT WRITE ON THIS PAGE

Upon completion of this packet, please return to:

Applied Underwriters
SolutionOne® Payroll Processing Services
P.O. Box 3646
Omaha, NE 68103

Questions:
(877) 234-4420