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 Addison TX 75001  
 p 972-450-6515  
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Professional  
 Placement  
 Solutions, Inc.



Equal Opportunity Employer

## EMPLOYMENT APPLICATION

### PERSONAL

Last Name	First Name	Middle Initial	Nick Name
Street Address			
City	County	State	ZIP
Main Phone (with Area Code)		Cell Phone (with Area Code)	
Personal Email Address:		Are you 18 years of age or over?	YES NO <i>If NO, then proof of age will be required.</i>
Are you legally allowed to work in the United States? YES NO		Do you have a current drivers' license? YES NO	
How were you referred to us? Web Posting Personal Referral Our website Newspaper Ad Other (please explain):			
Have you ever worked for PPS, Inc. before? NO YES <i>If YES, please identify when.</i>			
Have you ever been convicted of a felony? NO YES <i>If YES, please explain:</i>			
Have you ever plead guilty or "no contest" to an offense? NO YES <i>If YES, please explain:</i>			
<i>A conviction does not automatically mean that you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred are important. Give us all of the facts so that a fair decision can be made.</i>			

### POSITION

Position(s) you are applying for:		Date available for employment:		Wage Desired:				
Applying for: ____ Full-Time ____ Part-Time	Shifts Available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	AM							
	PM							
# Hours Available: ____ Hours/day ____ Hours/week	Is there any reason why you would be unable to perform the essential function of this position without special accommodations? (ONLY answer if you have been provided with a copy of the job description and read what the essential functions are.)							

### EDUCATION AND SKILLS

	Name of School, City & State	Years Completed	Diploma or Degree	Major
High School				
Trade / Business				
College				
List all specialty certifications and licenses that you hold that are applicable to the position(s) you are applying for:				
List experience with specialized equipment and systems:				

### WORK HISTORY

Please list your employment history, starting with your most current employer or occupation. Please include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. If you do not wish your present employer to be contacted, please indicate by checking here.

**WORK HISTORY (Cont.)**

Present or Last Employer (Name and Address)					
Dates of Employment From _____ To _____		Position(s) Held	Salary Starting \$ _____	Final \$ _____	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name			Phone No	Email	
Brief Description of Your Job Duties					
Reason for Leaving					

Previous Employer (Name and Address)					
Dates of Employment From _____ To _____		Position(s) Held	Salary Starting \$ _____	Final \$ _____	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name			Phone No	Email	
Brief Description of Your Job Duties					
Reason for Leaving					

Previous Employer (Name and Address)					
Dates of Employment From _____ To _____		Position(s) Held	Salary Starting \$ _____	Final \$ _____	Other Compensation (bonus, commission, etc)
Immediate Supervisor's Name			Phone No	Email	
Brief Description of Your Job Duties					
Reason for Leaving					

**AGREEMENT AND RELEASE**

By completing and signing this Application, you understand and agree to submit to drug and alcohol screening when required by Professional Placement Solutions, Inc. You further understand and agree to release PPS, Inc. and its directors, officers, agents, employees, parents, subsidiaries, and affiliated concerns from any and all liability, claims, demands, damages, and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol screening and any decision concerning employment made by PPS, Inc. or any of its Clients, in whole or in part, based upon the results of drug and alcohol screening.

I consent to and authorize PPS, Inc. to contact my former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give PPS, Inc. (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party for providing a reference. Also, I understand my employment is contingent on PPS, Inc. receiving satisfactory employment references.

I expressly agree and understand that, if employed, my employment is not for a specified term, is based upon mutual consent, and may be terminated at will, with or without cause or liability, by either party (PPS, Inc. or me) without prior notice to the other. I also understand that this aspect of my employment may not change absent an individual written agreement signed by the President of PPS, Inc. and me. Unless an agreement is executed by the President of PPS, Inc. and me, this application nor any other document or statement, can constitute an agreement or contract for employment for any specified period or definite duration or, in any way, limit the at-will nature of my employment.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

## Background Check Disclosure & Release

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report\* request may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you, in writing, of this decision, as well as the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report in connection with your application for employment.

SIGNATURE

DATE

PRINTED NAME

OTHER LAST NAMES USED

CURRENT ADDRESS, CITY, STATE, ZIP

PREVIOUS ADDRESS IF AT CURRENT ADDRESS LESS THAN 7 YEARS

SOCIAL SECURITY NUMBER

DATE OF BIRTH\*

DRIVER'S LICENSE NUMBER\*\*

STATE ISSUED

PLEASE CHECK HERE IF YOU WOULD LIKE A COPY OF THE REPORT(S) WE OBTAIN \_\_\_\_\_

\*For consumer report purposes only

\*\*For positions where driving is required for business reasons

\* A consumer report may consist of employment records, educational verification, licensure verification, social security number verification, previous addresses, and other public records relative to criminal charges. A credit report or driving history will not be requested unless it is deemed pertinent to the functions of the position for which you are applying. Medical records will not be requested.

# Helpful Tips for Employees

(PLEASE INITIAL BOTH SIDES OF THIS DOCUMENT)

## Paychecks and Timesheets

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Timesheets are to be completed in a timely manner and include your signature along with a supervisor's signature. Timesheets not having a supervisor's approval will not be processed. All paychecks are either available for pick up or mailed. (Ask your counselor if your check is ready for delivery or mailing.)

All paychecks are processed each Thursday off-site through our payroll department. After the paychecks are processed, they are delivered each Friday either on-site or to the post office to be mailed. Professional Placement Solutions, Inc. (PPS) is not responsible for the delay of paychecks if your W-4 form has not been completely and legibly filled out. Ask your counselor prior to leaving our office if your W-4 is satisfactory. Unless you instruct us otherwise, your check will be mailed to the address on your W-4. This address must be your residence or a valid address listed with the postal system for you. In this regard only, if your check is lost in the mail and does not reach you for any reason, we will not issue a second check until you pay the \$30.00 "stop payment" fee. You will have to wait until your original check is returned to us or we receive Stop Payment Confirmation from the bank before a replacement check will be issued.

You have the option to pick up your check in person at the PPS pickup location every Friday after 3:00 p.m. This pickup location is monitored 24 hours a day, seven days a week. Drive to The Bonaventure, 5200 Keller Springs Road, Dallas TX 75248, one block east of the Dallas North Tollway. Enter through the front door of the main lobby, go to the Concierge Reception Desk and ask the person on duty for your check. Be prepared to show identification. All paychecks are logged in and placed in a secure lockbox at the Concierge Desk at 3:00 p.m. and will remain there until you pick it up. Checks are not available before 3:00 p.m. *DO NOT CALL* the Concierge.

If you have any questions regarding your check, you must call our office and ask for "paycheck voice mail." Leave your message and our automatic paging service will notify our accounting director, who will then transfer the message to your respective counselor. You will receive a return phone call at the earliest convenience.

We strive to take care of all your needs and questions. However, in doing so, most staffing counselors are off-site marketing for your employment requirements and must be contacted by phone.

Temporary Employees: As a temporary employee, you are responsible for completing your own time sheets and having them signed by your employer(s). It is your responsibility to return the time sheets to PPS in a timely manner in order for it to be processed through our payroll department expediently.

Initial: \_\_\_\_\_

Professional  
Placement  
Solutions, Inc.



## Missing Work

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If you are unable to report to your job assignment, please call your counselor with PPS and your immediate supervisor at your job site as soon as possible! Excessive absences or not calling in when unable to work will be grounds for termination!

## Meeting with a Counselor

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You must schedule an appointment with your counselor before you come to the office for any reason or question. A counselor will not be available without an appointment due to our heavy off-site marketing requirements.

## Substance Abuse and Abusive Behavior

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Substance abuse on the job will not be tolerated (i.e., alcohol, inhalants, illegal use of prescription medications or illegal drugs of any kind). PPS may, upon request, drug test at any given time and the results of the drug test may be shared with the prospective client(s).

Verbally abusive behavior to our staff or any staff member off-site will not be tolerated and will be grounds for immediate termination! The equivalent value of any PPS or client property not returned at the end of an assignment will be deducted from your final paycheck.

## Unemployment Compensation Act

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PPS complies with the Texas Unemployment Compensation Act, Section 207.045-H. Therefore, please contact our office on a daily basis to make yourself available for work in the event your present assignment has ended. If you do not contact us and make yourself available for assignments, we will report you to any requesting parties with a “voluntarily quit” stance, which may jeopardize the basis of the contract. For example, your unemployment benefits may be denied by your failure to contact us for additional / continued / future assignments.

## Additional Questions

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Our regulations are designed for your benefit. You must speak to your counselor regarding paycheck questions or employment questions. Our receptionists or switchboard operators will not be able to help you directly, so you will have to speak with your counselor.

The logo for Professional Placement Solutions, Inc. features a purple pyramid with horizontal lines. To the left of the pyramid, the text "Professional Placement Solutions, Inc." is written in green, stacked in three lines.

Professional  
Placement  
Solutions, Inc.

[www.ppsincintl.com](http://www.ppsincintl.com)

# Form W-4 (2013)

**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 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</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. <b>Note.</b> 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 2013, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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**

Please 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 eligible 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 or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
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**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 eligible 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 eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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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## Professional Placement Solutions, Inc.

Employee Name \_\_\_\_\_

Date Hired \_\_\_\_\_

Driver's License \_\_\_\_\_

The undersigned employee acknowledges that they have received, read, and understand the contents of the safety program. If unable to read, the contents of the safety program has been explained by your supervisor.

Complying with all stated company policies, including safety, is a condition of continued employment with these companies.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_