



**Penn Apartment Staffing, LLC
PRE-APPLICATION QUESTIONNAIRE**

Name – Please Print

Date

Phone number

What job(s) are you applying for?

What is your expected pay rate?

How did you hear about Penn Apartment Staffing?

Are you willing to take a drug screen according to our policy?

☐

Yes

☐

No

Will you release your background information inclusive of criminal records?

☐

Yes

☐

No

Signature

Date



Penn Apartment Staffing, LLC

NOTICE TO JOB APPLICANTS

I hereby authorize **Penn Apartment Staffing, LLC** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. PLEASE complete all requested information.

APPLICANTS NAME: _____
Last Name First Name Middle Name

OTHER NAMES USED: _____

ADDRESS: _____
Street Apt.# City State Zip

DRIVER LICENSE #: _____ STATE: _____ D.O.B: _____

SOCIAL SECURITY #: _____ - _____ - _____

It is possible that your employment may be determined in whole or part using data from a report supplied by: **PublicData.com and/or Backgroundchecks.com**

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to **Penn Apartment Staffing, LLC** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Penn Apartment Staffing, LLC**, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

APPLICANT SIGNATURE: _____ DATE: _____



Penn Apartment Staffing

APPLICATION FOR EMPLOYMENT

Personal Information

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Apt) (City) (State) (Zip)

Mailing Address: _____
(Street) (Apt) (City) (State) (Zip)

Home Phone: (____) _____ Cell Phone: (____) _____

SSN: _____ - _____ - _____ DOB: _____ E-mail Address: _____

Have you ever been convicted of a felony?

Please Circle: Yes No

Do you have a legal right to work in the United States?

Please Circle: Yes No

If yes, please explain: _____ Transportation: Car Bus Other

Education

	Name and location	Circle last year completed	Did you graduate?	Subjects studied
High School		9 10 11 12		
College		1 2 3 4 5		
Graduate School		1 2 3 4		
Trade, Business or Correspondence School		1 2 3 4		

Do you have any professional or vocational licenses/certifications that relate to the position for which you are applying? _____

If yes, please describe below:

Type of license or certification:	Date Issued / Date Expires	License Number

Do you have any training or special skills relative to the positions for which you are applying? If so, please include your skill level and/or years of experience.

Employment History

1. Most Recent Employer

Name of Company: _____ Dates: From ____/____/____ To ____/____/____

Address: _____
Street City State Zip

Supervisor: _____ Phone Number: () _____

Position: _____ Pay Rate: _____ Circle One: Hourly Weekly Monthly

Why did you leave? _____

2. Employer

Name of Company: _____ Dates: From ____/____/____ To ____/____/____

Address: _____
Street City State Zip

Supervisor: _____ Phone Number: () _____

Position: _____ Pay Rate: _____ Circle One: Hourly Weekly Monthly

Why did you leave? _____

3. Employer

Name of Company: _____ Dates: From ____/____/____ To ____/____/____

Address: _____
Street City State Zip

Supervisor: _____ Phone Number: () _____

Position: _____ Pay Rate: _____ Circle One: Hourly Weekly Monthly

Why did you leave? _____

Additional Professional References – Please List 3

Name of Person: _____ Name of Company: _____

Position/Title of Reference: _____ Phone Number: () _____

Name of Person: _____ Name of Company: _____

Position/Title of Reference: _____ Phone Number: () _____

Name of Person: _____ Name of Company: _____

Position/Title of Reference: _____ Phone Number: () _____

REAL ESTATE/APARTMENT INDUSTRY EXPERIENCE (MAINTENANCE)

Name: _____

Please mark an X in the box of any of the following that apply to you.

Availability:

I will work any day of the week ☐ AD1
I will work Monday through Friday ☐ AD7

Languages (select all that apply):

No habla Ingles ☐ AF6
I speak Spanish ☐ AF1
I speak French ☐ AF2
I speak German ☐ AF3
I speak Japanese ☐ AF4
I am bilingual ☐ AF9
I speak another foreign language ☐ AF5

I write English ☐ AF8
I read English ☐ AF7

Transportation:

I have my own transportation ☐ AO4
I utilize Public Transportation ☐ AO9

Property Type Experience (select all that apply):

A, B & C Properties (All types) ☐ BA4
A Property ☐ BA1
B Property ☐ BA2
C Property ☐ BA3
High Rise Multi-Family ☐ BA5
Major Rehab or Renovations ☐ BB1
HUD/Subsidized Housing ☐ BB3
Tax Credit Experience ☐ BB4
1 Story Office Building ☐ BC1
Multi-Story Office Building ☐ BC2
Hotel/Motel ☐ BO1
Senior Living Facilities ☐ BO5

Licenses / Certifications (select all that apply):
We will need copies of any licenses/certifications.

CAM ☐ CA1
PLP ☐ CB1
Fair Housing Compliance ☐ CB2
ARM ☐ CA3
CAPS ☐ CC1
CPM ☐ CC2
Real Estate Broker License ☐ CD1
Real Estate Salesman License ☐ CD2
EPA approved-Freon Recovery Certificate
Type 1 ☐ CM4
Type 2 ☐ CM5
Type 3 ☐ CM6
Universal ☐ CM7
A/C & Heating License ☐ CN1
Plumbing License ☐ CN2
Electrical License ☐ CN3
Pool Certification ☐ CN4

Work Experience (select all that apply):

Real Estate/Property Management

Maintenance Supervisor ☐ XN1
Lead Maintenance ☐ XP1
Asst Maintenance ☐ XQ1
Make Ready ☐ XR1
Porter/Grounds ☐ XS1
Housekeeping ☐ HK1
I will do porter work ☐ AP1
Power washing ☐ AP3
I have my own hand tools ☐ AP2

Sprinkler System

Troubleshoot & Repair ☐ ML1

Hot Water Heater/Circulating Pumps

Replace & Repair ☐ MH1

Hot Water Heater

Repair ☐ MH2

Circulating Pumps

Repair Only ☐ MH5

Stoves

Install new/troubleshoot ☐ MB1

Dishwashers

Install new/troubleshoot ☐ MB5

REAL ESTATE/APARTMENT INDUSTRY EXPERIENCE (MAINTENANCE)

Refrigerator

Troubleshoot	<input type="checkbox"/>	MC1
Charge	<input type="checkbox"/>	MC2
Install Icemaker	<input type="checkbox"/>	MC4

Trash Compactor

Install	<input type="checkbox"/>	MC8
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Locks

Re-key	<input type="checkbox"/>	MK1
Install new/Replace	<input type="checkbox"/>	MK2

Floors

Lay Tile Squares/Sheet Tile	<input type="checkbox"/>	MG2
Lay Tile Ceramic/Walls/Floor	<input type="checkbox"/>	MG5
Clean Carpet	<input type="checkbox"/>	MG6
Sub-floor/Repair	<input type="checkbox"/>	MG8

Plumbing

Plumbing All	<input type="checkbox"/>	MD9
Sweat Pipes	<input type="checkbox"/>	MD1
Replace Faucets	<input type="checkbox"/>	MD2
Replace Shower Pans	<input type="checkbox"/>	MD4
Replace Disposal	<input type="checkbox"/>	MD5
Sewer Backups	<input type="checkbox"/>	MD7
Repair Commodes	<input type="checkbox"/>	MD8
Troubleshoot/Repair		
Underground Leaks	<input type="checkbox"/>	MD6

Electrical

Electrical All	<input type="checkbox"/>	ME9
Rewire Electric Outlets/		
Receptacles	<input type="checkbox"/>	ME1
Install New Outlets/		
Receptacles	<input type="checkbox"/>	ME2
Install Ceiling Fans	<input type="checkbox"/>	ME3
Install Exterior Light Fixtures	<input type="checkbox"/>	ME4
Install Breaker Boxes	<input type="checkbox"/>	ME6
Add Breakers to Existing Box	<input type="checkbox"/>	ME7
Troubleshoot Elec. Shorts	<input type="checkbox"/>	ME8

Paint

Complete Interior	<input type="checkbox"/>	MF1
Paint/Hang Sheetrock	<input type="checkbox"/>	MF3
Tape/Bed/Texture	<input type="checkbox"/>	MF5
Paint/Wallpaper	<input type="checkbox"/>	MF6
Paint/Shoot Acoustics	<input type="checkbox"/>	MF7
Paint/Resurface Appliances	<input type="checkbox"/>	MF8

Resurface

Countertops	<input type="checkbox"/>	MF9
Bathtubs	<input type="checkbox"/>	MR6
Cabinets	<input type="checkbox"/>	MR7
Sinks	<input type="checkbox"/>	MR8

Carpentry

Hang Doors Interior/Exterior	<input type="checkbox"/>	MI1
Replace Jambs Interior/Ext.	<input type="checkbox"/>	MI2
Replace Countertops	<input type="checkbox"/>	MI3
Hang Cabinets	<input type="checkbox"/>	MI4
Build Drawers	<input type="checkbox"/>	MI5
Repair Patios/Fences/Gates	<input type="checkbox"/>	MI6

Glass

Replace Patio Door Glass	<input type="checkbox"/>	MJ1
Replace Shower Door Glass	<input type="checkbox"/>	MJ2

HVAC

All	<input type="checkbox"/>	MA0
Chill Water/Boiler System	<input type="checkbox"/>	MA1
Heat Pumps	<input type="checkbox"/>	MA2
Individual	<input type="checkbox"/>	MA3
Replace Condenser Units	<input type="checkbox"/>	MA4
Replace/Troubleshoot		
Compressors	<input type="checkbox"/>	MA5
Repair Compressors Only	<input type="checkbox"/>	MA6
Troubleshoot/Repair Complete		
Systems	<input type="checkbox"/>	MA7
Repair Only Complete Systems	<input type="checkbox"/>	MA8
Change System Freon	<input type="checkbox"/>	MA9

Pools

Chemicals/Clean/Maintain	<input type="checkbox"/>	MP1
Repair Pumps & Equipment	<input type="checkbox"/>	MP2

Windows

Repair Screens	<input type="checkbox"/>	MM1
Replace Windows	<input type="checkbox"/>	MO1
Repair Leaks	<input type="checkbox"/>	MO2



Penn Apartment Staffing
10300 N Central Expressway, Suite 520
Dallas, TX 75231
972-426-7070

Pay Reduction Agreement

Your agreement to the following is a condition of your employment with Penn Apartment Staffing ("Penn").

When you accept an assignment by Penn to one of its clients, Penn expects you to be at the client's location on time and to be prepared to focus on your job for the entire work shift, unless you provide suitable documentation, in Penn's sole discretion, of an emergency.

In any of the following events occur while you are on assignment by Penn, you hereby agree and consent to Penn reducing your rate of pay for the entirety of that particular workweek to the then current federal minimum wage rate:

- If you leave for lunch and do not return.
- If you leave the location prior to your scheduled end of the workday without authorization or approval of your supervisor.
- If you are a no-show / no-call on any day of the assignment.

If you have worked more than 40 hours during the workweek of the infraction, you will be paid overtime pay in accordance with federal law but it will be calculated utilizing the reduced pay amount as will the regular rate of pay for that workweek.

Finally, Penn retains the right to terminate your employment or terminate the assignment to its client at any time for any reason or no reason. Please remember that you represent Penn Apartment Staffing while you are on assignment. We expect you to conduct yourself in a professional manner at all times.

You will not be allowed to comment work with Penn unless you sign and date the signature block below.

Employee Signature

Date

Penn Apartment Staffing



Certification, Consent and Authorization

Please Read

In submitting this application for employment, I authorize investigation of all statements contained herein. I state that the information provided to you in this application is true and complete. I understand and agree that any misrepresentation (including omission of information) by me in this application will be sufficient cause for cancellation of the application and/or for separation from Penn Apartment Staffing.

I understand that if accepted for employment, I will be on Penn's payroll at your clients' location. I understand that any information obtained while working for Penn's clients will be kept confidential. **It is agreed that I will obtain permission from Penn Apartment Staffing before discussing any permanent opportunities with your client.**

I also agree to call or text the Penn Apartment Staffing office between the hours of 8am-9am following completion of my assignment to make myself available for work. If I fail to do so, Penn Apartment Staffing may assume that I am not available for work, that I voluntarily quit and that unemployment benefits may be denied.

Applicant Name (Print): _____

Signature: _____

Date: _____

Acknowledgement of Employment Guidelines

I have received a copy of Penn Apartment Staffing's Employment Guidelines. By signing below, I acknowledge that I have read and understand the policies and agree to comply with them.

EMPLOYEE:

Applicant Name (Print): _____

Signature: _____

Date: _____



WORKWELL, TX

Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature _____ Date _____ Printed name _____

I live at: _____
Street address

City _____ State _____ Zip code _____

Name of employer: Penn Apartment Staffing, LLC

Name of network: WorkWell, TX

To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- ☐ Initiating the network program (companywide)
- ☒ Initial employee notification (new hire)
- ☐ Injury notification (Date of injury: / /)

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.

SAFETY AWARENESS ASSESSMENT

Please answer the following to the best of your ability.

True or False – Mark **T** for true and **F** for false in the space provided.

- _____ 1. You will be drug tested if you have an on-the-job injury.
- _____ 2. If you fail to comply with both Penn Apartment Staffing and the client's safety rules, your employment may be terminated.
- _____ 3. As an employee in the workplace, you are expected to take risks, even if it is only a clerical job.
- _____ 4. If you observe hazardous conditions or unsafe work practices, you should keep it to yourself.

Multiple Choice - Write the letter that correctly answers that statement in the space provided.

- _____ 1. Haz Com Training is:
 - a. Training on the hazards and precautions to use when working with chemicals or hazardous materials.
 - b. A foreign language class.
 - c. A training program for machine operation.
- _____ 2. When lifting a load, you should:
 - a. Jerk your back to add power.
 - b. Bend at the waist
 - c. Use your legs and keep your back straight.
- _____ 3. If your supervisor asks you to operate machinery or equipment you have not been trained to use, you should:
 - a. Go ahead and operate the equipment.
 - b. Tell your supervisor that you have not been trained in the use of the equipment.
 - c. Figure it out by yourself.
- _____ 4. You should report an accident and / or on-the-job-injury:
 - a. Monday
 - b. As soon as it happens.
 - c. At the end of your shift.
- _____ 5. Your employer is:
 - a. The government
 - b. The company where you are working temporarily.
 - c. Penn Apartment Staffing

Applicants Name

Date

Penn Apartment Staffing Representative

Date

Welcome to Oasis®!

Your Worksite Employer has entered into an Agreement for Services with Oasis®, a Paychex® Company, a full service Professional Employer Organization (PEO). This co-employment relationship allows both companies to focus on what they do best. Oasis®, a Paychex® Company handles payroll processing, workers' compensation claims, assists with human resource issues and provides a wide variety of employee benefits, allowing your Worksite Employer to focus on its core business.

Important Notice

Your W-2 will be mailed to your home/mailling address on file no later than January 31st each year. If your mailing address changes, please notify Oasis®, a Paychex® Company prior to December 31st to ensure timely delivery of the W-2. There may be a charge for a W-2 reprint. Once you are entered into the payroll system, you can visit the Employee Services Website and register to elect electronic delivery of your W-2, access your pay check stubs and view other items, such as discount programs. To register, go to www.oasisadvantage.com/employee-services. Please note, you will need your Client ID and Employee ID to complete the registration process.

-----TO BE COMPLETED BY EMPLOYEE-----

Please PRINT in BLUE or BLACK Ink Only. Name and Social Security Number must be as they appear on your Social Security Card.

First Name:	Middle Initial :	Last Name:
Social Security #:	Date of Birth:	Home Phone :
Cell Phone:	Email:	

*All physical address fields are mandatory to continue the onboarding process. If the information requested is not applicable in the state in which you reside, please enter N/A. This address is used in determining your tax liability; therefore no P.O. Box addresses should be entered .

Address (Street):		
City	State:	Zip Code/Suffix:
County:	School District:	Township:
Mailing Address (if different from above):		
City :	State:	Zip Code/Suffix:

-----TO BE COMPLETED BY HIRING MANAGER-----

Date of Hire:			Government or State Contract Employee		
Employee Type	Pay Method	Pay Frequency	Pay Rate		
Full Time <input type="checkbox"/>	Hourly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Standard Rate	Rate \$	Per
Part Time <input type="checkbox"/>	Salaried Non-Exempt <input type="checkbox"/>	Bi-Weekly <input type="checkbox"/>	Training Pay	Rate \$	Per
F/T Temp <input type="checkbox"/>	Salaried Exempt <input type="checkbox"/>	Semi-Monthly <input type="checkbox"/>	Shift Pay	Rate \$	Per
P/T Temp <input type="checkbox"/>	Commissions <input type="checkbox"/>	Monthly <input type="checkbox"/>	Piece Work	Rate \$	Per
F/T Seasonal <input type="checkbox"/>	Union Worker <input type="checkbox"/>		Tipped Employee	Rate \$	Per
P/T Seasonal <input type="checkbox"/>	Union Number		Default Hours	Hours	Per
S-Corp Principal	<input type="checkbox"/> Yes <input type="checkbox"/> No		Employee Number:		
Location:			Clock Number:		
Work State:			Benefit Class:		
Primary Dept.:			PTO Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary Dept.:			Hours:	Type:	
Division:			Hours:	Type:	
Project Code:			Employee Visa Type:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pay Group:			Home Client ID:		
Job Title/Job Code:			Work Email Address:		
Workers' Comp Code:			Supervisor:		

Please submit a completed copy of this packet to Oasis®, a Paychex® Company within three business days after the date of hire. To submit new hire paperwork, please upload to your team help desk.

Authorized Representative Signature

Date

Employee Acknowledgments

Client ID: _____

Employee ID: _____

About your relationship with Oasis, a Paychex Company®

The company for which you perform services (your Worksite Employer) has engaged Oasis Outsourcing, LLC or an affiliated company (Oasis) to provide professional employer organization services under which you will be paid by Oasis and Oasis may make certain benefits and other resources available and/or provide workers' compensation coverage (including complying with Section 52-1-4 NMSA 1978 in New Mexico). This is sometimes referred to as "co-employment" because Oasis performs certain employment-related functions, but Oasis and your Worksite Employer are not joint employers. Your Worksite Employer directs and controls your day-to-day work and the conduct of its business, receives the benefits of your services, and provides physical facilities, accommodations, and equipment. If you are represented by a union, nothing in the Employee Handbook is intended to interfere with any collective bargaining agreement, and the relationship between you, your union, and your Worksite Employer is not affected by the relationship with Oasis.

You have no contract of employment with Oasis. Your Worksite Employer may enter into agreements with you. Oasis is not a party to or responsible for such agreements and such agreements will not be affected by the relationship with Oasis or termination of that relationship. Your Worksite Employer may provide benefits, incentive or bonus compensation, deferred compensation, profit sharing, severance pay, commissions, sick or time off pay, and so on, but Oasis is not responsible for these things (although they may be provided through Oasis's services) or for anything promised to you by anyone other than Oasis.

You have received the Employee Handbook. The version of the Employee Handbook posted on the Employee Service Website is the version in effect at any given time, and you will be able to access it as long as you are paid through Oasis.

If your Worksite employer fails to comply with its obligations to Oasis, at most Oasis will be responsible to pay you minimum wage and applicable overtime for work you performed while covered under your Worksite Employer's contract with Oasis except to the extent an applicable law governing Oasis's services expressly provides otherwise. However, if you are employed in **South Carolina** full wages due will be paid but not any other consideration/benefit provided by the Worksite Employer. In **Texas** pursuant to section 91.032(c) of the Code the Worksite Employer is solely obligated to pay any wages for which an obligation to pay is created by an agreement, contract, plan, or policy between it and you; Oasis has not contracted to pay it.

In Hawaii Oasis is responsible for complying with laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and prepaid health care coverage. In Montana Oasis reserves a right of direction and control over employees assigned to a Worksite Employer's location and retains authority to hire, terminate, discipline, and reassign employees, but your Worksite Employer retains sufficient direction and control over employees necessary to conduct business and without which it would be unable to conduct business, discharge fiduciary responsibilities, or comply with state licensing laws and has the right to accept or cancel the assignment of an employee. In Rhode Island, the obligations of Oasis and the worksite employer are defined in section 5-75-7(D)(4) of R.I. General Laws. In South Carolina we are operating under and subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify their supervisor or designated safety contact at the Worksite Employer immediately. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to you or your beneficiaries and may result in failure to receive any compensation benefits.

In Alabama, Arizona, District of Columbia, Florida, Georgia, Hawaii, Idaho, Kansas, Missouri, New Jersey, New Mexico, Oklahoma, Texas, Utah, Virginia, or Wisconsin, if your work with an Oasis® client ends for any reason, you must call the Oasis® HR Service Center at 888-627-4753 to inquire about possible reassignment (which is not guaranteed) within 48 hours (not including weekends and Oasis® holidays); state unemployment agencies may deny you unemployment benefits if you do not do so.

If you are or become eligible to receive group health/welfare benefits through Oasis: You will receive a benefit package including materials explaining the benefits available and enrollment materials you must complete and submit; **If you do not receive your benefit package during your waiting period contact Oasis's Benefits Department immediately** (and before your coverage effective date); In order for benefits to become effective you must complete any applicable waiting period and submit enrollment materials to Oasis prior to the coverage effective date, failure to do so constitutes an election not to participate (if late enrollment is permitted pre-existing condition exclusions may apply to the extent a participant cannot demonstrate continuous coverage by submitting a HIPAA Certificate of Creditable Coverage); Your elections will remain in effect until the following annual enrollment period unless an eligible and submits required enrollment materials within 30 days of a qualifying event (see your enrollment packet for details); By enrolling in group benefits you authorize deductions from your pay for required participant contributions including deductions from your final pay if your employment terminates mid-month for coverages that extend through the full month which may include medical, dental, and vision (Flexible Savings Account Plan and Short- and Long-Term Disability terminate concurrently with termination).

Dispute Resolution Agreement

In the event of a legal dispute between you and Oasis Outsourcing, LLC or an affiliated company (Oasis) or your Worksite Employer arising out of or in connection with your employment, application for employment, or separation from employment for which you are, were, or would be paid through Oasis other than a claim for workers' compensation benefits or unemployment benefits, you agree the following will apply:

Mandatory arbitration. Arbitration is an alternative to going to court. It is often faster, less expensive, and more convenient than going to court but allows the same remedies that a court could grant. The US Supreme Court has held that employees may be required to arbitrate disputes under the Federal Arbitration Act, the law which applies to this agreement to arbitrate. To the greatest extent allowed by law, **ANY DISPUTE SUBJECT TO THIS DISPUTE RESOLUTION AGREEMENT WILL BE RESOLVED EXCLUSIVELY THROUGH BINDING ARBITRATION** before a neutral arbitrator. You may initiate arbitration by filing with the American Arbitration Association, JAMS, or another mutually agreeable neutral arbitration service. To the extent not inconsistent with this agreement, the rules of the neutral arbitration service for individual (not collective) employment disputes will apply. If required by law, Oasis or your Worksite Employer will advance costs of arbitration. The arbitrator will: Have the authority to determine whether a dispute is subject to this agreement to arbitrate; Be able to grant the same remedies as a federal court (but no more); Apply the Federal Rules of Evidence and any applicable statutes of limitation; Render a reasoned, written decision based only on the evidence adduced and the law; and Grant reasonable attorney fees and costs to the prevailing party if permitted by applicable law. Arbitration will be held in the capital or largest city of the state where you were a Covered Employee under your relationship with Oasis or another mutually agreeable location, and Oasis and your Worksite Employer may participate in any arbitration proceedings by telephone or video conference.

Waiver of jury trial. If for any reason a matter is not arbitrated, to the greatest extent allowed by law, **THE MATTER WILL BE HEARD BY A JUDGE AND YOU WAIVE ANY RIGHT TO TRIAL BY JURY.** This provision will not apply in states where employers are by law not permitted to require employees to agree to it.

Waiver of class actions. To the greatest extent allowed by law, no matter how a matter subject to this Dispute Resolution Agreement is heard, you will participate only in your individual capacity and not as a member or representative of a class. This provision will not apply in states where employers are by law not permitted to require employees to agree to it.

Complaining to and cooperating with government agencies. Nothing in this Dispute Resolution Agreement prevents you from complaining to a government agency or lawfully cooperating with a government agency investigation, or restricts your right to act collectively with other employees under Section 7 of the National Relations Act.

Other agreements (including collective bargaining agreements). This Dispute Resolution Agreement will not apply to a matter based on an agreement with your Worksite Employer (for example, a nondisclosure or other restrictive covenant agreement, an employment contract, or an assignment of intellectual property) if the agreement provides for another way to resolve disputes, as long as Oasis is not a party to the matter and an insurance policy issued to Oasis is not providing coverage for the matter. If a dispute is subject to a collective bargaining agreement that is inconsistent with this Dispute Resolution Agreement, the collective bargaining agreement will control. This Dispute Resolution Agreement controls over any other conflicting agreement unless an attorney representing Oasis waives this Dispute Resolution Agreement in writing.

Survival of agreement. This Dispute Resolution Agreement will survive termination of your employment and of any relationship between you, Oasis, and/or your Worksite Employer.

Changes in law etc. Laws governing resolution of employment-related disputes change frequently and may vary in different jurisdictions so this Dispute Resolution Agreement must be flexible. With respect to any matter subject to this Dispute Resolution Agreement, if any part of this Dispute Resolution Agreement is held invalid, impermissible, or unenforceable the remainder will continue in full force and effect, and the invalid, impermissible, or unenforceable portion of this Dispute Resolution Agreement may be deemed automatically amended for purposes of that matter to the smallest extent necessary to render it valid, permissible, and enforceable as near as possible to its original intent.

Employee Signature

Date

Print Name

Employee's Withholding Certificate

OMB No. 1545-0074

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	► Employee's signature (This form is not valid unless you sign it.)		► Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 1 \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter:

• \$18,800 if you're head of household • \$25,100 if you're married filing jointly or qualifying widow(er) • \$12,550 if you're single or married filing separately	}	2 \$ _____
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- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "0-" 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

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 with no other entries on the form; 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.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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.

Direct Deposit Authorization

This is not a required form for on-boarding. You can add/change banking information on the employee Portal at anytime after you have been added to the system.

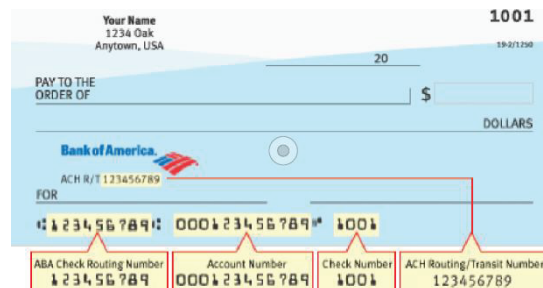
Client ID: _____

Employee ID: _____

Account Information

A voided check and/or a letter from your financial institution, which includes the ACH Routing Number and your Bank Account Number, should be included with your request for each account to be set up. The sample below shows the placement of the information required to complete this form.

I authorize Oasis Outsourcing to electronically deposit to the accounts below:



<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Pay allocation for this account: <input type="checkbox"/> Fixed Amount: \$ <input type="checkbox"/> Percentage of Pay: % <input type="checkbox"/> Remainder/Balance of Pay	
Bank Name:	
ACH Routing Number: (Routing number cannot start with a 5 and must be 9 digits)	Bank Account Number:

<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Pay allocation for this account: <input type="checkbox"/> Fixed Amount: \$ <input type="checkbox"/> Percentage of Pay: % <input type="checkbox"/> Remainder/Balance of Pay	
Bank Name:	
ACH Routing Number: (Routing number cannot start with a 5 and must be 9 digits)	Bank Account Number:

Electronic Pay Stub

This is a voluntary option and can be changed by logging into the employee portal at anytime once you have registered on the site. You will automatically be enrolled in electronic paperless pay stubs, unless you choose to receive a paper stub by checking the box below.

☐ I wish to receive paper pay stubs

Payroll Debit Card Enrollment

If you elect this option you will be enrolled in the Payroll Debit Card program. You will receive your card in about 10 business days. You will receive instructions with the card on how to activate it. Once activated, your paycheck will be deposited to this card in the increments that you choose.

☐ Sign me up for a Payroll Debit Card

Changes in banks or banking account information will require immediate notification to the Oasis® Payroll Department and will result in a live check being received for up to two pay periods from the time the change is received by Oasis®. I understand that any changes, including stopping my direct deposit, must be submitted by me in writing at least one week prior to my next scheduled pay date. I agree that in the event that Oasis® erroneously deposits money into my account, I authorize Oasis® to debit my account for an amount not to exceed the original amount of the erroneous deposit. Should the funds no longer be in my account and these funds were not rightfully mine, I agree to return the amount of the erroneous deposit in full, upon demand. By signing this form, I agree to all the conditions and fees imposed by the bank for all actions and exceptions noted above.

Employee Signature

Date

Print Name

Social Security Number

Voluntary EEO Identification

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record-keeping requirements. The Companies believe all persons are entitled to equal employment opportunities and do not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name:	Date:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to state	

Race/Ethnic Data:

- ☐ White (Non-Hispanic) – Origins of Europe, North Africa or Middle East
- ☐ Asian (Non-Hispanic) – Origins of the Far East, Southeast Asia or the Indian subcontinent
- ☐ Native Hawaiian or Other Pacific Islander – Origins of Hawaii, Guam, Samoa or other Pacific Islands
- ☐ Black or African American (Non-Hispanic) – Origins in any of the Black racial groups of Africa
- ☐ Hispanic or Latino Mexican, Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race
- ☐ American Indian or Alaskan Native – (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliations or community attachment
- ☐ Two or more races (Non-Hispanic) – All persons who identify with more than one of the above races.

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

- ☐ The employee elected not to complete this form, the employer has completed it through visual identification as required by law.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page

