

CDCS/CSG/PS - Employee Packet Checklist

REQUIRED FORMS* – ALL MUST BE RETURNED

<input type="checkbox"/>	Application for Employment* – Completed by Employee
<input type="checkbox"/>	Support Staff Job Description* – Filled out and Signed by Employee
<input type="checkbox"/>	Authority to Release Information* – Filled out and Signed by Employee
<input type="checkbox"/>	I-9* – Filled out and Signed by Employee and Authorized Representative/ Support Manager-See attached sample and instructions.
<input type="checkbox"/>	Copies* of Photo ID/Proof of Employment Eligibility <ul style="list-style-type: none"> • List A (example - Passport) Or • List B (example - Driver’s License, School ID, etc.) AND • List C (example – Social Security Card, Birth Certificate, etc.)
<input type="checkbox"/>	W-4*(MUST have Original)-Filled out and Signed by Employee--See attached sample & instructions.
<input type="checkbox"/>	Driver Certification Form *– IF DRIVING – Filled out and Signed by Employee Driver Exclusion Form* – IF NOT DRIVING - Signed by Employee & Support Manager
<input type="checkbox"/>	Employee/Client Relationship Form* – Filled out and Signed by Employee
<input type="checkbox"/>	Employee Handbook Acknowledgement*-Signed by Employee
<input type="checkbox"/>	Direct Deposit & Voided Check – Highly Suggested
<input type="checkbox"/>	Equal Opportunity, Affirmative Active Employer - Optional
<input type="checkbox"/>	Thrift Retirement Plan - Optional

**Before submitting your application, call:
 Genny @ 651-365-3783 or Rita @ 651-365-3770**

Mail application to:

**Lifeworks Services Inc.
 2965 Lone Oak Drive, Suite 160
 Eagan, MN 55121**

***DO NOT BEGIN WORK UNTIL YOUR SUPPORT MANAGER RECEIVES
 THE OK FROM HIS/HER COORDINATOR.***

This information can be made available
 in an alternate format upon request.
 Our TTY phone number is 651-365-3736.
 Equal Opportunity Employer.

Application for Employment

Customized Support

Lifeworks

A nonprofit serving
people with disabilities

INSTRUCTIONS: Complete all requested information. You may be asked to provide additional information.
Be sure to sign and date the application. **Please print.**

Name _____

Address _____

City/state/zip _____ Phone () _____

E-mail address _____ Mobile phone no. _____

Family and client you will be working for _____

Are you legally authorized to work in the U.S.? Yes No (If hired, you will need to show proof)

Are you 14 years of age or older? Yes No

Have you ever been employed by Lifeworks before? Yes No

If yes, please give approximate dates of prior employment at Lifeworks _____

References

(Other than family and friends)

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

Previous employers

List the most recent employer first.

1. Company name _____ Phone () _____

Contact person _____ Employed from _____ to _____
Mo./Yr. Mo./Yr.

Position _____ Reason for leaving _____ Last wage _____

Full or part time _____

2. Company name _____ Phone () _____

Contact person _____ Employed from _____ to _____
Mo./Yr. Mo./Yr.

Position _____ Reason for leaving _____ Last wage _____

Full or part time _____

Wage agreed upon with support manager \$ _____/hour

Support Staff Job Description

Purpose: Provide care and service to designated individual(s) to assist them in achieving their desired outcomes, and as directed by the support manager (individual, family or guardian).

Qualifications: Successful completion of the Department of Human Services Background Study and when required, a driver's record check. Other qualifications as required by the support manager.

Essential Job Functions:

1. Follow verbal and written instructions from the support manager.
2. Attend training as requested.
3. Implement behavioral support strategies in a consistent manner.
4. Provide assistance as needed for the individual to complete personal care routines.
5. Maintain and expand activity participation, relationships, and community involvement for the individual.
6. Provide support and training for the individual in the areas identified in their Health and Safety Plan or Risk Management Plan.
7. Provide necessary transportation to and from community sites as requested by the support manager.
8. Follow safety procedures and assist in identifying safety needs for self, client and others.
9. Comply with the policies, procedures and training requirements of Lifeworks Services, Inc.
10. Allow the support manager to submit time cards by mail, electronically or online according to the Lifeworks Payroll Calendar.
11. Other duties as required by the support manager.

Support staff are selected and supervised by the support manager. The scheduled hours of the personal support staff are subject to change at anytime and will not be guaranteed.

To the best of my knowledge the information contained in this application is true.

I understand:

- Any misrepresentation in my application may be justification for not being hired, or if hired, justification for termination of employment from Lifeworks.
- Nothing contained in this application or in the granting of an interview is intended to create a contract between me and this company for employment.
- I have the right to terminate my employment at any time and Lifeworks has the similar right.
- No promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.
- Employment is dependent upon passing county, state and federal background studies.
- Employment may be dependent upon passing the Department of Motor Vehicle check and providing proof of automobile insurance.

Applicant Signature

Date

This information can be made available
in an alternate format upon request.
Our TTY phone number is 651-365-3736.
Equal Opportunity Employer.

Authority to Release Information

I understand that in processing my application with Lifeworks Services, Inc. an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other government agencies. This investigation may include, but is not necessarily limited to, a public or private search of my criminal records through the Minnesota Bureau of Criminal Apprehension, the Minnesota Trial Court Public Access Remote View and any other private entities which we may engage to perform criminal background checks or other information of a personal nature. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions, or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless Lifeworks Services, Inc. from any liability.

I have the right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Lifeworks Services, Inc., 2965 Lone Oak Drive, Suite 160, Eagan, MN 55121.

I agree that any decision to hire me and stay continually employed is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment, as well as potential disqualification of my rights to collect unemployment benefits. During your employment with Lifeworks if we receive new disqualifying information about your background, we may run another background study at our discretion and your employment may be terminated.

Last Name	First Name	Middle Name
-----------	------------	-------------

Other Names Used	Date of Change
------------------	----------------

Street Address

City	State	Zip
------	-------	-----

Please list ALL other cities and states in which you have lived during the last 7 years.

Social Security Number	Date of Birth
------------------------	---------------

Driver's License Number	State Issued
-------------------------	--------------

I understand that a photocopy of this authorization will be accepted with the same authority as the original.

Employee Signature	Date
--------------------	------

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

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

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

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

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

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

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

A. New Name (if applicable) _____	B. Date of Hire (month/day/year) (if applicable) _____
-----------------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____	Date (month/day/year) _____
--	-----------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

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

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

I-9 Procedure

Purpose

This procedure is meant to help you complete the I-9 form correctly and completely. If you do not complete the I-9 form correctly it will delay your ability to start working.

Procedure

The I-9 form is to be completed by both the **Employee/Applicant** and the **Support Manager/Authorized Provider**.

Section 1. Employee Information and Verification

1. The **Employee/Applicant** must record a complete name and address.
2. The **Employee/Applicant** must enter a Social Security Number and birth date.
3. The **Employee/Applicant** must sign and date Section 1.

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
Doe	John	S	
Address (Street Name and Number)		Apt #	Date of Birth (month/day/year)
123 Your Street			01-02-03
City	State	Zip Code	Social Security #
Yourcity	state	Zip	123-45-6789
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):	
		<input checked="" type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)	
Employee's Signature	Date (month/day/year)		
John Doe	01-02-03		
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

1. The **Employee/Applicant** must present at least one original document from attached List A **OR** one original document from List B **AND** one original document from List C.
2. The **Support Manager/Authorized Provider** must review the presented documents.

3. The **Support Manager/Authorized Provider** must copy the presented documents.
4. The **Support Manager/Authorized Provider** must record the document information here in Section 2 of the I-9 form.
5. The **Support Manager/Authorized Provider** must sign and date the bottom of Section 2.

Support Manager/ Authorized Representative review the presented documents and enter the information here.	<p>Section 2. Employer Review and Verification <i>(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).)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">List A</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">OR</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">List B</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">AND</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">List C</td> </tr> <tr> <td>Document title: <u>Passport</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Issuing authority: <u>USA</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Document #: <u>123456</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Expiration Date (if any): <u>11/11/11</u></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Document #:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Expiration Date (if any):</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	List A	OR	List B	AND	List C	Document title: <u>Passport</u>					Issuing authority: <u>USA</u>					Document #: <u>123456</u>					Expiration Date (if any): <u>11/11/11</u>					Document #:					Expiration Date (if any):				
List A	OR	List B	AND	List C																																
Document title: <u>Passport</u>																																				
Issuing authority: <u>USA</u>																																				
Document #: <u>123456</u>																																				
Expiration Date (if any): <u>11/11/11</u>																																				
Document #:																																				
Expiration Date (if any):																																				
Support Manager/ Authorized Representative sign and date.	<p>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.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Signature of Employer or Authorized Representative <u>Support Manager</u></td> <td style="width: 20%; border-bottom: 1px solid black;">Print Name <u>Support Manager</u></td> <td style="width: 30%; border-bottom: 1px solid black;">Title <u>Support Manager</u></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Lifeworks Services, Inc.</u></td> <td style="border-bottom: 1px solid black;">Date (month/day/year) <u>11/11/11</u></td> </tr> </table>	Signature of Employer or Authorized Representative <u>Support Manager</u>	Print Name <u>Support Manager</u>	Title <u>Support Manager</u>	Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Lifeworks Services, Inc.</u>		Date (month/day/year) <u>11/11/11</u>																													
Signature of Employer or Authorized Representative <u>Support Manager</u>	Print Name <u>Support Manager</u>	Title <u>Support Manager</u>																																		
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Lifeworks Services, Inc.</u>		Date (month/day/year) <u>11/11/11</u>																																		

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <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)

Deductions and Adjustments Worksheet

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

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

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

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

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

Table 1

Table 2

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

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

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.

W-4 Procedure

Purpose

This procedure is meant to help you complete the W-4 form correctly and completely.

Procedure

Please complete the attached W-4 form exactly as shown in this example. If you do not complete the W-4 form correctly it will delay your ability to start working.

Once completed, the original form must be returned via mail or dropped off at the Lifeworks Administration Office. It cannot be faxed or emailed.

The image shows a 2012 W-4 form for John S. Doe. Red callout boxes provide instructions for various fields:

- Fill in complete Name and Address:** Points to lines 1 and 2 (Name and Address).
- Fill in SSN:** Points to line 2 (Social Security Number).
- Check one box:** Points to line 3 (Marital status).
- Enter number of deductions:** Points to line 5 (Total number of allowances).
- Enter the date you signed the form:** Points to the Date field.
- You must sign here:** Points to the Employee's signature line.

The form fields are filled with the following information:

- 1 Your first name and middle initial:** John S.
- Last name:** Doe
- 2 Your social security number:** 123-45-6789
- Home address (number and street or rural route):** 123 Street N.
- City or town, state, and ZIP code:** Yourtown, State ZIP
- 3 Marital status:** Single
- 5 Total number of allowances:** 1
- 6 Additional amount:** \$
- 7 Exemption conditions:** (None checked)
- Employee's signature:** John S. Doe
- Date:** 1-1-2012

If you are a CDCS/CSG paid parent of a minor child---CHECK HERE
(If you check here you do not need to complete the form-but you need to submit it with your application)

Driver Certification Form

This form should be filled out only if the employee **WILL be driving.**

Name (Print) _____ Date of Birth _____

Address _____

City State Zip
Name of Client for whom you will work _____

Driver's License# _____ State _____ Class _____

Do you have at least one year of driving experience? Yes _____ No _____

If driver's license has been revoked, suspended, or cancelled, specify date _____

Acknowledgement of the following guidelines:

The driver is responsible for:

1. All passengers using seatbelts and wheelchair transport equipment correctly.
2. Maintaining both a valid driver's license and personal automobile insurance.
3. Following specific guidelines for personal transportation outlined by the support manager.

The employee understands the co-employers must comply with statutory insurance requirements as they pertain to employee driving employer's vehicles and/or use of the employee's vehicle on the job. Lifeworks recommends that all employees have liability limits of \$100,000 per person, \$300,000 per occurrence, \$50,000 per vehicle/property or a combined single limit of \$300,000. By signing below, the employee acknowledges and agrees that the co-employers are entitled to receive/send proof of license(s) and/or motor vehicle reports/records from employee and/or third parties.

Employer and employees understand that use of these records is limited to employers' obligation to comply with statutory insurance requirements and/or with the underwriting process relating to securing insurance coverage. Employer will exercise best efforts to limit use of records as herein specified.

This form authorizes Lifeworks Services, Inc. to check my Motor Vehicle Record periodically with out further consent. This authorization expires upon termination of my employment. I understand it is my responsibility to maintain both a valid driver's license and personal automobile insurance. Failure to do so can lead to termination.

Employee Signature

Date

Driver Exclusion Form

(This form is to be filled out if the employee WILL NOT be driving as part of their job duties)

This document stipulates that the Support Manager and the Employee are aware that the essential job functions specifically exclude the employee from providing transportation for the client at any time.

The Support Manager, and the employee agree with Lifeworks Services, Inc. that the employee will not drive a vehicle with the client in the vehicle at any time.

Employee Name - Print

Employee Signature

Date

Support Manager Name - Print

Support Manager Signature

Date

Employee/Client Relationship Form

Client Name: _____

Employee/Your Name: _____

Employee Phone No: _____

I am the Client's _____:

Circle one:

Aunt Brother Brother-in Law Cousin Daughter Grandparent

Guardian Nephew Niece Parent Parent-Step Parent-Foster

Sister Sister-in-Law Son Spouse Uncle Other – No Relation

Please sign and date:

Employee Signature: _____ **Date:** _____

Employee Handbook Acknowledgement

I understand that upon my hire I will have read the Lifeworks Customized Support Employee Handbook. (The handbook is available through the support manager, mail, email or online at the Lifeworks website, www.lifeworks.org. If I choose I may request a hard copy from Human Resources at any time during the duration of my employment.

I understand that the handbook is intended to provide an overview of Lifeworks operations and policies. This handbook supersedes all previous policies and procedures I may have received from Lifeworks. Lifeworks may add, change or rescind at any time any policy or practice at its sole discretion.

I agree to follow the policies in the Employee Handbook, including any updates and modifications. I will comply with Lifeworks policy prohibiting discrimination and harassment and will advise Lifeworks of any conduct that violates the policy.

I understand that each handbook is the property of Lifeworks and that copying any part of the handbook is prohibited.

Employee Name (printed)

Date

Employee Signature

Date

DIRECT DEPOSIT AUTHORIZATION FOR CHECKING & SAVINGS ACCTS



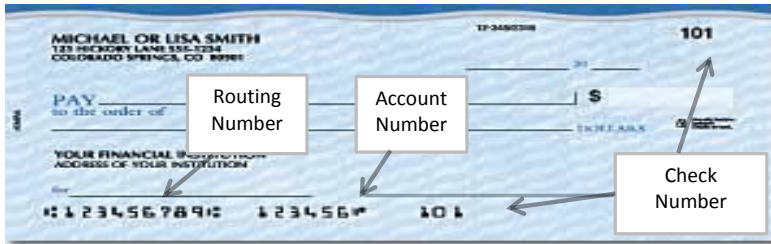
PLEASE NOTE: DIRECT DEPOSIT WILL INITIALLY TAKE TWO PAY PERIODS TO GO INTO EFFECT - PRIOR TO THAT A CHECK WILL BE MAILED

Employee Name and ID# : _____ New authorization
 Employee address : _____ Change of authorization
 Employee City and State : _____
 Phone Number : _____
 Routing Number : _____
 Email address (REQUIRED) : _____

Indicate the type of account and account number on the first line. If requesting two or more accounts, for payroll transactions only, then you must list exact dollar amount for each additional account (percentage may NOT be used). **Primary account will be used for all expense reimbursements unless instructed otherwise.**

	Checking Acct # _____	Amt \$ <u>ALL</u>
	Checking Acct # _____	Amt \$ _____
	Savings Acct # _____	Amt \$ _____

Attach voided check with your name or official note on bank letterhead listing routing number and account number for each checking/savings account



I authorize Lifeworks Services, Inc. and the financial institution listed above to deposit my net pay automatically to my account(s) each pay day and to initiate adjustments, if necessary, for any entries made in error to my account(s). This authorization will remain in effect until I have cancelled it in writing or until I have been voluntarily or involuntarily terminated. Lifeworks reserves the right to charge a service fee to employee if a direct deposit has been rejected by its bank due to a closed account without notification. As required by U.S. law, I certify that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will immediately inform Lifeworks. I understand that it is my responsibility to verify that payment has been credited to my account and I am responsible for any resulting fees I incur from non-sufficient funds or personal finance charges. I certify that the information provided on this form is true and correct.

Signature: _____ Date: _____

Circle Legal Capacity as: **Employee** **Guardian** **Other Legal Representative**

Office Use Only:
Payroll _____ A/P _____

DIRECT DEPOSIT AUTHORIZATION USING DEBIT OR CASH CARD ACCOUNT



A nonprofit serving
people with disabilities

**PLEASE NOTE: DIRECT DEPOSIT WILL INITIALLY TAKE 3 TO 4 WEEKS
TO GO INTO EFFECT - PRIOR TO THAT A CHECK WILL BE MAILED**

Employee Name and ID# : _____ New Authorization

Employee address : _____ Change

Employee City and State : _____

Phone Number: _____

Routing Number : _____

Email address: _____

(REQUIRED FOR REMITTANCE)

**Direct deposit set-up will be used for both payroll and expense reimbursements
unless instructed otherwise.**

ATTACH A COPY OF THE FOLLOWING:

1. Debit/Cash Card with your name.
2. A Photo ID.
3. Financial institution letter, listing routing and account numbers.

I authorize Lifeworks Services, Inc. and the financial institution listed above to deposit my net pay automatically to my account each pay day and to initiate adjustments, if necessary, for any entries made in error to my account. This authorization will remain in effect until I have cancelled it in writing or until I have been voluntarily or involuntarily terminated. Lifeworks reserves the right to charge a service fee to employee if a direct deposit has been rejected by our bank due to a closed account without notification. As required by U.S. law, I certify that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will immediately inform Lifeworks. I understand that it is my responsibility to verify that payment has been credited to my account and I am responsible for any resulting fee I incur from non-sufficient funds or personal finance charges. I certify that the information provided on this form is true and correct.

Employee Signature: _____ Date: _____

Circle Legal Capacity as: **Employee** **Guardian** **Other Legal Representative**

Office Use Only: Payroll _____ A/P _____

Version 4-19-12

An Equal Opportunity, Affirmative Action Employer

Applicant Survey

Last Name _____ **First Name** _____

Date _____ **Position for which you are applying** _____

Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and for **no other purpose**. *When we receive this form, we will immediately place it in a confidential file separate from the one that contains your application.

Race/Ethnicity – Select one or more

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including , for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races: All persons who identify with more than one of the races listed: White, Hispanic or Latino, Black or African American, Native Hawaiian or Other Pacific Islander, American Indian or Alaska native.

Disability – Are you a person with a disability?

Yes

No

Sex – Select One

Female

Male

***This form is not used for employment decisions.** If you have disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.

This information can be made available
in an alternate format upon request.
Our TTY phone number is 651-365-3736.
Equal Opportunity Employer.

Memo

TO: Support Staff hired under Employer of Record Service
FROM: Marie Rutz, Vice President of Human Resources
RE: Thrift Retirement Plan

As a Lifeworks employee you are eligible to make elective deferrals from your paychecks into the Thrift Retirement Plan (the "Plan"). The Plan offers a convenient way for you to save money for your retirement through payroll deductions.

Lifeworks does not contribute matching contributions to the Plan on your behalf.

A copy of the Summary Plan Description ("SPD") describing the essential features of the Plan is posted on Lifeworks' web site. If you would like a printed copy of the SPD, please call Maurita Lundmark at (651) 365-3770 or mlundmark@lifeworks.org and one will be sent to you.

If you are interested in enrolling in the Plan, you should contact Erik Johnson, Lifeworks advisor with VALIC at 651-226-9025 or erik.a.johnson@valic.com and he will help you enroll in the Plan.

You may start making contributions into the Plan at any time.