



Date / Initials

OFFICE USE ONLY

Hollister Corporate Office:

710 Kirkpatrick Ct., Suite B
Hollister, CA 95023
Phone: 831-638-0360
Fax: 831-638-0365

Morgan Hill Office:

17705 Hale Ave., Suite C-1
Morgan Hill, CA 95037
Phone: 408-779-7100
Fax: 408-779-7142

Gilroy Office:

8010 Wayland Ln., Suite 2D
Gilroy, CA 95020
Phone: 408-767-2904
Fax: 408-767-2906

Los Banos Office:

702 J Street
Los Banos, CA 93635
Phone: 209-710-9515
Fax: 209-710-9521

APPLICATION

Personal Information

Date ____ / ____ / 20____

Last Name	First Name	Social Security Number
Address / Apt #	City	State
Home Number	Cell Phone	Cell Phone Service Carrier
Email Address	Emergency Contact	Emergency Phone Number

Employment Needs

How much advance notice?			Are you willing to work overtime?	
Position	Desired Wage	Date you can start	Position Type <input type="checkbox"/> PT <input type="checkbox"/> FT	Shifts you are available to work <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard
Days you are available to work <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Transportation <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other: _____	Bi-Lingual <input type="checkbox"/> Yes <input type="checkbox"/> No	Languages Spoken	
How far can you travel for position?	How did you hear about Infinity Staffing?			Have you previously worked for Infinity Staffing?

Work History

PLEASE BEGIN WITH MOST RECENT EMPLOYER

Position	Employer	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	City	State	Zip
Phone Number	Reason for Leaving	Supervisor	Dates Worked From ____ / ____ / ____ To ____ / ____ / ____			
Position	Employer	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	City	State	Zip
Phone Number	Reason for Leaving	Supervisor	Dates Worked From ____ / ____ / ____ To ____ / ____ / ____			
Position	Employer	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	City	State	Zip
Phone Number	Reason for Leaving	Supervisor	Dates Worked From ____ / ____ / ____ To ____ / ____ / ____			

Eligibility

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, describe
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(We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to medical examination and to skill and agility tests)

References

Name	Title/Company
Relationship	Phone

Name	Title/Company
Relationship	Phone

Name	Title/Company
Relationship	Phone

Education

High School	Name	Years Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	Address			
	City	State		

College/ University	Name	Years Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	Address			
	City	State		

Other	Name	Years Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	Address			
	City	State		



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity AND	Documents that Establish Employment Authorization
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
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			
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

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.

2024**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 surviving spouse <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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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
Dependent
and Other
Credits**

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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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
employmentEmployer identification
number (EIN)

Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	<input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household

- Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
 - Number of Regular Withholding Allowances (**Worksheet A**)
 - Number of allowances from the Estimated Deductions (**Worksheet B**, if applicable.)
 - Total Number of Allowances you are claiming

- Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)
OR

Exemption from Withholding

- I claim exemption from withholding for 2024, and I certify I meet both of the conditions for exemption. (Check box here) ☐
OR
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here) ☐

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
--	--

Purpose: The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form DE 4 to determine the appropriate California PIT withholding.

If you do not provide your employer with a DE 4, the employer must use Single with Zero withholding allowance.

Check Your Withholding: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

Exemption From Withholding: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- You did not owe any federal/state income tax last year, and
- You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- Your spouse is a member of the armed forces present in California in compliance with military orders;
- You are present in California solely to be with your spouse; and
- You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The *California Employer's Guide* (DE 44) (edd.ca.gov/pdf/pub_ctrde44.pdf) provides the income tax withholding tables. This publication may be found by visiting Payroll.Taxes-Forms-and-Publications (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.html). To assist you in calculating your tax liability, please visit the Franchise Tax Board (FTB) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the FTB (ftb.ca.gov).

Worksheets

Instructions — 1 — Allowances

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

Two-Earners/Multiple Incomes: When earnings are derived from more than one source, under withholding may occur if you have a working spouse or more than one job, it is best to check the box "SINGLE" or "MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer.

Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

Married But Not Living With Your Spouse: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you at any time during the year.
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent, and
- (3) You will file a separate return for the year.

Head of Household: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the entire year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

Worksheet A Regular Withholding Allowances

- Allowance for yourself — enter 1 (A)
- Allowance for your spouse (if not separately claimed by your spouse) — enter 1 (B)
- Allowance for blindness — yourself — enter 1 (C)
- Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 (D)
- Allowance(s) for dependent(s) — do not include yourself or your spouse (E)
- Total — add lines (A) through (E) above and enter on line 1a of the DE 4 (F)

Instructions — 2 — (Optional) Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected itemized deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc. But are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowance standard deduction.

Worksheet B Estimated Deductions

Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 1
- Enter \$10,726 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,363 if single or married filing separately, dual income married, or married with multiple employers - 2
- Subtract line 2 from line 1, enter difference - 3
- Enter an estimate of your adjustments to income (pension payments, IRA deposits) + 4
- Add line 4 to line 3, enter sum - 5
- Enter an estimate of your nonwage income (dividends, interest income, royalty receipts) - 6
- If line 5 is greater than line 6 (if less, see below [go to line 9])
Subtract line 6 from line 5, enter difference + 7
- Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
Enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here. 8
- If line 6 is greater than line 5
Enter amount from line 6 (nonwage income) 9
- Enter amount from line 5 (deductions) 10
- Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. 11

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner remains an individual partner in a domestic partner relationship within the meaning of section 207 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-8888.

DE 4 Rev 53 (12-23) (INTERNET)

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Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR) (govt.westlaw.com/calregs/Search/index), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

Penalty: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code (leginfo.ca.gov/faces/codes.xhtml) and section 19176 of the Revenue and Taxation Code (leginfo.ca.gov/faces/codes.xhtml).

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Worksheet C Additional Tax Withholding and Estimated Tax

- Enter estimate of total wages for tax year 2024 1
- Enter estimate of nonwage income (see 5 of Worksheet B) 2
- Add line 1 and line 2, enter sum 3
- Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 4
- Enter adjustments to income (line 4 of Worksheet B) 5
- Add line 4 and line 5, enter sum 6
- Subtract line 6 from line 3, enter difference 7
- Figure your tax liability for the amount on line 7 by using the 2024 tax rate schedule(s) below 8
- Enter personal exemptions (line F of Worksheet A + \$158.40) 9
- Subtract line 9 from line 8, enter difference 10
- Enter any tax credits. (See FTB Form 540) 11
- Subtract line 11 from line 10, enter difference. This is your total tax liability 12
- Calculate the tax withheld and estimated to be withheld during 2024. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2024. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2024. 13
- Subtract line 13 from line 12, enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14
- Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15

Note: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables Are for Calculating Worksheet C and for 2024 Only.

Single Persons, Dual Income Married or Married With Multiple Employers

IF THE TAXABLE INCOME IS:		COMPUTED TAX IS:	
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS
\$0	\$10,712	1.00%	\$0
\$10,712	\$24,644	2.00%	\$1,071.20
\$24,644	\$38,576	4.00%	\$3,142.88
\$38,576	\$52,508	6.00%	\$5,214.56
\$52,508	\$66,440	8.00%	\$7,286.24
\$66,440	\$80,372	10.00%	\$9,357.92
\$80,372	\$94,304	12.00%	\$11,429.60
\$94,304	\$108,236	14.00%	\$13,501.28
\$108,236	\$122,168	16.00%	\$15,572.96
\$122,168	\$136,100	18.00%	\$17,644.64
\$136,100	\$150,032	20.00%	\$19,716.32
\$150,032	\$163,964	22.00%	\$21,788.00
\$163,964	\$177,896	24.00%	\$23,859.68
\$177,896	\$191,828	26.00%	\$25,931.36
\$191,828	\$205,760	28.00%	\$27,003.04
\$205,760	\$219,692	30.00%	\$28,074.72
\$219,692	\$233,624	32.00%	\$29,146.40
\$233,624	\$247,556	34.00%	\$30,218.08
\$247,556	\$261,488	36.00%	\$31,289.76
\$261,488	\$275,420	38.00%	\$32,361.44
\$275,420	\$289,352	40.00%	\$33,433.12
\$289,352	\$303,284	42.00%	\$34,504.80
\$303,284	\$317,216	44.00%	\$35,576.48
\$317,216	\$331,148	46.00%	\$36,648.16
\$331,148	\$345,080	48.00%	\$37,719.84
\$345,080	\$359,012	50.00%	\$38,791.52
\$359,012	\$372,944	52.00%	\$39,863.20
\$372,944	\$386,876	54.00%	\$40,934.88
\$386,876	\$400,808	56.00%	\$42,006.56
\$400,808	\$414,740	58.00%	\$43,078.24
\$414,740	\$428,672	60.00%	\$44,149.92
\$428,672	\$442,604	62.00%	\$45,221.60
\$442,604	\$456,536	64.00%	\$46,293.28
\$456,536	\$470,468	66.00%	\$47,364.96
\$470,468	\$484,400	68.00%	\$48,436.64
\$484,400	\$498,332	70.00%	\$49,508.32
\$498,332	\$512,264	72.00%	\$50,580.00
\$512,264	\$526,196	74.00%	\$51,651.68
\$526,196	\$540,128	76.00%	\$52,723.36
\$540,128	\$554,060	78.00%	\$53,795.04
\$554,060	\$567,992	80.00%	\$54,866.72
\$567,992	\$581,924	82.00%	\$55,938.40
\$581,924	\$595,856	84.00%	\$57,010.08
\$595,856	\$609,788	86.00%	\$58,081.76
\$609,788	\$623,720	88.00%	\$59,153.44
\$623,720	\$637,652	90.00%	\$60,225.12
\$637,652	\$651,584	92.00%	\$61,296.80
\$651,584	\$665,516	94.00%	\$62,368.48
\$665,516	\$679,448	96.00%	\$63,440.16
\$679,448	\$693,380	98.00%	\$64,511.84
\$693,380	\$707,312	100.00%	\$65,583.52

Married Persons

IF THE TAXABLE INCOME IS:		COMPUTED TAX IS:	
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS
\$0	\$20,424	1.00%	\$0
\$20,424	\$44,356	2.00%	\$2,142.40
\$44,356	\$68,288	4.00%	\$6,284.80
\$68,288	\$92,220	6.00%	\$10,427.20
\$92,220	\$116,152	8.00%	\$14,569.60
\$116,152	\$140,084	10.00%	\$18,712.00
\$140,084	\$164,016	12.00%	\$22,854.40
\$164,016	\$187,948	14.00%	\$26,996.80
\$187,948	\$211,880	16.00%	\$31,139.20
\$211,880	\$235,812	18.00%	\$35,281.60
\$235,812	\$259,744	20.00%	\$39,424.00
\$259,744	\$283,676	22.00%	\$43,566.40
\$283,676	\$307,608	24.00%	\$47,708.80
\$307,608	\$331,540	26.00%	\$51,851.20
\$331,540	\$355,472	28.00%	\$55,993.60
\$355,472	\$379,404	30.00%	\$60,136.00
\$379,404	\$403,336	32.00%	\$64,278.40
\$403,336	\$427,268	34.00%	\$68,420.80
\$427,268	\$451,200	36.00%	\$72,563.20
\$451,200	\$475,132	38.00%	\$76,705.60
\$475,132	\$499,064	40.00%	\$80,848.00
\$499,064	\$522,996	42.00%	\$84,990.40
\$522,996	\$546,928	44.00%	\$89,132.80
\$546,928	\$570,860	46.00%	\$93,275.20
\$570,860	\$594,792	48.00%	\$97,417.60
\$594,792	\$618,724	50.00%	\$101,560.00
\$618,724	\$642,656	52.00%	\$105,702.40
\$642,656	\$666,588	54.00%	\$109,844.80
\$666,588	\$690,520	56.00%	\$113,987.20
\$690,520	\$714,452	58.00%	\$118,129.60
\$714,452	\$738,384	60.00%	\$122,272.00
\$738,384	\$762,316	62.00%	\$126,414.40
\$762,316	\$786,248	64.00%	\$130,556.80
\$786,248	\$810,180	66.00%	\$134,699.20
\$810,180	\$834,112	68.00%	\$138,841.60
\$834,112	\$858,044	70.00%	\$142,984.00
\$858,044	\$881,976	72.00%	\$147,126.40
\$881,976	\$905,908	74.00%	\$151,268.80
\$905,908	\$929,840	76.00%	\$155,411.20
\$929,840	\$953,772	78.00%	\$159,553.60
\$953,772	\$977,704	80.00%	\$163,696.00
\$977,704	\$1,001,636	82.00%	\$167,838.40
\$1,001,636	\$1,025,568	84.00%	\$171,980.80
\$1,025,568	\$1,049,500	86.00%	\$176,123.20
\$1,049,500	\$1,073,432	88.00%	\$180,265.60
\$1,073,432	\$1,097,364	90.00%	\$184,408.00
\$1,097,364	\$1,121,296	92.00%	\$188,550.40
\$1,121,296	\$1,145,228	94.00%	\$192,692.80
\$1,145,228	\$1,169,160	96.00%	\$196,835.20
\$1,169,160	\$1,193,092	98.00%	\$200,977.60
\$1,193,092	\$1,217,024	100.00%	\$205,120.00

IF THE TAXABLE INCOME IS:		COMPUTED TAX IS:	
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS
\$0	\$20,424	1.00%	\$0
\$20,424	\$44,356	2.00%	\$2,142.40
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\$1,169,160	\$1,193,092	98.00%	\$200,977.60
\$1,193,092	\$1,217,024	100.00%	\$205,120.00

If you need information on your last California Resident Income Tax Return (FTB Form 540), visit (FTB) (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18524. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

DE 4 Rev 53 (12-23) (INTERNET)

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Infinity Staffing Services, Inc. - Direct Deposit Authorization

Employee Name: _____ Last 4 of SS#: _____ Effective Date: _____

Address: _____
(No P.O. Box)

City: _____ State : _____ Zip: _____

☐ Global Cash Paycard

☐ Rapid Cash Paycard

Account #: _____

Account #: 330- _____

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit to my paycard indicated above. In addition, I hereby authorize Infinity Staffing Services on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates, to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the paycard identified above, and I authorize the paycard selected above to accept such deposits and make such adjustments. I also authorize Infinity Staffing Services at its election, to pay any wage and off cycle wage payments due to me upon discharge by means of a payroll check in the event the direct deposit option is unavailable. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. These authorizations will remain in effect until Infinity Staffing Services receives written notice from me terminating my authorization.

☐ Direct Deposit

Bank Account Information: Bank Name: _____

Account Type: ☐ Checking

Account #: _____

☐ Savings

Routing #: _____

Additional Information for Direct Deposit:

- You must provide a voided check (no deposit slips) or a letter from the bank on official letterhead verifying the Routing and Account numbers. Incomplete or inaccurate information will not be processed.
- It is your responsibility to notify Infinity Staffing Services of any changes to/closure of your bank account. Failure to notify may delay issuance of checks.

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit to my checking or savings account. In addition, I hereby authorize Infinity Staffing Services on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates, to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. I also authorize Infinity Staffing Services at its election, to pay any wage and off cycle wage payments due to me upon discharge by means of a payroll check in the event the direct deposit option is unavailable. These authorizations will remain in effect until Infinity Staffing Services receives written notice from me terminating my authorization.

Employee Name (Print Name): _____ Date: _____

Employee Signature Authorizing Payment: _____

INFINITY STAFFING SERVICES, INC.

POLICY TO REPORT WORK RELATED INCIDENTS/INJURIES

1. Report all incidents/ injuries no matter how minor as soon as possible to your supervisor. You must also contact our personnel office directly at:

- Hollister (831)638-0360
- Morgan Hill (408)779-7100
- Gilroy (408)767-2904
- Los Banos (209)710-9515

*****Failure to report, can result in loss of benefits*****

2. The regulations of ARCH INSURANCE CO. (CLAIMS ADMIN. IS YORK RISK SERVICES) require that each person who is injured fill out a form describing how the injury occurred. If you fail to fill out and return form for whatever reason, the company will not pay any benefit to you until the report is received. The forms are in the personnel office, and are in English and Spanish.
3. If you go to any other medical facility or chiropractor without permission of Infinity Staffing or ARCH INSURANCE CO. (CLAIMS ADMIN. IS YORK RISK SERVICES (714- 620-1365), payments will be denied and will be your personal responsibility.
4. If after 60 days of your injury, you wish to change doctor, you must direct your request in writing to ARCH INSURANCE CO. (CLAIMS ADMIN. IS YORK RISK SERVICES) P.O. BOX 59914 RIVERSIDE, CA 95217.
5. If the doctor recommends you not work or he/ she indicates modified duties because of your work-related injury, you must call Infinity Staffing's personnel office immediately (8:00 a.m. to 5:00 p.m.). Your failure to report your work status can result in delay of your benefits.
6. **INFINITY STAFFING WILL ACCOMMODATE MODIFIED DUTIES WHEN AVAILABLE.**
7. **ALL INFINITY STAFFING EMPLOYEES WILL UNDERGO A POST ACCIDENT\INJURY DRUG TEST. FAILURE TO COMPLY WILL RESULT IN TERMINATION.**

Infinity Staffing has a Zero Tolerance Policy for Alcohol and Drugs. If you are found to be under the influence of Drugs or Alcohol during the course of employment, you will be terminated from your employment and removed from the premises.

I HAVE READ AND UNDERSTAND THE TERMS OF INFINITY STAFFING SERVICES INC.

X

Signature

Date

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,
SEXUAL ASSAULT AND STALKING**

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.



Equal Employment Opportunity Information Request

Branch: _____

Last 4 of SSN: _____

Name: _____
Address: _____

Phone #: _____

To enable us to meet government reporting regulations, Infinity Staffing Services, Inc., requests that you complete this personal data form. The questions on this form are voluntary. You are not required to answer the questions below as a condition of employment. Failure to respond will not subject you to adverse treatment. It is the policy of our company to offer equal opportunities for employment to all applicants and employees, and avoid discrimination of any kind. This information will be used by us to comply with Federal and State regulations pertaining to Equal Employment Opportunity, and assist us with regard to compiling data. Your voluntary cooperation will be greatly appreciated.

☐ I do not wish to provide the requested information

Gender

- ☐ Male
☐ Female
☐ Non-Binary
☐ Prefer not to disclose

Date of Birth: ____/____/____

Race/Color or
National Origin:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Two or more Races |
| <input type="checkbox"/> Native Hawaiian or
Pacific Islander | <input type="checkbox"/> Prefer not to disclose |

I certify that the statements I have made on this form are true and correct, and without material omission. This form is kept strictly confidential, and will not be disclosed to anyone.

Employee Signature

Date



CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

THIS AGREEMENT is made by and between INFINITY STAFFING SERVICES, INC. (hereinafter "INFINITY") and _____ (hereinafter "EMPLOYEE").

Recitals

WHEREAS, INFINITY is the employer for EMPLOYEE at INFINITY;

WHEREAS, INFINITY is in the staffing business (the "Purpose") for its customers (hereinafter "CLIENTS");

WHEREAS, INFINITY and EMPLOYEE desire to enter into a confidentiality agreement regarding private records, confidential records, trade secret, and confidential documents with respect to those communications and records ("COMMUNICATIONS") between INFINITY, EMPLOYEE, and CLIENTS in regards to INFINITY and its CLIENTS, and

WHEREAS, in order to pursue the mutual Purpose, INFINITY and EMPLOYEE recognize that there is a need for EMPLOYEE to obtain, review and process INFINITY and CLIENTS' confidential information to be used only for the Purpose and a need for EMPLOYEE to protect INFINITY and CLIENTS' confidential information from unauthorized use and disclosure.

NOW, THEREFORE, in consideration of the mutual covenants and conditions herein contained, and the association with INFINITY and EMPLOYEE, the parties hereto agree as follows:

1. Definition of Confidential Information

"Confidential Information" shall mean information relating to services or products or the business affairs of the INFINITY and CLIENTS of a proprietary or confidential nature, whether communicated orally or in writing, including by way of illustration and not limitation:

- (a) information concerning research and development activities;
- (b) manufacturing and processing techniques and know-how;
- (c) designs, drawings and formulae;
- (d) cost, profit and market information;
- (e) financial and other business information with respect to INFINITY and CLIENTS that INFINITY and CLIENTS has not made publicly available; customer business information, including services and products of INFINITY and CLIENTS ordered, prices and delivery schedules; and
- (f) any information disclosed to the INFINITY and CLIENTS by any third party which INFINITY and CLIENTS has agreed, or is otherwise obligated, to treat as confidential or proprietary.

2. Exclusions

EMPLOYEE, however, shall have no liability to the other party, under this Agreement with respect to the disclosure and/or use of any such Confidential Information that it can establish:

- (a) has become generally known or available to the public without breach of this Agreement by the EMPLOYEE;
- (b) was known by the EMPLOYEE before receiving such information from INFINITY and CLIENTS;
- (c) has become known by or available to the EMPLOYEE from a source other than INFINITY and CLIENTS, without any breach of any obligation of confidentiality owed to INFINITY and CLIENTS, subsequent to disclosure of such information to it by INFINITY and CLIENTS;
- (d) has been disclosed to persons regularly employed by EMPLOYEE who have previously agreed in writing not to disclose such information or to use such information for any purpose other than to assist it to determine whether to pursue the Purpose;
- (e) has been independently developed by the EMPLOYEE without use of or reference to the Confidential Information by persons who had no access to the Confidential Information;
- (f) has been provided to the EMPLOYEE with a written statement that it is provided without restriction on disclosures; or
- (g) has been approved for release or use by written authorization of the INFINITY and CLIENTS.

3. Obligations of the EMPLOYEE

The EMPLOYEE acknowledges that irreparable injury and damage will result from disclosure to third parties, or utilization for purposes other than those connected with the proposed acquisition or other business relationship, of any of the Confidential Information. EMPLOYEE agrees:

- (a) to hold the Confidential Information in strict confidence;
- (b) not to disclose such Confidential Information to any third party except as specifically authorized herein or as specifically authorized by INFINITY and CLIENTS in writing;
- (c) to use all reasonable precautions, consistent with the EMPLOYEE's treatment of its own confidential information of a similar nature, to prevent the unauthorized disclosure of the Confidential Information, including, without limitation, protection of documents from theft, unauthorized duplication and discovery of contents, and restrictions on access by other persons to such Confidential Information;
- (d) not to make or use any copies, synopses or summaries of oral or written material, photographs or any other documentation or information made available or supplied by INFINITY and CLIENTS to EMPLOYEE except such as are necessary for the EMPLOYEE's internal communications in connection with the Purpose; and
- (e) not to use any Confidential Information for any purpose other than the Purpose.

4. Required Disclosures

EMPLOYEE may disclose the Confidential Information if and to the extent that such disclosure is required by applicable law, provided that the EMPLOYEE uses reasonable efforts to limit the disclosure by means of a protective order or a request for confidential treatment and provides INFINITY and CLIENTS a reasonable opportunity to review the disclosure before it is made and to interpose its own objection to the disclosure.

5. Return of Confidential Information

EMPLOYEE shall return all written material, photographs and all other documentation made available or supplied by INFINITY and CLIENTS to the EMPLOYEE, and all copies and reproductions thereof, on request.

6. Retention of Legal Rights

INFINITY and CLIENTS retains all rights and remedies afforded it under the patent and other laws of the United States and the States thereof, including without limitation any laws designed to protect proprietary or confidential information.

7. Injunctive Relief

EMPLOYEE acknowledges that the unauthorized use or disclosure of the Confidential Information would cause irreparable harm to INFINITY and CLIENTS. Accordingly, the EMPLOYEE agrees that INFINITY and CLIENTS will have the right to obtain an immediate injunction against any breach or threatened breach of this Agreement, as well as the right to pursue any and all other rights and remedies available at law or in equity for such a breach.

8. Term of Agreement

This Agreement applies to all Confidential Information that is disclosed by INFINITY and CLIENTS to the EMPLOYEE during the period that begins on the date set forth below and ends upon the termination of employment of EMPLOYEE by INFINITY or one year thereafter. The obligations of this Agreement will remain in effect for five years after the date of the last disclosure of Confidential Information hereunder, at which time this Agreement will terminate.

9. Entire Agreement

This Agreement sets forth the entire agreement and understanding of the parties and merges all prior discussions between them as to Confidential Information. Neither party may be bound by any definition, condition, representation or waiver other than as expressly stated in this Agreement or as subsequently set forth in writing signed by the parties hereto.

10. Governing Law

This Agreement shall be governed by the laws of the State of California.

11. Successors and Assigns

This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, administrators, executors, successors and assigns.

12. Venue

Any legal action or legal proceeding relating to this Agreement shall be instituted in any state or federal court in Santa Clara County, California. The parties agree to submit to the jurisdiction of and agree that venue is proper in the aforesaid courts in any such action or proceeding.

13. Severability

If any part of this Agreement shall be determined to be illegal, invalid or unenforceable, the remaining part shall not be affected thereby, and the illegal, unenforceable or invalid parts shall be deemed not to be a part of this Agreement.

14. Attorney Fees and Costs

In the event that legal proceedings are initiated for the purpose of enforcing the terms of this Agreement, the prevailing party in any such proceeding shall be entitled to an award of reasonable attorneys' fees and costs incurred in bringing or defending such action. It is further agreed that the prevailing party shall be entitled to an award of reasonable attorneys' fees and costs incurred in collecting any judgment which results from any proceeding brought to enforce the terms of this Agreement.

15. Counterparts

This Agreement may be executed in counterparts, each of which shall be deemed to be an original. Such counterparts, when taken together, shall constitute but one agreement and the Parties hereto will accept facsimile copy of each other's signature as if original.

16. Joint Effort

The parties agree that they mutually drafted this Agreement and as such, any ambiguity regarding this Agreement shall not be construed or interpreted against any one party.

17. Authority

Each signatory to the Agreement who signs on behalf of another entity hereby warrants that he or she has authority on behalf of said person or entity and any person covered by the Agreement.

18. Integration

This Agreement sets forth the entire Agreement between the parties thereto and supersedes any and all prior agreements or understandings, written or oral, between the parties pertaining to the subject matter hereof. No other promises or agreements shall be binding upon the parties with respect to this subject matter unless contained herein or separately agreed to in writing by the parties.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on _____, 20____.

Infinity Staffing Services, Inc.

Employee

Signature

Signature

Name

Name

Position

<div>Office Skills</div> <div><input type="checkbox"/> Filing</div> <div><input type="checkbox"/> Inventory</div> <div>Accounting</div> <div><input type="checkbox"/> Bookkeeper</div> <div><input type="checkbox"/> Assistant</div> <div><input type="checkbox"/> Payroll</div> <div><input type="checkbox"/> Accounts Payable</div> <div><input type="checkbox"/> Accounts Receivable</div> <div><input type="checkbox"/> Credit/Collections</div> <div><input type="checkbox"/> Bank Teller</div> <div><input type="checkbox"/> 10-Key</div> <div>Secretarial Skills</div> <div><input type="checkbox"/> Executive</div> <div><input type="checkbox"/> Administrative</div> <div><input type="checkbox"/> PC</div> <div><input type="checkbox"/> MAC</div> <div><input type="checkbox"/> Handheld</div> <div><input type="checkbox"/> Scanner</div> <div><input type="checkbox"/> Copier/ Printer</div>	<div>Office Equipment</div> <div><input type="checkbox"/> Multi-Line Phone</div> <div><input type="checkbox"/> Facsimile</div> <div><input type="checkbox"/> Type WPM _____</div> <div><input type="checkbox"/> Word Processor</div> <div><input type="checkbox"/> 10 Key</div> <div>Computer Software</div> <div><input type="checkbox"/> Windows</div> <div><input type="checkbox"/> MAC</div> <div><input type="checkbox"/> Microsoft Word</div> <div><input type="checkbox"/> Microsoft Excel</div> <div><input type="checkbox"/> Microsoft Power Point</div> <div><input type="checkbox"/> Microsoft Outlook</div> <div><input type="checkbox"/> Quickbooks</div> <div><input type="checkbox"/> Quicken</div> <div><input type="checkbox"/> Peachtree</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> _____</div> <div>Other Clerical Skills</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div>	<div>Construction</div> <div><input type="checkbox"/> Woodframe</div> <div><input type="checkbox"/> Brick Layer</div> <div><input type="checkbox"/> Carpentry</div> <div><input type="checkbox"/> Electrical</div> <div><input type="checkbox"/> Form Setting</div> <div><input type="checkbox"/> Masonry</div> <div><input type="checkbox"/> Heavy Operator</div> <div><input type="checkbox"/> Fork Lift Operator</div> <div><input type="checkbox"/> Warehouse</div> <div><input type="checkbox"/> Loading</div> <div>Driver</div> <div><input type="checkbox"/> CDL</div> <div><input type="checkbox"/> Class "A"</div> <div><input type="checkbox"/> Class “B”</div> <div><input type="checkbox"/> Class ”C”</div> <div>Service</div> <div><input type="checkbox"/> Mechanics</div> <div><input type="checkbox"/> Auto Detailing</div> <div><input type="checkbox"/> Auto Body Repair</div> <div>Factory</div> <div><input type="checkbox"/> Inspection</div> <div><input type="checkbox"/> Plating/Anodizing</div> <div><input type="checkbox"/> Production/Fabrication</div> <div><input type="checkbox"/> Welding</div> <div>Type(s) _____</div>	<div>Retail</div> <div><input type="checkbox"/> Cashier</div> <div><input type="checkbox"/> Pricing/Tagging</div> <div><input type="checkbox"/> Phone Sales</div> <div><input type="checkbox"/> Counter Clerk</div> <div><input type="checkbox"/> Shipping/Receiving</div> <div>Medical</div> <div><input type="checkbox"/> Nurse</div> <div><input type="checkbox"/> CNA</div> <div><input type="checkbox"/> Medical Receptionist</div> <div><input type="checkbox"/> Medical Records</div> <div><input type="checkbox"/> Medical Billing</div> <div>Housekeeping</div> <div><input type="checkbox"/> Hotel</div> <div><input type="checkbox"/> Hospital</div> <div><input type="checkbox"/> Laundry Room</div> <div><input type="checkbox"/> Maintenance</div> <div><input type="checkbox"/> Front Desk</div> <div><input type="checkbox"/> Housekeeping</div> <div>Production</div> <div><input type="checkbox"/> Packaging</div> <div><input type="checkbox"/> Quality Control</div> <div><input type="checkbox"/> Labeling</div> <div>Other/ Miscellaneous</div> <div><input type="checkbox"/> Dispatcher</div> <div><input type="checkbox"/> Server</div> <div><input type="checkbox"/> Bartender</div> <div><input type="checkbox"/> Other _____</div>
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LAST

FIRST

Employment Application Certification

Initial

I hereby affirm that the information provided in this application, and any attached or submitted resume, is true and complete and that I have withheld no information that would, if disclosed, affect this application unfavorably. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

Initial

Completion of this application does not assure me a position with Infinity Staffing Services Inc. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be "at will" and may be terminated at any time with or without cause by myself or Infinity Staffing Services Inc. I also understand that no representative of Infinity Staffing Services Inc. has any authority to enter into any agreement for employment with me contrary to the foregoing.

Initial

I hereby authorize Infinity Staffing Services Inc. to investigate all information pertinent to my application, including contacting current and former employers in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide said information to Infinity Staffing Services Inc. and I hereby agree to hold harmless Infinity Staffing Services Inc. and all those providing information to it from any liability arising from or as a result of the request for, the provision of or use of such information. I understand that any offer of employment may be rescinded or my employment may be terminated if my references are inadequate or unacceptable to Infinity Staffing Services Inc. or if I violate any of the provisions of this certification.

Initial

I further understand that if hired by Infinity Staffing Services Inc., I must abide by all the company rules and regulations as communicated by Infinity Staffing Services Inc. employees and orientation materials which, with the exception of the "at will" employment policy, may be changed without notice at the discretion of Infinity Staffing Services Inc. I understand that (1) Infinity Staffing Services Inc. may require me to submit a drug and alcohol test prior to employment and a drug and alcohol test at any time during my employment, to the extent permitted by applicable law; and (2) Infinity Staffing Services Inc. may require me to consent to or authorize the disclosure of my criminal record and/ or consumer credit report prior to employment and at any time during my employment, to the extent permitted by law.

I certify under penalty of perjury that all the information provided is true and correct to the best of my knowledge and that I have read, fully understood and agreed with the above statements.

Signature _____

Date _____