



413 W. Second St., Carson City, NV 89703  
Ph: 775-350-7587 Fax: 775-350-7590

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

Client Name: \_\_\_\_\_

Name  
Last: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_

Social Security Number: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Date of Birth: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I agree and understand that I am now an employee of Personnel Plus. I also agree and understand that my employment with Personnel Plus is At-Will. If separation occurs with the assigned client, I understand that I am to immediately notify Personnel Plus for another assignment. If I choose not to notify Personnel Plus of separation, I am exercising my right to terminate my employment with Personnel Plus. I further acknowledge that no representations have been made to me that have caused me to believe that my employment with Personnel Plus will be on any basis other than At-Will. Finally, I understand and agree that no one at Personnel Plus, other than Personnel Plus' CEO has the authority to alter my At-Will status. Any alteration of my At-Will status would have to be in a written contract signed by Personnel Plus' CEO.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Section Below To Be Completed By Client

Hire Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Hourly Salary Full Time Part Time

Supervisor's Checklist:

- ① W4 Federal Withholding Form
- ② I9 Employment Eligibility Verification Form
- ③ Direct Deposit Form

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

## Employee Agreement

I, \_\_\_\_\_ (print your name), acknowledge that I have been hired as an at-will leased/ assigned employee of INVO PEO (hereafter referred to as "INVO") which is a Professional Employer Organization (PEO) and agree to the following:

I understand and agree that I am employed in a co-employment relationship where the duties and responsibilities that are applicable to me are set forth in the Client Service Agreement entered between the client for whom I am working, Personnel Plus Inc. and INVO. I understand that there is no contract of employment between myself and INVO and that INVO has no liability with regards to any employment agreement between me and the client for whom I am working. I understand that either INVO or I can terminate this co-employment relationship at any time as I am an at-will employee.

I understand that INVO's client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee, in the case that INVO does not receive payment from the client for whom I am working for and for service which I have performed. I understand and agree that INVO does not assume responsibility of payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick or other paid time off, or for any other payments where payment for such items has not been received by INVO from the client for whom I am working, however, INVO does assume this responsibility where such payment has been received from the client.

I recognize the fact that any work-related injuries which might be sustained by me are covered by the state workers' compensation statutes. To avoid the circumvention of such state statutes which may result from suits against the customers or clients of INVO or against INVO based upon the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of INVO for damages based upon injuries which are covered under such workers' compensation statutes. I also agree to comply with any and all drug testing policies which may be adopted and I specifically agree to post-accident drug testing in any situation where it is allowed by law.

I agree and understand that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, disability, color, age, national origin, ancestry, religion, veteran status, military status, union status, or in retaliation, or if I am subjected to any type of harassment, including sexual harassment, that I will immediately contact an appropriate person in the client company for whom I am working. I understand and agree that INVO does not have actual control over my workplace and as such is not in any position to end or remediate any discrimination, harassment or retaliation which may be occurring. The responsibility to end such inappropriate conduct will rest with the client company; however, INVO may attempt to facilitate a resolution. Should I choose to not contact the client company for any reason, I may contact INVO's human resources department at 1-866-986-0118 in order to obtain assistance in the resolution of such matters.

I understand and agree that as an assigned employee of INVO that I am expressly prohibited from performing any work outside the state in which I am currently performing services (the "home state") for the client during my status as an assigned employee except as allowed pursuant to the workers' compensation benefits through INVO or the applicable workers' compensation carrier.

I understand and agree that in the event I am terminated from the client for whom I am working, that I am required as part of my co-employment with INVO to notify a Personnel Plus representative within 48 hours of my termination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Payroll Payment Request

Please complete this form to notify INVO how to process your wages. Form **must** be submitted at least two business days prior to processing day.

Employee Name: \_\_\_\_\_ Employee SSN: \_\_\_\_\_

**Direct Deposit**

**Employee Authorization and Acknowledgement of All Terms**

- **For any returned direct deposit due to invalid information provided, a \$25.00 fee will be charged to the employee.** To avoid this charge, include a voided check or letter from your bank with your correct bank account number and ABA routing number when submitting this form. This additional information is not required for processing.
- It takes at least one pay cycle for new direct deposits or changes to take effect.
- Should you change your banking branch, institution or account numbers, please notify your payroll department at least ten (10) days in advance so there is adequate time for change to take place.
- Errors or omissions on this form or any failure to notify INVO PEO of changes in a timely manner may result in delay of your payroll funds being deposited. INVO PEO will not reissue any unsuccessful direct deposit until the original transaction is returned to INVO PEO by the originating bank. This process may take up to 5 days. INVO PEO is not responsible for these delays and will not reimburse any fees the employee may incur as a result of outdated or inaccurate information provided by employee.

*I agree to these terms and authorize INVO to direct deposit my payroll check to the checking and/or savings account(s) listed below. In the event that funds are deposited into my account(s) in error, I authorize INVO PEO to debit my account to correct the error.*

Account Type (C)hecking (S)avings	ABA Routing Number (9 Digit Number)	Account Number	Bank Name	For multiple accounts, specify the percentage or dollar amount to be deposited in each
<input type="radio"/> C or <input type="radio"/> S				
<input type="radio"/> C or <input type="radio"/> S				
<input type="radio"/> C or <input type="radio"/> S				

**Brinks Paycard**

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize INVO PEO to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after INVO PEO receives written notice from me terminating my authorization.

***Alternatively, if you would prefer to receive wages via check, please contact your supervisor.***

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

# INVOPEO

innovative national value outsourcing

## Electronic W-2 Consent Form

INVO PEO offers employees the opportunity to receive their Form W-2s electronically.

Benefits of receiving an electronic Form W-2:

- Earlier access each year
- Eliminates the possibility of lost or stolen statements
- Better security for sensitive information
- Reprint of additional copies as needed
- Access W-2 via computer, smart phone, or tablet
- Reduces paper and helps the environment

Electronic W-2s will be provided to employees via the INVO PEO Employee Self-Service (ESS) Module. To access the ESS Module, visit [www.invopeo.com/employee](http://www.invopeo.com/employee).

Employees who do not opt for electronic W-2 delivery will receive a paper W-2 copy in the U.S. mail. All W-2s will be postmarked by January 31, the required date set by the Internal Revenue Service (IRS).

**Please select one of the options below:**

**Yes, I want to receive my W-2 statement electronically via the ESS Module.**

**No, I do not wish to receive my W-2 electronically at this time.\***

Name (Print):

Email Address:

Company Name:

Signature:

Date:

**\* Employees who initially opt out of electronic W-2 delivery can later update their choice by logging into the ESS Module and completing the online consent authorization form found within the 'Payroll' tab.**

All changes to the delivery of your W-2 must be made by December 15 of the corresponding calendar year. Any changes or electronic requests made after this date will go into affect the following year.

You may revoke your consent for an electronic W-2 delivery at any time prior to the cut off date by contacting [hr@invopeo.com](mailto:hr@invopeo.com).

# EEO-1 Report Information

Social Security#: \_\_\_\_\_

The following information pertains to applicable annual Federal EEO-1 reports. Information received will not be used in any way to evaluate the employee. The EEO-1 Report is a compliance survey mandated by federal statute and regulations. The survey requires company employment data to be categorized by race/ethnicity, gender and job category.

Check one Box Below:

	White (not Hispanic origin)	Black (not Hispanic origin)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
Male	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F
Female	<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> I	<input type="checkbox"/> J	<input type="checkbox"/> K

Check one of the following:

- Official or Manager - Sets broad policy, exercises overall responsibility for unit (executive, middle managers, plant or department managers, superintendents, salaried supervisors who are members of management).
- Professional - Occupations requiring college degree (architect, accountant, lawyer, nurse, artist, designer, teacher, engineer...)
- Technician - Requiring basic scientific knowledge and manual skill, may be acquired through two year college program or on-the-job training (computer programmers, drafter, engineering aids, photographers, technical illustrators, medical and dental technicians...)
- Sales Worker - Occupations engaged primarily in direct sales (sales representatives, cashiers, clerks, real estate agents and brokers...)
- Office and Clerical - Includes all clerical type work regardless of difficulty (bookkeepers, collectors, messengers and office helpers, office machine operators including computer, secretary, legal assistant, shipping and receiving clerks)
- Craft Worker - Manual workers of relatively high skill; exercise independent judgment; have extensive period of training (includes building trades, hourly paid supervisors and lead operators who are members of management, mechanics, skilled machinists, typesetters, electricians, painters...)
- Operative - Operate machine or processing equipment that can be mastered in a few weeks and receive limited training (apprentices of skilled craft workers...)
- Laborer - Manual occupations which require no special training or may be learned in a few days with little or no independent judgment (garage laborers, car washers and greasers, gardeners and ground keepers, stevedores, laborers performing lifting, digging, mixing, loading and pulling operations....)
- Service Worker - Workers in protected and non-protected service occupations (hospital attendants, personal service attendants, nurses, aides and orderlies, cleaning people, cooks, counter and fountain workers, fire fighters, guards, doorkeepers, janitors, police officers, waiters and waitresses, guides, ushers)

# 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.**

**2020**

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

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

**Step 2: Multiple Jobs or Spouse Works**

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

Do **only one** of the following.

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

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

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

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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

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

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

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

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

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

## Specific Instructions

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

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

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

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



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

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

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

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





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

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

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

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

**STOP**    *Employer Completes Next Page*    **STOP**



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

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

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Personnel Plus, Inc.	
Employer's Business or Organization Address (Street Number and Name) 413 W. Second Street		City or Town Carson City	State NV	ZIP Code 89703

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

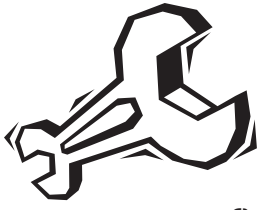
Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

# EMPLOYEE RIGHTS AND RESPONSIBILITIES



If you see something that's unsafe, report it to your supervisor. That's part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition still exists, it is your right to file a complaint with the Nevada OSHA Enforcement Section of the Division of Industrial Relations. The Division will not give your name to your employer.

There are laws that protect you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Nevada OSHA Enforcement Section of the Division of Industrial Relations.

From cuts and bruises to serious accidents, coverage begins the first minute you're on the job. Most on-the-job injuries are covered by Workers' Compensation Insurance.

It is your responsibility to report any on-the-job injury immediately. Your employer must file an "Employer's Report of Injury" (C-3 Form) within six working days after the receipt of a "Claim for Compensation" (C-4 Form) from a physician or chiropractor.

Remember, it is fraud to file an industrial insurance claim if you are not injured on the job. Filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. Here are some tips to help you stay safe on the job.

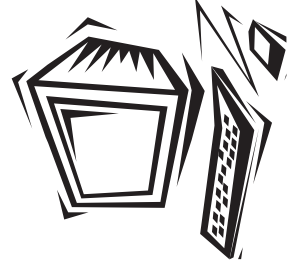
Know and follow all safety rules set by:

- Your employer
- The Nevada Occupational Safety and Health Act
- The Nevada OSHA Enforcement Section

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at [www.4safenv.state.nv.us](http://www.4safenv.state.nv.us).

Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or ear protection, you are responsible to wear and/or use the equipment.



If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

# NEVADA WORKPLACE SAFETY

Stop and Learn Your  
Rights and Responsibilities



The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.



WORKPLACE SAFETY IS EVERYONE'S RESPONSIBILITY.



I have read this document, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Employer's Name (please print) Personnel Plus Inc./INVO PEO

Employer's Signature (or representative) \_\_\_\_\_

Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

Las Vegas: (702) 486-9140

Reno: (775) 824-4630

Elko: (775) 778-3312

Toll-Free: (877) 4SAFENV

Note: This portion must be maintained in the employee's personnel file

## EMPLOYER RIGHTS AND RESPONSIBILITIES

The Safety Consultation and Training Section of the Division of Industrial Relations, Nevada Department of Business & Industry, was created to assist employers in complying with Nevada laws which govern occupational safety and health.



**A Nevada employer with 11 or more employees must establish a written workplace safety program. A safety committee is required if you have more than 25 employees or if an employer's employees are engaged in the manufacturing of explosives.**

The Safety Consultation and Training Section of the Division of Industrial Relations is available to provide a workplace hazard assessment. This service can assist employers in minimizing on-the-job hazards, and is provided at **no charge**. The Division also offers no cost safety training and informational programs for Nevada employers.

**You must maintain a workplace that is free from unsafe conditions.**

As an employer you are responsible for complying with **all Nevada safety and health standards and regulations** found in the:

- Nevada Occupational Safety and Health Act
- Occupational Safety and Health Standards and Regulations

Copies of all occupational safety and health standards and regulations are available from the Division of Industrial Relations (Safety Consultation and Training Section and the Nevada OSHA Enforcement Section) or on the web at [www.4safenv.state.nv.us](http://www.4safenv.state.nv.us).

**You are also responsible for ensuring that your employees comply with these same rules, standards and regulations. You must select someone to administer and enforce occupational safety and health programs in your workplace.**

Before assigning an employee to a job, you must provide proper training in:

- Safe use of equipment and machinery
- Personal protective gear
- Hazard recognition
- Emergency procedures

**You must also inform all employees of the safety rules,** regulations and standards which apply to their respective duties.

**It is your responsibility to maintain accurate accident, injury and safety records and reports.** These files must be made available, upon request, to the affected employee and representatives of the Division of Industrial Relations, Nevada OSHA Enforcement Section.



**The Nevada Safety and Health Poster,** provided by the Division of Industrial Relations, **must be posted** in a prominent place on the job site.

**Report immediately** to the Division of Industrial Relations (Nevada OSHA Enforcement Section) **all job-related fatalities, as well as those accidents where three or more employees require hospitalization.**

**Employers must acquire and maintain Workers' Compensation Insurance** at all times. You are responsible for filing any workers' compensation claims with your employer.

**The law requires that employers shall provide newly-hired employees with a copy of this document or with a video setting forth the rights and responsibilities of employers and employees to promote safety in the workplace.**

**Employers shall keep a signed copy** of the attached receipt in the employee's personnel file to show he or she has been made aware of these rights and responsibilities.



State of Nevada Department of Business & Industry  
Division of Industrial Relations Safety Consultation and Training Section

**Las Vegas:** (702) 486-9140  
**Reno:** (775) 824-4630  
**Elko:** (775) 778-3312  
**Toll-Free:** (877) 4SAFENV

To obtain this communication in alternative formats, contact the Division of Industrial Relations.

## ADDITIONAL INFORMATION

If you require further information or would like to obtain copies of safety and health standards and regulations, contact the following:

**State of Nevada Department of Business & Industry Division of Industrial Relations Safety Consultation and Training Section**

**In Southern Nevada**  
1301 N. Green Valley Parkway  
Suite 200  
Henderson, NV 89074  
(702) 486-9140  
Fax: (702) 990-0362

**In Northern/Central Nevada**  
4600 Kietzke Lane  
Suite E-144  
Reno, NV 89502  
(775) 824-4630  
Fax: (775) 688-1478

**In Northeastern Nevada**  
350 West Silver Street  
Suite 210  
Elko, NV 89801  
(775) 778-3312  
Fax: (775) 778-3412

**Or Call, Toll-Free**  
1 (877) 4SAFENV (472-3368)  
[www.4safenv.state.nv.us](http://www.4safenv.state.nv.us)

**State of Nevada Department of Business & Industry Division of Industrial Relations Nevada OSHA Enforcement Section**

**In Southern Nevada**  
1301 N. Green Valley Parkway  
Suite 200  
Henderson, NV 89074  
(702) 486-9020  
Fax: (702) 990-0358

**In Northern Nevada**  
4600 Kietzke Lane  
Suite F-153  
Reno, NV 89502  
(775) 824-4600  
Fax: (775) 688-1378

*A video of this information is available in English and Spanish through the Division of Industrial Relations, Safety Consultation and Training Section.*

*This document may be copied. For additional copies, contact the Division of Industrial Relations or visit [www.4safenv.state.nv.us](http://www.4safenv.state.nv.us).*