



FIRST FINANCIAL

EMPLOYEE LEASING, INC.



YOUR SILENT PARTNER

(941) 625-7141

(800) 624-1805

3745 Tamiami Trail • Port Charlotte, FL 33952

NEW EMPLOYEE ENROLLMENT PACKAGE



Employee Information

First Financial Employee Leasing, Inc. is a professional employer organization, which means that FFEL is a co-employer of the employees working for its worksite employers/client companies. As a co-employer, FFEL is the employer of record for payroll, tax reporting, benefits, workers' compensation insurance, claims management and other administrative functions. The client company or worksite employer is responsible for the day to day work of the employees and otherwise running the client company.

An Equal Opportunity Employer

We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability/handicap or marital status. If you require reasonable accommodation in completing this form, please inform us.

PERSONAL DATA

Full Name _____ SSN# _____
Last First Middle

Present Mailing Address: _____ Telephone: _____
Number & Street Unit # City State Zip

Former Address: _____ Telephone: _____
Number & Street Unit # City State Zip

Type of Work Desired (Describe) _____ Part Time Full Time

Are you 18 years of age or older? Yes No (If under 18, please state your age _____)
(If you are under 18, employment is subject to verification that you are of legal minimum age and can furnish any required work permit.)

Are you on lay-off subject to recall elsewhere: Yes No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Date Available for Employment _____ Minimum Salary Requirement \$ _____

Have you been employed here previously? Yes No If yes, when? _____ Position _____

Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, pled guilty to a crime, had adjudication withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? [] Yes [] No If Yes, give details concerning the type of crime, the date of the conviction or plea, the penalty imposed, and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

Have you been arrested and charged with any misdemeanor or felony not disclosed above for which you are out on bail or free on your own recognizance pending disposition or trial (again, do not include minor traffic infractions for which no court appearance is necessary)? [] Yes [] No. If Yes, give the date(s) and details of the arrest or charge and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

Have you ever been sued for causing the death of, or injury to any person, or damage to any property (e.g., for assault, battery, defamation, etc.)? [] Yes [] No If Yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g., settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

NOTE: Answering "Yes" to the three previous questions is not an automatic bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violation, relatedness to the job sought, and evidence of rehabilitation will be taken into account. However, please be advised that a misstatement or omission in answering these questions may be grounds for disciplinary action, including discharge.

Number of Days Absent from Work Last Year _____

Do you have Transportation to Work? Yes No Will you work overtime if asked? Yes No

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING BELOW

The facts set forth in my application are true and complete. I authorize the investigation of all statements contained in this application and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information. I understand that false statements, omissions or misleading statements on this application shall be considered sufficient cause for refusal to hire or dismissal and I agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading statements. First Financial Employee Leasing is hereby authorized to investigate my employment history, including the contacting of the employers listed previously.

Signature _____ Date _____

PLEASE PRINT NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074
2010

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption.		
<ul style="list-style-type: none"> ● Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ● This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 		
If you meet both conditions, write "Exempt" here		7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(Form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
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For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2010)

Instructions and worksheets for completing the W-4 furnished upon request

Emergency Contact Name	Relationship	Phone Number
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SECTION 2 – TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR/MANAGER

Client Company: _____	Pay Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly
Client Location: _____	Pay Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Dept. Name or Number: _____	Classification
Date of Hire: _____	<input type="checkbox"/> Exempt <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Job Title: _____	Rate of Pay \$ _____ per _____
Worker's Comp Class Code: _____	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
<i>If you are unsure of the proper class code, please contact the First Financial Compliance Dept</i>	Accurate Time Records Must Be Maintained
	Rate of Pay \$ _____ per _____
<i>If you need assistance in determining the classification of an employee as Exempt or Non-Exempt, please contact the First Financial Human Resources Dept.</i>	Tipped Employee: <input type="checkbox"/> No <input type="checkbox"/> Yes
	Shift Pay: <input type="checkbox"/> No <input type="checkbox"/> Yes Rate: \$ _____ per _____
	Piece Work: <input type="checkbox"/> No <input type="checkbox"/> Yes Rate: \$ _____ per _____
	Commissions: <input type="checkbox"/> No <input type="checkbox"/> Yes Rate: \$ _____ per _____
	Other: _____
Supervisor, Manager or Authorized Signature: _____	Title _____ Date _____

SECTION 3 – EMPLOYEE AGREEMENT

I, the undersigned employee, in consideration of my hiring by First Financial Employee Leasing, Inc. ("First Financial") as an at-will leased employee of First Financial, acknowledge and agree to the following:

1. I have been hired as an at-will employee of First Financial, which is an Employee Leasing Company, and there is no contract of employment which exists between me and the Client Company to which I have been assigned, nor between First Financial and me. I understand and agree that either First Financial or I can terminate our employment relationship at any time, as I am an at-will employee.
2. I also agree that while I am a leased employee of First Financial, if First Financial does not receive payment from the Client Company for services which I perform as a leased employee, First Financial will still pay me the applicable minimum wage (or the legally required minimum salary or overtime pay) for any such pay period, and I agree to this method of compensation. I understand that the Client Company to which I am assigned at all times 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 even if First Financial is not paid by the Client Company to which I am assigned.
3. In recognition of the fact that any work related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of First Financial or against First Financial based on 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 Company or customer of First Financial or against First Financial for damages based upon injuries which are covered under such workers' compensation statutes. I also agree to comply with any drug testing policy, which First Financial may adopt, and I specifically agree to post-accident drug testing in any situation where it is allowed by law. I also agree that if I am injured, unless any other leave program is applicable, I will accept any modified/light duty assignment provided to be within the scope of my physical capabilities as determined by the workers' compensation treating physician.
4. I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, retaliation, veteran status, national origin, handicap, disability, or marital status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of the client company to which I have been assigned. In most instances, this appropriate person will be the president of the client company. Should I choose not to contact the client company for any reason, I may contact First Financial's Human Resources Director at 1-800-624-1805 in order to obtain assistance in the resolution of such matters. I understand and agree that First Financial does not have actual control over my workplace, and as such, is not in a position to end or remediate any discrimination, harassment, or retaliation which may be occurring. The responsibility to end such inappropriate conduct rests with the client company; however, First Financial will attempt to facilitate a resolution.
5. I understand that I will receive my daily instructions from the co-employer to whom I have been assigned. There will be a 90-day probationary period at which time any party can terminate employment without further obligation.
6. As a drug & alcohol free workplace, FFEL prohibits, among other things, the unlawful possession, consumption, distribution, or unauthorized use by all employees of alcohol or any illegal drugs or illegally obtained drugs in the workplace or when conducting work. Nor is any employee permitted to work after having ingested illegal or illegally obtained drugs or while impaired or under the influence of alcohol or drugs. Employees can be required to submit to drug and/or alcohol testing under certain circumstances in accordance with FFEL's drug and alcohol-free workplace testing program, including post-accident and reasonable suspicion testing. Any employee who violates FFEL's policies may be subject to immediate discharge. Questions concerning FFEL's drug and alcohol-free policies/testing should be directed to FFEL's Human Resources Director at 1-800-624-1805 or (941) 625-7141.

Date

Employee Signature

Print Employee Name

SECTION 4 – VOLUNTARY EEO INFORMATION

Governmental agencies such as the U.S. Equal Employment Opportunity Commission require that certain employers keep information related to their hiring and employment practices for individuals protected under anti-discrimination laws. Your voluntary completion of this section will assist us in complying with our reporting requirements. We adhere to a policy of providing equal employment opportunities without regard to race, color, sex, religion, national origin, age, disability/handicap, marital status and any other classification protected under applicable federal, state or local law.

Date of Birth: Month _____ Day _____ Year _____ Sex: Male Female

Ethnicity: White Black/African American Asian Native Hawaiian or other Pacific Islander
 Hispanic/Latino American Indian or Alaskan Native Two or more races

SECTION 5 - ACKNOWLEDGEMENT OF BENEFITS

I understand that I may be eligible or become eligible for certain benefits under the group plans provided by First Financial Employee Leasing, Inc. (FFEL) and/or the Client Company to which I am assigned. Furthermore, I understand, in order for my benefits to be effective, I must complete my assigned benefit waiting period and submit the required enrollment forms/ correspondence prior to my effective date of coverage. I acknowledge that it is my responsibility and/or appropriate family member(s) to read and understand the various benefits plans presented to me in my benefit package. I also understand that I should refer to the plan documents for detailed information regarding benefit provisions and that the provisions may be subject to change. I understand that if I enroll, my benefit choices must remain in effect until the following annual enrollment unless I experience a qualifying event.

I understand that it is my responsibility to contact the Benefits Department at FFEL (800) 624-1805 or (941) 625-7141 to request a benefit package if I am interested in obtaining benefits that may be available to me during my assigned benefit waiting period. I understand that I am responsible for obtaining confirmation of my assigned benefit waiting period from my on-site Supervisor/Contact or FFEL's Benefit Department. Furthermore, I understand that if I do not return my signed enrollment form to FFEL, or if appropriate, to the Client Company to which I am assigned after I begin working as an eligible employee and before the date my coverage is to be effective, this will be considered a refusal of group coverage. I understand that if I do not elect benefits at the time of my initial eligibility, I will not be permitted to enroll or make mid-year election changes unless a qualifying event occurs. I understand that if I experience a qualifying event and would like to enroll, I must notify FFEL, or if appropriate, the Client Company to which I am assigned and submit the required forms and documentation within 30 days of my qualifying event or I will not be permitted to make changes or enroll until the following annual enrollment. Furthermore, I understand if I request coverage for myself and eligible dependents at a later date, I may be required to furnish evidence of good health for each individual, and the Plan(s) reserves the right to reject any such request for coverage.

I understand that I must meet the eligibility requirements for coverage to be effective. If a premium is deducted and I do not meet the eligibility requirements, the premium will be refunded.

Employee Signature

Date

SECTION 6 - WORKERS' COMPENSATION QUESTIONNAIRE

THIS QUESTIONNAIRE SHOULD NOT BE ANSWERED UNLESS THE APPLICANT HAS ACCEPTED A CONDITIONAL OFFER OF EMPLOYMENT AND HAS NOT COMMENCED EMPLOYMENT WITH FIRST FINANCIAL EMPLOYEE LEASING

	<u>Yes</u>	<u>No</u>
1. Have you ever received treatment for a back, neck or knee condition or head injury?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you now or have you ever suffered from aches or pains of the back?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any surgery?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any injury or illness ever prevented you from gainful employment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had an injury on the job?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever received a disability rating for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever received compensation or medical benefits under workers' compensation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any limitation(s) which may affect your ability to safely or effectively perform the position which you have been offered?	<input type="checkbox"/>	<input type="checkbox"/>

Explain fully any YES answer (using additional paper if necessary)

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. A Notice of Injury must be submitted by FFEL to the insurance carrier within seven (7) days, as required by law.

I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions will be sufficient reason for denial of benefits under the Florida Workers' Compensation Act, and basis for termination of employment. I also understand that my answers may be verified by investigation.

Employee Signature

Date

Witness Signature & Certification*

Date

* If the applicant is unable to read and write, he/she is to make his mark in the place for his signature. The witness is to certify that he has read the requested information to the applicant and that the answers are those of the applicant.

INSTRUCTIONS FOR COMPLETION OF NEW EMPLOYEE ENROLLMENT PACKAGE

Employee:

- Complete all except section 2
- Please **WRITE/PRINT CLEARLY**

Client Employer/Supervisor:

- Potential employees must complete an Employment Application and be offered and accept a conditional offer of employment **PRIOR** to completion of this package
- Complete and sign Section 2 – **Please WRITE/PRINT CLEARLY**
- Review remainder of Sign-up Package to insure proper completion
- Submit completed package to First Financial Employee Leasing, Inc. 24 hours in advance of employee starting work

**FORM IS PERFORATED AND WILL
PULL APART EASILY**

