



Please Read

Thank you for choosing Custom Personnel to assist you in your job search. To prevent any delays with your application, please make sure to fill out every page completely. Please refer to the following checklist to assist you:

- Please be sure to fill out and sign the application.
- Sign and date both Policy Statements.
- Sign and date the Direct Hiring Agreement.
- Complete all testing pages.
- Complete the W-4, fill it out completely, sign and date.
- Complete and sign the Form I-9, Employment Eligibility Verification Form.

Getting your tax information correct is very important. This allows us to send you out on a job once you have completed your interview.

If you have any questions at any time during this application process which cannot be answered by this form, please feel free to seek assistance from one of our Custom Personnel representatives.

Education (Circle Years Completed)	Dates	Name & Location	Major	Degree
High School 1 2 3 4				
Technical or College 1 2 3 4				

If you have worked under another name, please enter _____

If under 18, would you obtain a schoolwork permit? ☐ Yes ☐ No

Do you have personal Safety Equipment?

☐ Gloves ☐ Hard Hat ☐ Goggles ☐ Ear Plugs ☐ Steel-toed Shoes ☐ Face Shield ☐ Muffler

For bonding purposes, have you been convicted of a felony within the past seven years? If yes, what?

(A conviction is not an automatic bar from employment)

I understand that depending on customer requirements and the nature of my assignment a criminal record check may be conducted.
_____ (Please initial that you understand.)

How did you hear about Custom Personnel? _____

If I have indicated on the reverse side that I am not available only for temporary or part-time work, my reasons are as follows:

If and when I become available for full-time employment, I will notify my supervisor at Custom Personnel. I understand that I am to contact my supervisor at Custom immediately after completing. If I fail to do so, Custom can assume that I am terminating my employment. In making this application for temporary employment, I authorize Custom to check my references and to determine the accuracy of the information I have given on this application, all of which I certify to be true and correct to the best of my knowledge. I understand that any misrepresentation of the facts or omission of material information will be grounds for dismissal. I understand that depending on customer requirements, the nature of my assignment and state compensation laws, I may be requested to demonstrate that I am drug free by giving a urine sample at a designated lab either before being sent on an assignment or after a work-related accident.

Signature: _____ Date: _____

--For Office Use Only --

Interviewer's remark:

Lowest \$: _____

Assignment / Call Record



90 Day/520 Billable Hours Agreement

Name _____

Date _____

I, _____ understand, that if I were to accept any position directly through the employer when placed in a position by Custom Personnel instead of first working under Custom Personnel for the the 90 days or 520 billable hours before rollover, I will be held liable for a \$2,500 flat fee in addition to being taken to small claims court.

Signature _____ Date _____



NEW HIRE DATA INPUT FORM

Employee Section

First Name: _____ MI: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Personal E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone: _____

Are you subject to wage garnishment order pursuant to section 25-504, 25-505, 25-323, or 25-25-323.01 to provide child support; or any other garnishment order? ☐ Yes ☐ No

(Initial) _____ I certify that all answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.



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

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

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

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

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

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

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

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

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

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

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)
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)
----------------	-----------------	---------------------------------------

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
--	---------------------------	---

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2022**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		▶ 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 .
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Step 2: Multiple Jobs or Spouse Works	<p>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.</p> <p>Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or</p> <p>(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 . . . ▶ <input type="checkbox"/></p> <p>TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>
--	---

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

Step 3: Claim Dependents	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____</p> <p>Multiply the number of other dependents by \$500 . . . ▶ \$ _____</p> <p>Add the amounts above and enter the total here 3 \$ _____</p>
Step 4 (optional): Other Adjustments	<p>(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) \$ _____</p> <p>(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) \$ _____</p> <p>(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . 4(c) \$ _____</p>

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



Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ % or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

If you are splitting your deposit, please enter the second account and mark the percentage or correct dollar amount to be deposited.

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ % or ☐ Entire Paycheck

Type of Account: Checking Savings (Circle One)

Custom Personnel is hereby authorized to directly deposit my pay to the account(s) listed above. In the event that Custom Personnel deposits funds erroneously into my account, I hereby authorize Custom Personnel to debit my account for any amount not to exceed the original amount of erroneous credit.

This authorization will remain in effect until I modify or cancel it in writing. This authorization will remain in full force and effect until Custom Personnel has received written notice from me of its termination in such time and in such a manner as to afford Custom Personnel a reasonable opportunity to act on it.

Employee Signature: _____

Date: _____

Custom Personnel Basic Skills Test

Part 1: Handwriting/Printing

Please copy the following sentence. Please print it first, and then write it in cursive.

The lazy brown and white foxes jumped over the fence quickly again today.

Part 2: Alphabetizing

Alphabetize these eight lists of words:

pack rat
plywood
pinch-hit
pen name

ill-fated
I've
inchworm
iron lung

pot roast
pouch
point blank
POW

new moon
newly
New Year
newscast

common
chain store
cave- in
clear cut

hinge
high seas
hi-fi
hide-and-seek

hamlet
half sister
hard-boiled
handbag

air-cooled
air base
airmail
air force

Please continue on next page

Part 3: Counting

Count all the items in each of the three sections below. Write the answers in the spaces provided.

* * * * *	////	////	////	////	X	X	O	O
* * * * *	////	////	////		XO	O	X	X
* * * * *	////	///			X	OX	O	O
* * * * *					O	O	X	X
* * * * *					XX	X	O	O

* = _____ / = _____

X = _____ O = _____

Part 4: Directions

Read the following and carefully follow each one:

- 1) Put an X in column 1 on the line following the name of each American who lives in Maine, Nevada, or California.
- 2) Put an X in column 2 on the line following the name of each American who lives in Oregon, Maine, or Texas who are between the ages 20-30.

Name	Nationality	Residence	Age	Column 1	Column 2
Norman	American	Maine	30	_____	_____
Donner	English	Texas	25	_____	_____
Wright	American	Oregon	29	_____	_____
DeBois	French	Maine	33	_____	_____
Denver	American	California	25	_____	_____
Yates	American	Oregon	33	_____	_____
Sun	English	California	25	_____	_____
Adams	American	Maine	33	_____	_____
Lane	American	Texas	32	_____	_____
Bates	American	Maine	28	_____	_____
Keys	American	Oregon	22	_____	_____
Davis	American	Nevada	25	_____	_____

Part 5: Math

1.
$$\begin{array}{r} 589.05 \\ 467.09 \\ 138.97 \\ + 921.87 \\ \hline \end{array}$$

2.
$$\begin{array}{r} 1726 \\ - 1179 \\ \hline \end{array}$$

3.
$$\begin{array}{r} 523 \\ \times 76 \\ \hline \end{array}$$

4.
$$\begin{array}{r} 231 \\ \times 0.07 \\ \hline \end{array}$$

5.
$$\begin{array}{r} 87 \\ \times 14 \\ \hline \end{array}$$

6. $15 \div 3045$

7.
$$\begin{array}{r} 3.68 \\ \times 6.7 \\ \hline \end{array}$$

8. $\$25.49 - 3.14$