

Bernard Personnel Consultants

BP STAFFING, INC. T/A

ALL AREAS OF THE APPLICATION MUST BE FILLED IN

(Even with a resume, we need employment history completed)

COMPLETING THE FORM I9

YOU MUST PROVIDE EITHER YOUR
DRIVERS LICENSE OR STATE ISSUED ID

AND

YOUR SOCIAL SECURITY CARD OR BIRTH CERTIFICATE

OR

PASSPORT OR PERMANENT RESIDENT / ALIEN CARD

The Immigration Reform and Control Act of 1986 and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 require that all employers obtain documentation of an individual's eligibility for employment in the United States. Documentation acceptable by the Immigration and Naturalization Service (FORM I9) are listed on the attached sheet. To insure compliance with the Acts, please provide us with original copies of your documentation.

Without proper documentation we will not be able to put you to work.

BP Staffing, Inc.

PLEASE PRINT & WHEN COMPLETED
GIVE TO RECEPTIONIST

Consultant _____
I-9 _____

Date: _____

Name: _____ SS# _____
Last First Initial

Address: _____
No Street City State Zip

Home Phone _____ Cell Phone _____ Emergency Phone _____

Email: _____ Driver's License or ID# _____ CDL-A _____ CDL-B _____

Method of transportation: Car _____ Bus: _____ Position Desired: _____ Location Desired: _____ Salary Desired: _____

Least Acceptable Salary: _____ Are you interested in Temp Assignments while pursuing Permanent work? _____

Have you been convicted of a crime, other than a minor traffic violation?

☐ Yes ☐ No

Explain: _____

U.S. Citizen: ☐ Yes ☐ No

Are you Authorized to Work in U.S.

☐ Yes ☐ No

Do you have any physical, mental or medical impairments or disability that would limit your job performance? ☐ Yes ☐ No

Explain: _____

Have you ever had major surgery or have you ever suffered a Worker's compensation injury which would interfere with your ability to perform the position for which you are applying? ☐ Yes ☐ No

Explain: _____

EDUCATION

	Name & Location of School	Years Attended	Degree or Major	Date Completed	Reason Not Completed
High School					
College					

COMPLETE EMPLOYMENT HISTORY ON BACK

EMPLOYMENT HISTORY
PLEASE FILL OUT THE WORK HISTORY FOR THE PAST SEVEN (7) YEARS.

[illegible]

I affirm that the facts set forth in my application are true and complete and that any false statements are grounds for dismissal if I am offered employment. I give permission for BP Staffing to verify my employment references. I understand that if I am offered temporary employment, I will be working for BP Staffing on its payroll at its clients' offices. The only deductions from my salary will be those required by law to be deducted by employers. I agree to notify BP Staffing either by mail or telephone within 48 hours of termination of each job assignment. If I fail to give such notice, BP Staffing may assume that I am not available for employment.

Applicant's Signature: _____ **Date:** _____
BP STAFFING, INC DOES NOT DISCRIMINATE BECAUSE OF SEX, AGE, HANDICAP, RACE, CREED AND NATIONAL ORIGIN.

BERNARD PERSONNEL CONSULTANTS

EMPLOYMENT/CRIMINAL AND CREDIT BACKGROUND INFORMATION CHECK

NAME: _____

BIRTHDATE: ____ / ____ / ____ SS#: ____ - ____ - ____

CURRENT ADDRESS: _____

HAVE YOU BEEN KNOWN BY ANY OTHER NAME: _____

(For example: your birth name before a marriage)

I AFFIRM THAT THE FACTS ON THIS FORM ARE TRUE AND COMPLETE AND ANY FALSE STATEMENTS ARE GROUNDS FOR DISMISSAL. IF OFFERED EMPLOYMENT, I GIVE PERMISSION FOR BERNARD PERSONNEL TO VERIFY MY EMPLOYMENT, CRIMINAL AND CREDIT BACKGROUND.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

USE OF PERSONAL ELECTRONIC DEVICES ON THE JOB

USE OF PERSONAL COMMUNICATION DEVICES; SUCH AS CELL PHONES, SMART PHONES AND TABLETS, WHILE ON ASSIGNMENT AT A CUSTOMER SITE CAN BE GROUNDS FOR TERMINATION DUE TO SAFETY REASONS. THE EXCEPTION TO THIS IS IF YOU ARE ON BREAK TIME OR LUNCH TIME.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Bernard Personnel Consultants

I authorize Bernard to electronically deposit my net pay from M & T Bank to my bank as follows:

Your Banks Name: _____

Routing Number: _____

Account Number: _____ Checking _____ or Savings _____ (select one)

Name: _____ Signature: _____
My signature is my authorization

Your direct deposit advice is emailed to you and the money is in your account on Wednesday mornings.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate	
1 Your first name and middle initial		Last name	
Home address (number and street or rural route)		2 Your social security number	
City or town, state, and ZIP code		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5		
6 Additional amount, if any, you want withheld from each paycheck	6 \$		
7 I claim exemption from withholding and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) ▶			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Home phone number: _____

Cell phone number: _____

Date of Birth: _____

Email Address: _____

Counselor's Name: _____
(Barney, Richard or Jim)

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.

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

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

Refer to the instructions for more information about acceptable receipts.



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	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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. (See instructions)	
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

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



Employer Completes Next Page





Employment Eligibility Verification
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U.S. Citizenship and Immigration Services

USCIS
Form I-9
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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
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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	
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)
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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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