

Client Company _____
City _____

Pay Rate _____
W/C Code _____

AMS STAFF LEASING
(Aqui y después refiriédo como "AMS")
APLICACION DE EMPLEO
Oportunidad igual del Empleador

La información contenida en la Aplicación del Empleo es esencial a su empleo con AMS. Toda la documenta debe ser llenada completamente y firmada por usted ANTES que empleo se pueda considerar.
Usted será considerado para el empleo sin el respecto para competir, color, la religión, el sexo, el origen o la edad nacional. La Discriminación de la Edad en el Acto del Empleo de 1967 prohíbe la discriminación a base de la edad con respecto a los individuos que son por lo menos 40 años pero menos de 65 de la edad.

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. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</i>	
City or town, state, and ZIP code _____		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new 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 2002, 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 certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.
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 _____
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UNA O MAS DE LAS CONDICIONES SIGUIENTES REUNIERON POR UN EMPLEADO CONSTITUYE UN RENUNCIA VOLUNTARIA CONECTADO CON EL TRABAJO Y BENEFICIOS DE DESEMPLEO PUEDEN SER NEGADOS:

- 1.) Al fallar en llamar AMS al fin de el trabajo, a pesar de la razón de la separación con el cliente, con la notificación de su disponibilidad.
- 2.) Al fallar en llamar tres (3) veces semanalmente cuando no este trabajando. Los números de teléfono para este requisito son: (800) 728-0623 o (972)404-1615.
- 3.) Al fallar para notificar AMS con su cambio de domicilio o el numero telefónico.
- 4.) Refusio o el fracaso para aceptar una tarea adecuada del trabajo basada sobre la pago, calificaciones o la ubicación.
- 5.) El recibo de la compañía de su reclamo del desempleo sin la notificación previa de su disponibilidad es nota de una renuncia voluntaria..

Iniciando las áreas siguientes verifica que el individuo denominado ha recibido una copia de las policas de AMS, ha leído, entienden completamente, y concuerdan en adherir a estas normas incorporadas en esto y hecho una parte del proceso de la aplicación del empleo.

Inicial:

_____ Entiendo que esto no es para propósitos de nómina sólo

_____ Entiendo que seré un empleado de trabajar de AMS para uno de sus clientes

_____ He recibido una Tarjeta del Procedimiento del Accidente de AMS

Autorización Médica

Firmando abajo autoriza el acceso repleto a copias de registros médicos, los informes de la radiología, la droga/las selecciones de alcohol, y los documentos de cualquier relaciona amable a mi pasado o la herida presente/la enfermedad a AMS que yo por la presente concuerdo en liberar esta información y tener todo tales proveedores médicos inofensivos de la liberación de esta información como expuso en esta autorización.

Autorización de Dedución de pago

Firmando debajo autoriza las deducciones cuando aplicable ser hecho fuera de mi cheque de pago para herramientas, los uniformes, el seguro de la salud, los errores en la nómina, los pagos excesivos y cualquier otra deducciones relacionadas con el trabajo.
En firmando debajo yo reconosco que entiendo las policas de listó y acepto las condiciones del empleo con AMS PERSONAL de Arrendamiento

Firma del solicitante _____ fecha de la Aplicación _____ Número de Telefono _____

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
		Date (month/day/year)	
Employee's Signature			

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): ___/___/___
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	<p>OR</p> <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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record 	<p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)