



# NEW HIRE EMPLOYEE RECORD SHEET

Employer/Client Name \_\_\_\_\_

## SECTION 1: Employee Complete and Sign

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*First Name Middle Initial Last Name (as shown on SS card)*

Employee Personal E-mail Address \_\_\_\_\_  
*Your personal email address may be used to send pay stubs or other employment related information.*

Address \_\_\_\_\_

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

Primary Phone Number \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

**NEW EMPLOYEE ONLY:** I certify that the information on this form and my employment application and/or resume is true, complete, and correct to the best of my knowledge and belief. I understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason or no reason, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. I agree that all claims, disputes and controversies between and among employees and any employee and employer, administrative employer, all agents, or any other person shall be exclusively and finally settled through the Alternate Dispute Resolution process. I understand the requirements of this position and acknowledge I am able to perform all essential job functions with or without reasonable accommodations.

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

## SECTION 2: Employer Complete and Sign

Employee Begin Date \_\_\_\_\_ Client Original Hire Date \_\_\_\_\_

Job Title / Position \_\_\_\_\_ Department \_\_\_\_\_ Work State \_\_\_\_\_ W/C Code \_\_\_\_\_

<b>Schedule:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Scheduled Hours per Pay Period: _____	<b>Payroll Frequency:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	<b>Employee Type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
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Is employee eligible for overtime pay according to Fair Labor Standards Act?  Yes (Hourly)  No (exempt from overtime)

**Pay Type/Rate**  Hourly \$ \_\_\_\_\_ per hour  Salary (exempt from OT) \$ \_\_\_\_\_  per pay period or  per year  
 Commission  Piecework

Other Allowances per Pay Period \_\_\_\_\_

Additional Comments \_\_\_\_\_

Employer/Client Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\* In order to process payroll, this form must be submitted to ERM with a completed and signed Form W-4, Form I-9, Applicable State Withholding/Labor Forms, Alternate Dispute Resolution Agreement (ADR), and Work Permit (where applicable).



# ALTERNATE DISPUTE RESOLUTION AGREEMENT

The **Employee** whose signature is affixed hereto recognize that there are many advantages to using mediation and arbitration to settle any and all legal disputes and claims, including, but not limited to, all those arising from or in the course of employment. The **Employee** agrees that for many reasons, lawsuits and court actions are disadvantageous to both and that the many benefits and advantages to all parties include: speed of process, cost effectiveness, privacy and confidentiality, use of specialized and experienced decision-makers, and complete due process and fairness to all parties.

In consideration of these many benefits, the continuation of the employment relationship, and by other agreements, the parties hereto mutually agree that this document ("Agreement") shall govern the resolution of all claims and disputes between them. The parties further agree that this Agreement shall include all such claims and disputes involving **Employer's** customers and clients, administrative employers, all agents and other employees, all subsidiaries, affiliates and parent companies and any other person or entity that has agreed to this process.

THEREFORE, Employer and Employee agree that any claim or dispute between them or against the persons or entities named above, whether related to the employment relationship or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved, utilizing a two-step Alternate Dispute Resolution (ADR) process, as follows:

1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and

2) Failing settlement by mediation, the parties agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, this Dispute Resolution Agreement and the Arbitration Rules of Dispute Systems, Inc., or its successor, which are incorporated herein by reference. The parties stipulate that this Agreement involves transactions in interstate commerce, is subject to the Federal Arbitration Act, invoke its jurisdiction and agree that any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction.

This is a legal document and any questions or concerns about it should be discussed with legal counsel of **Employee's** choice at his/her expense. **By signing this Agreement, the parties are giving up any right they may have to sue each other. Any right to trial by jury or judicial appeal is expressly waived.**

This Agreement incorporates the entire Agreement of the parties and supersedes and replaces all prior Agreements, written or oral, if any, and may not be changed, except in writing and signed by all parties. This Agreement does not create a contract of employment or in any way alter the "at-will" status of the employment relationship. This Agreement survives the employment relationship.

*You, the **Employee**, in signing below, do individually and on behalf of your heirs, successors, spouse, beneficiaries, administrators, curators, tutors, representatives and assigns, certify that you have actually read, understand and accept all of the terms, conditions and provisions contained in this Agreement.*

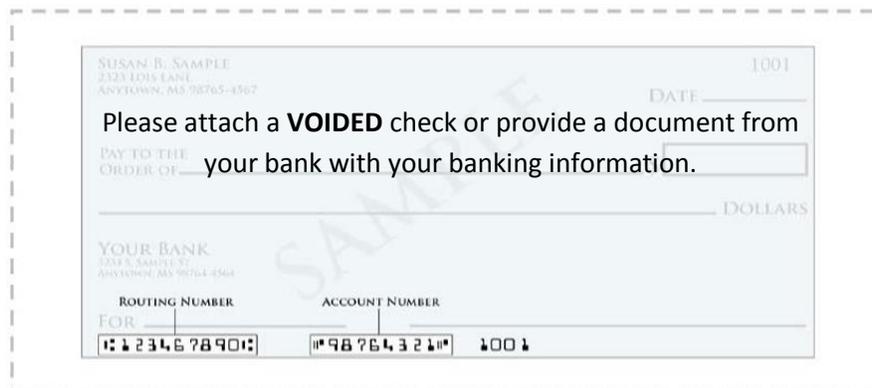
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



# DIRECT DEPOSIT FORM

1. Complete your employee information (Please Print)	
Employee Name:	Social Security Number: XXX - XX -
City:	State:
Employer/Client Name:	
2. Primary Account – Make election	2. Additional Account (Optional) – Make election
<input type="checkbox"/> New Account <input type="checkbox"/> Replace Existing Account	<input type="checkbox"/> New Account <input type="checkbox"/> Replace Existing Account
<input type="checkbox"/> Stop Direct Deposit	<input type="checkbox"/> Stop Direct Deposit
Financial Institution:	Financial Institution:
City, State	City, State
9 Digit Routing Number	9 Digit Routing Number
Account Number	Account Number
Amount \$            or            %to be deposited to this account	Amount \$            or            %to be deposited to this account
<input type="checkbox"/> Checking Account    or <input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account    or <input type="checkbox"/> Savings Account
<input type="checkbox"/> I would like my pay stubs emailed to me. Email Address: _____	
Money Network Payroll Debit Card/ Money Network Check	
<input type="checkbox"/> New Account <input type="checkbox"/> Stop Account    Amount \$ _____ or _____ % to be deposited to this account	
New routing and / or account number requests require a minimum of two weeks to become effective. Requests to stop direct deposit, or change the amount / percentage will be effective on the first scheduled payroll after receipt by Employers Resource Management	
3. Sign, date, attach voided check(s) and return completed authorization form to your payroll contact.	
I HEREBY AUTHORIZE EMPLOYERS RESOURCE AS PAYROLL AGENT TO INITIATE DEPOSITS (CREDIT) AND/OR CORRECTIONS TO PREVIOUS DEPOSITS TO THE FINANCIAL INSTITUTION(S) INDICATED. THE FINANCIAL INSTITUTION(S) ARE HEREBY AUTHORIZED TO CREDIT AND/OR CORRECT AMOUNTS TO MY ACCOUNT(S). This authority is to remain in full force and in effect until I either revoke it by forwarding a new Direct Deposit Authorization, or in the case of payroll deposits, upon final payment of moneys due in the event termination of employment. I understand that I can access my pay statement electronically and this may be the delivery method provided of my pay statement information. Undersigned agrees to comply with all NACHA rules and regulations including subsection 2.2.2.1 and 2.2.2.2. and gives Employers Resource the right to originate entries on undersigned's behalf under such rules and regulations. Undersigned agrees not to provide information resulting in ACH transaction or transactions originated that would violate the laws of NACHA and the United States. Undersigned agrees to allow Employers Resource or Bank to audit compliance with NACHA rules and this agreement.	
Signature _____	Date _____





# SAVINGS CLUB PAYROLL AUTHORIZATION

Start saving now for Vacation and/or Christmas and earn interest on your savings! You can participate in one or both of the savings clubs.

Employee Information		
Employee Name _____		Social Security Number XXX - XX - _____
Employer/Client Name _____		
<b>Internal Use Only:</b> <input type="checkbox"/> VC Amount paid out: _____ <input type="checkbox"/> XC Amount paid out: _____ <input type="checkbox"/> PF: \$5.00 <b>Ck Date:</b> _____		
Savings Club Elections, Changes or Withdrawals		
<b>Club:</b>	<b>Vacation</b> <input type="checkbox"/> Elect <input type="checkbox"/> Decline	<b>Christmas</b> <input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Start deduction:</b>	Amount per pay period _____	Amount per pay period _____
<b>Change deduction:</b>	Amount per pay period _____	Amount per pay period _____
<b>Stop deduction:</b>	<input type="checkbox"/> Stop my deduction immediately. <input type="checkbox"/> Stop my deduction and withdraw**: <input type="checkbox"/> my full balance. <input type="checkbox"/> this amount: _____	<input type="checkbox"/> Stop my deduction immediately. <input type="checkbox"/> Stop my deduction and withdraw**: <input type="checkbox"/> my full balance. <input type="checkbox"/> this amount: _____
<b>Withdrawal Only**:</b>	<input type="checkbox"/> my full balance. <input type="checkbox"/> this amount: _____	<input type="checkbox"/> my full balance. <input type="checkbox"/> this amount: _____
<p>** Withdraw requests will be processed within 10 business days after receipt of this form by Employers Resource. I understand by requesting an early withdrawal, I acknowledge I will forfeit ALL interest on my savings for the entire plan year. A processing fee of \$5 will be deducted from my early withdrawal check. All withdrawals will be processed in the form my normal wages are paid.</p> <p>If the form I normally receive wages is a live paper check, I would like my withdrawal check delivered by (if electing FedEx, I authorize the FedEx standard overnight shipping charge to be deducted from my savings club withdrawal check)?</p> <input type="checkbox"/> Regular mail <input type="checkbox"/> FedEx: Phone Number _____ (Must be included if requesting FedEx)		
<ul style="list-style-type: none"> <li>• The Simple Interest Rate is determined at the beginning of each plan year and is calculated on your average savings balance in the plan year. The interest rate is determined at the beginning of each plan year and is subject to change each plan year.</li> <li>• You can start, change, stop, or withdraw from the Savings Club at any time.             <ul style="list-style-type: none"> <li>○ The plan year for the Vacation Savings Club is May 1 - April 30 and is distributed in May before Memorial Day.</li> <li>○ The plan year for the Christmas Savings Club is November 1 – October 31 and is distributed in November before Thanksgiving.</li> </ul> </li> <li>• Savings plan deductions will be shown on your check stub. Any authorized deduction changes will begin on the first regularly scheduled payroll after receipt of this signed form by Employers Resource.</li> <li>• You will automatically be issued the money in the manner your normal wages are paid and will include your savings and interest earned after the end of the plan year.</li> <li>• Christmas and Vacation Club accounts are separate accounts and money cannot be transferred between them.</li> <li>• If your employment ends, any remaining balance will be processed by the next regularly scheduled payroll following the pay cycle in which your employment ends. No administration processing fee will be deducted. Savings Club deductions are not wages.</li> </ul> <p><b>I understand the Savings Club guidelines and authorize Employers Resource to withhold all deductions elected, administrative processing fees and/or delivery fees from my check.</b></p>		
<b>Signature</b> _____		<b>Date</b> _____

## NOTICE TO EMPLOYER:

- Due to the increasing scrutiny and requirements surrounding updated federal forms, the I-9 and W-4 forms traditionally found in this packet have been removed.
- They have been replaced by direct links to each form housed on the respective federal websites.
- Form I-9 is a “smart form” that will ensure there are no missing entries and auto populates some fields based on what you have entered. It also gives help on each field and warns of any required fields that are left blank.
- Each form can be filled out electronically but both must be printed to be signed and as the employer, you must provide the computer and printer to do this if the employee requests it.
- The employee should complete Section 1. If you act as a preparer or translator for the employee you must complete the Preparer/Translator Certification of Section 1.
- Employers Resource does provide a new hire packet for print only. Contact your Client Service Coordinator or visit the Client Resource Center.

## INSTRUCTIONS FOR EMPLOYEE:

- The links below are for the I-9 and W-4 which are both required documents as a new hire.
- Click on a link to fill the form electronically.
- You *cannot* sign the document online, you must *print* each form in order to sign it.
- You must provide both forms to your employer along with any required documentation for your employer to complete the I-9.

You will need Adobe Reader to view these documents. Your PDF viewer may not be able to display this type of document. You can upgrade to the latest version of Adobe Reader for Windows®, Mac, or Linux® by visiting [http://www.adobe.com/go/reader\\_download](http://www.adobe.com/go/reader_download).

I-9:

[https://www.uscis.gov/system/files\\_force/files/form/i-9.pdf?download=1](https://www.uscis.gov/system/files_force/files/form/i-9.pdf?download=1)

W-4:

<https://www.irs.gov/pub/irs-pdf/fw4.pdf>



## NOTICE TO CO-EMPLOYEES

Employers Resource is an administrative employer, sometimes referred to as an “employee leasing company” or a “professional employer organization.” We process payroll, provide workers’ compensation insurance, offer health benefits, etc. Your employer has entered into a contract with Employers Resource to provide those types of human resource administrative services. Together we have agreed to allocate/divide employment responsibilities and serve as “co-employers.”

You will become an “assigned” employee or a “co-employee.” You are providing essential information for your pay records and acknowledging that your employment is “at will.”

For your information, here is how the basic responsibilities are allocated:

- Your employer sets the frequency, amount and type of compensation (salary, hourly wage, commission, bonus, etc.) for the work you perform. *Based on instructions and payments from your employer, we process the payroll and prepare the pay checks each period. We also forward all amounts deducted for federal, state and local taxes to the proper authorities as required by law. Annually, we prepare the W-2 Forms.*
- Your employer sets the type of benefits (holidays, vacation, sick leave, health insurance, life insurance, retirement plans, etc.), if any. *Based on instructions and payments from your employer, we process holiday pay, vacation pay, sick leave pay, insurance premiums, retirement plan contributions, etc., if applicable.*
- Your employer controls and directs your work which includes, but is not limited to, defining the job, training, evaluating performance, supervising, disciplining, replacing, reassigning, terminating employment, setting and enforcing employee personnel policies and procedures, and conducting safety, risk and hazard control programs.

If you need to contact our corporate office, the address is 1301 South Vista Avenue, Suite 200, Boise, Idaho 83706. The toll-free phone number is 1-800-574-4668.

## ADDENDUM

**SOUTH CAROLINA CO-EMPLOYEES:** Solely to comply with South Carolina statutes, we must inform you that we “reserve the right to control and direct” your work and we “retain the authority to hire, terminate, discipline and re-assign.” However, we must add that we have never exercised those rights or authorities in any state—and we have no plans to do so.

We are operating under and subject to the Workers’ Compensation Act of South Carolina. In the event of a work-related injury, illness or death, you or someone acting on your behalf, must immediately notify your employer. (If you are unable to contact your employer, immediately notify Employers Resource at 1-800-775-2404.) Your failure to give immediate notice may cause serious delay in any payment of compensation to you or your beneficiaries and may result in failure to receive any compensation benefits.

**MONTANA CO-EMPLOYEES:** Solely to comply with Montana statutes, we must inform you that we “reserve the right to control and direct” your work and we “retain the authority to hire, terminate, discipline and re-assign.” Your employer has the right to accept or cancel the assignment of an employee. However, we must add that we have never exercised those rights or authorities in any state—and we have no plans to do so.

**HAWAII CO-EMPLOYEES:** Under Haw. Rev. Stat. 373L-6 we are deemed to be the employer for all covered employees for purposes of complying with all laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and any applicable prepaid health care coverage.

**NEW MEXICO CO-EMPLOYEES:** We are operating under and in compliance with the Workers’ Compensation Act of New Mexico.