

# Truck Driver Application for Employment



Platinum Enterprises  
575 Iowa Ave  
Riverside Ca 92507

Phone: 951-684-3444  
Fax: 951-684-3443

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". T-SHIRT SIZE: \_\_\_\_\_

Date of Application MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CDL Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Medical Exam: Date of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List current address and all addresses at which you have resided during the past 10 years:

Current  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Truck Driving Position Applying for: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you worked for Platinum Enterprises before? \_\_\_\_\_ What Position? \_\_\_\_\_

If Yes, please provide the dates of previous employment: From \_\_\_\_\_ to \_\_\_\_\_

## Education

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? YES NO

College/Trade School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? YES NO

Driving School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ if yes, please explain. \_\_\_\_\_

Have you ever been convicted of/or have a pending DWI/DUI? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

## Employment Record

Please start with the most recent employer.

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a total of 10 years. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

.....

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

**Employment Record Continued**

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

**Employment Record Continued**

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA &amp; US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA &amp; US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA &amp; US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA &amp; US DOT alcohol and controlled substances testing requirements? YES NO

.....

## Commercial Driver's License Information

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

| State | License Number | Type | Endorsements | Expiration Date |
|-------|----------------|------|--------------|-----------------|
|       |                |      |              |                 |
|       |                |      |              |                 |
|       |                |      |              |                 |
|       |                |      |              |                 |

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_ No \_\_\_\_
2. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes" to any of the above, please give details. \_\_\_\_\_

List each type of commercial motor vehicle you have operated and for how long.

| Class of Equipment     | Types of Equip.<br>(Van, Flatbed,<br>Tanker, etc) | From | To | Approximate Miles |
|------------------------|---|------|----|-------------------|
| Straight Truck         |   |      |    |                   |
| Tractor & Semi Trailer |   |      |    |                   |
| Tractor 2- Trailers    |   |      |    |                   |
| Other                  |   |      |    |                   |

List states operated in during the last 5 years \_\_\_\_\_

List special courses or training completed: \_\_\_\_\_

List safe driving awards and who presented the awards \_\_\_\_\_

Accident Record for past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident/incident and whether any personal injuries or fatalities were involved.

| Dates of Accident<br>and Type of Vehicle | Nature of Accident<br>(Head-On, Rear-End, Upset, etc.) | Location of<br>Accident | # of Fatalities | # of Injuries |
|--|--|-------------------------|-----------------|---------------|
|  |  |                         |                 |               |
|  |  |                         |                 |               |
|  |  |                         |                 |               |
|  |  |                         |                 |               |
|  |  |                         |                 |               |

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

ACKNOWLEDGEMENT OF NOTICE OF  
PLATINUM ENTERPRISES  
DRUG ABUSE POLICY AND PROCEDURES  
AND  
CONSENT TO PRE-EMPLOYMENT DRUG TESTING

I, \_\_\_\_\_, acknowledge receiving written notice of the existence of the Platinum Enterprises, Inc. Drug Abuse Policy (the "Policy").

As a condition of continued employment or service to the Company, I understand and agree that I must not use, buy sell, accept as a gift, experiment with, traffic in or otherwise be involved with illicit or inappropriate drugs when it could affect the safe performance of my job.

I understand that the Policy does not apply to medication properly taken as prescribed by a licensed physician, except as provided by the Policy.

I further understand and agree that, if I become an employee of the Company, I may be required to submit to urinalysis for the detection of prohibited substance, and a saliva or breath alcohol test for alcohol use (herein referred to as "testing") for the detection of prohibited substances based upon suspicion, following a reportable accident or an on-the-job accident, when returning from a leave of absence, and on a random basis.

I further understand and agree if I become an employee of the Company, and in the event that any test result is Positive, I will have an opportunity to discuss with the Company's Medical Review Officer my medical history and/or any other relevant biomedical factors to enable the MRO to determine whether there is an alternate medical explanation for a positive result. In order to aid the MRO in his/her investigation, I hereby authorize any hospital, physician, dentist or pharmacist to release to the MRO all medial records and to freely discuss with the MRO all maters concerning drugs prescribed to me or treatments performed on me which may be connected to a positive test result.

I further understand that refusal to submit to testing when requested to do so by a supervisor or manager, will result in discipline up to and including termination.

My signature below indicates my understanding of this Policy and what is expected of me, my consent to be tested and my authorization to release to any collection site personnel, Medical Review Officer or Company representative, and the information necessary to comply with this Policy.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ WITNESS \_\_\_\_\_

## Driver Applicant Pre-Employment Alcohol and Controlled Substances Statement

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Applicant Name \_\_\_\_\_

Social Security # \_\_\_\_\_

During the past three (3) years, have you, the applicant, tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In addition, if the answer to the above question was "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation. If you answered "Yes" to the question above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Name of SAP \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature of Applicant/Driver \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

## Part I: Release of Information Form – 49 CFR Part 40 and 49 Part 382 Drug and Alcohol Testing

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the carrier/employer listed below. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (Applicant Name) (Applicant Signature Required)

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

Carrier/Company Requesting Information:

Platinum Enterprises  
 8606 Victoria Ave.  
 Riverside, CA 92504

## Part II: Consumer Report Disclosure and Release

In connection with my application for employment and/or review of my driving record, I understand that consumer reports which may contain public record information may be requested by Platinum Enterprises, Riverside, CA. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY PLATINUM ENTERPRISES TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to request from Platinum Enterprises upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which Platinum Enterprises has previously furnished within the three year period preceding my request. I hereby consent to obtaining the above information from Platinum Enterprises, and I agree that such information which Platinum Enterprises has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by Platinum Enterprises to other companies which request it.

I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Applicant's Name (printed) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Signature: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

3: \_\_\_\_\_



# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|  |   |          |       |
|--|---|----------|-------|
| <b>A</b>   | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .   | <b>A</b> | _____ |
| <b>B</b>   | Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You're single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You're married, have only one job, and your spouse doesn't work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .       | <b>B</b> | _____ |
| <b>C</b>   | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .   | <b>C</b> | _____ |
| <b>D</b>   | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .  | <b>D</b> | _____ |
| <b>E</b>   | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .   | <b>E</b> | _____ |
| <b>F</b>   | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .  | <b>F</b> | _____ |
| <b>G</b>   | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.<br>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . . | <b>G</b> | _____ |
| <b>H</b>   | Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ►   | <b>H</b> | _____ |
| <div>For accuracy, complete all worksheets that apply. <div>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.<br/>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.<br/>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</div></div> |   |          |       |

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |  | <b>Employee's Withholding Allowance Certificate</b> |  | OMB No. 1545-0074  |  |
| ► <b>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.</b>  |  |   |  | <b>2017</b>  |  |
| <b>1</b> Your first name and middle initial   |  | Last name   |  | <b>2</b> Your social security number   |  |
| Home address (number and street or rural route)   |  |   |  | <b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |
| City or town, state, and ZIP code   |  |   |  | <b>4</b> 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"/>   |  |
| <b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)  |  |   |  | <b>5</b> _____   |  |
| <b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .  |  |   |  | <b>6</b> \$ _____  |  |
| <b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ► <b>7</b> _____ |  |   |  |  |  |
| 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.   |  |   |  |  |  |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ►   |  |   |  |  |  |
| <b>Date</b> ►   |  |   |  |  |  |
| <b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |  | <b>9</b> Office code (optional)                     |  | <b>10</b> Employer identification number (EIN)   |  |

## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>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:                                 |    |                                       |     |                                       |
| Issuing Authority:                              |    |                                       |     |                                       |
| Document Number:                                |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                       |     |                                       |
| Document Title:                                 |    |                                       |     |                                       |
| Issuing Authority:                              |    |                                       |     |                                       |
| Document Number:                                |    |                                       |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |                                       |     |                                       |

**3-D Barcode**  
**Do Not Write in This Space**

## 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                   |  | Date (mm/dd/yyyy)       | Title of Employer or Authorized Representative |          |
| Last Name (Family Name)  |  | First Name (Given Name) | 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) Last Name (Family Name) First Name (Given Name) Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy): |
|--|---|

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

## 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.

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | <b>OR</b> | <b>LIST B</b><br><b>Documents that Establish Identity</b>   | <b>AND</b><br><b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>  |
|--|-----------|---|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> |           | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

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

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Platinum Enterprises to initiate automatic deposits to my account at the financial institution named below. I also authorize Platinum Enterprises to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Platinum Enterprises responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Platinum Enterprises receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ ☐ Checking | ☐ Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Payroll Department.