

Application For Employment

PROCURE PERSONNEL

Personal Information

Print first Name	Middle Name	Print last Name	Maiden Name or Alias
Address		City	State
Zip			
Phone Number	Mobile Number	Can we send you emails and/or texts for employment Yes No	
Email Address			
Are You a U.S. Citizen? Yes No <input type="checkbox"/>		Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, explain:			
If Selected for Employment, Are You Willing to Submit to a Pre-Employment Drug Screening Test? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State
Zip		
Employer (2)	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State
Zip		

Application For Employment PROCURE PERSONNEL

Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

In exchange for the consideration of my job application by Procure Personnel (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Procure Personnel, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Procure Personnel may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and criminal background check that provides for pre-employment testing as well as testing after employment at a cost of \$35.00 total from my paycheck; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	<b style="color: red;">REQUIRED Social Security Number

Application For Employment PROCURE PERSONNEL

General Work Rules

- *I understand that assignments may differ in terms of duties, hours, skills, hourly pay rate, location and duration. Due to these circumstances, there is the possibility of being sent home from lack of work. When this happens it is beyond the control of Procure Personnel.*
- I understand that my work performance is an up most important factor in providing quality work and performance to clients.
- Upon accepting employment with you I agree to be professional, polite, pleasant, and appropriately dressed on all assignments.
- Any questions and/or problems should be addressed to Procure Personnel only and not to the company you are assigned to work.
- Anyone who is considered a voluntary quit, must reactivate their file with Procure, if they wish to continue working for Procure, otherwise, you will be considered not available for work.
- Willfully destroying, damaging, or stealing property belonging to fellow employees or the company will result in immediate dismissal and possible arrest.
- I will immediately notify Procure if my job duties differ or change by the client as previously explained to me.
- I will report any and all unsafe working conditions to Procure Personnel.
- If I am sent home for any reason due to my misconduct on a work assignment, I will be taken off the list for any future work with Procure Personnel.
- If any clients I have been assigned offer me a full time, part-time, or temporary job while on assignment or within 90 days at the end of such assignment, I will promptly notify Procure and will not accept such offer beforehand.
- I agree to complete confidentiality relating to wages and rates and I will never discuss any information with clients or others.
- If I become injured on the job, I will immediately report all injuries to my supervisor. After reporting the injury to your supervisor. I must IMMEDIATELY inform Procure of my injury. I must go to the doctors specified by Procure Personnel only. I may be given a drug and/or alcohol test when being treated for an injury.
- Employment by Procure Personnel is subject to termination at any time without notice, and neither Procure Personnel nor any of their clients shall have any further obligation to me after termination of my employment with Procure Personnel or termination of my assignment with client. I must not under any circumstances contact the client I was assigned to work through Procure Personnel after my assignment is completed.
- Any accident witnessed by or reported to a supervisor or manager involving property damage or physical injury will require the employee(s) involved to submit to the appropriate drug and alcohol testing requirements. Failure to immediately report accidents, or failure to comply with this policy, the testing requirements or the Company's related requests, will result in disciplinary action including possible termination.

By signing below, I agree that I have read and fully understand the terms and conditions set forth and agree to abide by the rules and regulations of Procure Personnel. Also, I understand that failure to do so will result in termination of my employment with Procure Personnel with no further financial obligation from Procure Personnel including, but not limited to unemployment compensation, claims under contract, tort, or state and federal statutes that you may have now or in the future.

Print Name

Signature

Date

Application For Employment PROCURE PERSONNEL

Attendance Policies, Payroll and Benefits

- When I accept any assignment, I will report to work at the scheduled time of each assignment, ready to work, every day until each assignment is completed.
- If I quit in the middle of an assignment and do not show up or walk off a job without prior notifying Procure Personnel, I will receive minimum wage for any remaining earnings due to my careless actions.
- Walking off a job is immediately taken as a voluntary quit.
- If, for any reason, I must be absent or late in reporting for any assignment, I must notify Procure within 6 hours of my scheduled starting time. I must also notify the company for which I was scheduled to work.
- I will notify Procure when I know my assignment is to end. If I fail to do so, Procure Personnel can assume that I am not available for work.
- The \$52 EMST will be automatically deducted from your paycheck \$1.00 per week. You must bring in the pay stub from the employer that made the \$52.00 deduction; otherwise, the mandatory deduction will be made.
- If a time slip is given to me by Procure, it is the only means of receiving a paycheck. I must be careful to complete the time slip neatly and correctly. Errors will cause delay in payment. I will give the time slip to my supervisor to sign. If I work more than one day in a week each day must be initialed and the time slip must also be signed at the bottom by your supervisor.
- Procure Personnel must receive time slips no later than 12:00PM on Sunday following the end of the workweek.
- If I want someone to pick up my check, I must call Procure on Friday morning to inform Procure whom the person that I am sending in to pick up my check. The person must have positive ID and sign a release form or Procure will not release my check to him or her.
- I understand that I must contact Procure Personnel on a weekly basis to let them know my availability and that failure to do so will allow Procure Personnel to place me on their inactive list.
- Medical Insurance is available with Procure Personnel. You must work a minimum of 120 hours per month to qualify. Insurance starts after the 90th day of employment and deductions start after 60 days of employment at a rate of 9.5% of the gross wages.
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By signing below, I agree that I have read and fully understand the terms and conditions set forth and agree to abide by the rules and regulations of Procure Personnel. Also, I understand that failure to do so will result in termination of my employment with Procure Personnel with no further financial obligation from Procure Personnel including, but not limited to unemployment compensation, claims under contract, tort, or state and federal statutes that you may have now or in the future.

Print Name

Signature

Date

Application For Employment PROCURE PERSONNEL

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Pennsylvania Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his/her employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider: however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. You must obtain treatment from one of these providers for ninety (90) days' from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days.

During the initial ninety (90) days' from the date of your first visit, you have the right to switch from one health care provider on the list to another, and your employer will pay for that treatment.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for the treatment rendered by the provider to whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) days' period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) days' period from the date of first visit. Your employer will pay for this treatment unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers' Compensation Act. Your Employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days of the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should a designated health care provider prescribe invasive surgery, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE PENNSYLVANIA WORKERS' COMPENSATION ACT AS SET FORTH HERIN.

DATE: _____

Employee Signature

EMPLOYEE RE-NOTIFICATION AT OR NEAR THE TIME OF THE CLAIMED WORK INJURY

I hereby acknowledge that I have been informed again and that I understand my rights and duties under the Pennsylvania Workers' Compensation Act. I have received a copy of this workers' compensation employee notification form.

DATE: _____

Employee Signature

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ 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.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ 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 .
	City or town, state, and ZIP code		
	(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 2021 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>
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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	(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) \$ _____
	(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) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$ _____

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 Procure Personnel, 113 N Wyoming Street, Hazleton PA 18201	First date of employment	Employer identification number (EIN) 233064117
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EMPLOYEE'S ACKNOWLEDGMENT OF PHYSICIAN PANEL

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work-related injuries and illnesses during the first 90 days of treatment. This list is posted at _____ for you to view. Also, you may get a copy of this list from _____

If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306(f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below.

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers.
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider.
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during this 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

IMPORTANT: The requirements your employer must meet to have a valid list of at least 6 providers are shown on the reverse side of this form. If the list does not meet these requirements, it is not a valid list, and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT: AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. If you have questions, be sure you have your rights and duties explained to you before signing this form.

I, _____, HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

☐ TIME OF HIRE

☐ WHEN I WAS INJURED

☐ OTHER

EMPLOYEE: _____ DATE: _____

EMPLOYER REPRESENTATIVE: _____ DATE: _____

____ EMPLOYEE REFUSES TO SIGN BUT WAS PROVIDED A COPY OF THIS DOCUMENT.

(OVER)

PROCURE PERSONNEL

Attendance Policies, Payroll and Benefits

- When I accept any assignment, I will report to work at the scheduled time of each assignment, ready to work every day until the assignment is complete.
- If I quit in the middle of an assignment and do not show up or walk off the job without prior notifying Procure Personnel, I will receive minimum wage for any remaining earnings due to my careless actions.
- Walking off a job is immediately taken as a voluntary quit.
- If for any reason, I must be absent or late in reporting for any assignment, I must notify Procure Personnel within 6 hours of my Scheduled starting time. I must also notify the company for which I was scheduled to work.
- I will notify Procure Personnel when I know my assignment is to end. If I fail to do so, procure Personnel can assume that I am not available for work.
- The \$52 EMST will be automatically deducted from your paycheck \$1.00 per week. You must bring in the paystub from the employer that made the \$52.00 deduction; otherwise the mandatory deduction will be made.
- If a time slip is given to me by Procure, it is only a means of receiving a paycheck. I must be careful to complete the time slip neatly and correctly. Errors will cause delay in payment. I will give the time slip to my supervisor to sign. If I work more than one day in a week each day must be initialed and the time slip must be signed at the bottom by your supervisor.
- Procure must receive time slips no later than 12:00PM on Sunday following the end of a work week.
- Paychecks can be picked up Thursday after 2:00pm, unless otherwise noted for holidays. Paychecks are not in the office before Thursday at 2:00PM.
- If I want someone to pick up my check, I must call Procure to inform them who the person is that I am sending to pick up my check. The person must have valid ID and sign a release form or Procure will not release the check to them.
- I understand that I must contact Procure Personnel on a weekly basis to let them know my availability and that failure to do so will allow Procure Personnel to place me on their inactive list.
- All full time employees are covered after 60 days of employment under our MEC healthcare plan at NO COST TO THEM. Waiving medical coverage with Procure would make an individual ineligible to shop for medical coverage on the Affordable Care Act open marketplace.

By signing below, I agree that I have read and fully understand the terms and conditions set forth and agree to abide by the rules and regulations of Procure Personnel. I also understand that failure to do so will result in termination of my employment with Procure Personnel with no further financial obligation from Procure Personnel including but not limited to unemployment compensation, claims under contract, tort, or state and federal statutes that you may have not or in the future.

Print Name

Signature

Date

PROCURE PERSONNEL

General Work Rules

- I understand that assignments may differ in terms of duties, hours, skills, hourly pay rate, location and duration. Due to these circumstances there is a possibility of being sent home from lack of work. If and when this happens it is beyond the control of Procure Personnel.
- I understand that my work performance is an up most important factor in providing quality work and performance to clients.
- Upon accepting employment with you I agree to be professional, polite, pleasant, and appropriate dressed on all assignments.
- Any questions and/or problems should be addressed to Procure Personnel only and not the company you are assigned to work.
- Anyone who is considered a voluntary quit must reactivate their file with Procure Personnel, if they wish to continue working for Procure, otherwise you are considered not available for work.
- Willfully destroying, damaging, or stealing property belonging to fellow employees or the company will result in immediate dismissal and possible arrest.
- I will immediately notify Procure Personnel if my job duties differ or change by the client as previously explained to me.
- I will report any and all unsafe working conditions to Procure Personnel.
- If I am sent home for any reason due to my misconduct on a work assignment, I will be taken off the list for any future work with Procure Personnel.
- If any clients I have been assigned offer me a fulltime, part-time, or temporary job while on assignment or within 90 days at the end of such assignment, I will promptly notify Procure and will not accept such offer beforehand.
- I agree to complete confidentiality relating to wages and rate and will never discuss any information with clients or others.
- If I become injured on the job, I will immediately report all injuries to my supervisor. After reporting the injury to your supervisor I must immediately inform Procure personnel of my injury. I must go to the doctors specified by Procure Personnel only. I may be given a drug and/or alcohol test when being treated for an injury.
- Employment by Procure Personnel is subject to termination at any time without notice, and neither Procure Personnel nor any of their clients shall have any further obligation to me after termination of my employment with Procure Personnel or termination of my assignment with client. I must not under any circumstances contact the client I was assigned to work through Procure Personnel after my assignment is completed.
- Any accident witnessed by or reported to a supervisor or manager involving property damage or physical injury will require the employees involved to submit to the appropriate drug and alcohol testing requirements. Failure to immediately report accidents, or failure to comply with this policy, the testing requirements or the company's related requests, will result in disciplinary action including possible termination.

By signing below, I agree that I have read and fully understand the terms and conditions set forth and agree to abide by the rules and regulations of Procure Personnel. Also I understand that failure to do so will result in termination of my employment with Procure Personnel. With no further financial obligation from Procure Personnel including, but not limited to unemployment compensation, claims under contract, tort, or state and federal statutes that you may now or in the future.

Print Name

Signature

Date

PROCURE PERSONNEL

General Work Rules page 2

- The use of cell phones while on the job can be a distraction user and/or could create an unsafe work environment. Employees may keep phones in their lunch boxes and are allowed to use them during breaks and lunch time only.
- The use of cameras is not permitted on any client company property.
- Any employee found to have engaged in sexual harassment shall face discipline up to and including termination from employment.
- If you believe you have been subjected to sexual harassment, you are urged to contact your Staffing Coordinator immediately who will immediately investigate the complaint. The office numbers ring live 24/7 if you need to contact someone. Hazleton 570-450-7400/Plains Office 570-821-5515.
- For Client companies that allow the use of tobacco products: Employees may use tobacco products at breaks and meal periods in the designated smoking area of the client's property only. **Not all of our clients allow the use of tobacco products.** Please refer to your company paperwork or ask the Staffing Coordinator before making an assumption.
- The possession use or distribution of dangerous weapons such as guns, knives, explosives, prohibited knives or any other devices that jeopardize the safety and security of individuals and or property is prohibited on client and Procure Personnel property.
- Intimidating conduct of any kind, including but not limited to threats (expressed, implied, or in jest) fighting or attempting to inflict bodily injury on another person is ground for immediate dismissal.
- Social Media: Employees are not allowed to disclose information that pertains to client companies or Procure Personnel online. Dishonorable content such as racial, ethnic, sexual religious, and physical disability slurs are not tolerated.
- Although not an exclusive list, some specific examples of prohibited social media include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous or hat can create a hostile work environment.

By signing below, I agree that I have read and fully understand the terms and conditions set forth and agree to abide by the rules and regulations of Procure Personnel. Also I understand that failure to do so will result in termination of my employment with Procure Personnel. With no further financial obligation from Procure Personnel including, but not limited to unemployment compensation, claims under contract, tort, or state and federal statutes that you may now or in the future.

Print Name

Signature

Date



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS (No PO Box, RD or RR)				
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name) Procure Personnel			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0; text-align: center;">2 3 3 0 6 4 1 1 7</div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 113 N. Wyoming St.				
SECOND LINE OF ADDRESS				
CITY Hazleton	STATE PA	ZIP CODE 18201	PHONE NUMBER 570-450-7400	
MUNICIPALITY (City, Borough or Township) Hazleton				
COUNTY Luzerne	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0; text-align: center;">4 0 0 5 0 9</div>		WORK LOCATION NON-RESIDENT EIT RATE 1.75	

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com