

QUESTCO Employee Data Sheet

<input type="checkbox"/> New Hire
<input type="checkbox"/> Rehire
<input type="checkbox"/> Change Request
<input type="checkbox"/> Add to: _____
<input type="checkbox"/> Transfer : From: _____ To: _____
Term from old division? _____

7043 Trinity Exavators, LLC 1

Client# Client Name Division # Department #

Employee Section

Employee #		Social Security #		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name			First Name		Middle
Address			City		State Zip
Phone		Date of Birth		Personal Email Address	
Driver's License Number & State		Emergency Contact – Name & Phone Number			
Federal Withholding	Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married; withhold at Single rate		W-4 Exemptions \$ _____ Additional Withholding \$ _____		
State Withholding	Number of Exemptions _____		Number of Dependents _____		Additional Withholding \$ _____

Ethnic Code (For EEOC Reporting Purposes Only)

Asian Black (not of Hispanic origin) Hispanic (regardless of race)
 White (not of Hispanic origin) American Indian/Alaskan Native Native Hawaiian/Pacific Islander

FOR STOP DEDUCTIONS ONLY: I hereby authorize you to stop deductions as follows:

Amount: \$ _____ for _____ effective date: _____

Employee Authorization: I hereby authorize my employer, their agents and successors to make certain deductions from my paycheck for elective deductions as indicated by a dollar amount below; or debts incurred for property damage, theft, payroll overages or other such situations which may occur in the future. I understand these deductions will continue until written notice is received from me requesting to stop the deduction or the amount owed by me has been satisfied. In the event of my separation, I agree to have the balance of all outstanding deductions to be withheld from my final paycheck. If my final paycheck is not sufficient to cover the balance due, I will pay the remaining amounts within thirty days of my last check date or other terms mutually agreed upon between me and my worksite employer. I authorize my final paycheck to be sent to my last known home address via First Class mail.



Employee Signature _____ **Date** _____

Worksite Employer Section

Job Title		W/C Code		Work State	
Work Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp. Full-time <input type="checkbox"/> Temp. Part-time <input type="checkbox"/> Other					
Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly					
Pay Type <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt		<input type="checkbox"/> Commission		<input type="checkbox"/> Other	
Questco Hire Date		Original Hire Date		Pay Rate (Per Pay Period)	
Payroll Change		Effective Date		Old Wage	
EEO Class <input type="checkbox"/> 1-Officials & Managers <input type="checkbox"/> 2-Professionals <input type="checkbox"/> 3-Technicians <input type="checkbox"/> 4-Sales Workers		<input type="checkbox"/> 5-Office & Clerical <input type="checkbox"/> 6-Craft Workers <input type="checkbox"/> 7-Operatives <input type="checkbox"/> 8-Laborers <input type="checkbox"/> 9-Service Workers			

Brief Description of Duties: _____
If temporary, estimated length of employment: _____

Deduction Per Pay Period	Medical	Dental	Life	401k	401k Loan (include balance)
Advance	Tools	Phone	Uniforms	Other	Loan (include balance)

Signature of Authorized Person _____ **Date** _____

1. I have received the Questco Employee Handbook, along with any supplemental handbook specific to my worksite employer. My worksite employer has hired Questco as its professional employer organization. Questco, USA Staffing, Emergent and Alt-Source are, for example, all specific members of Questco companies. Questco will notify me which specific Questco company is my co-employer by my first payday. I may obtain another copy of the handbook from my worksite employer or, I may call Questco at 800-256-7823 to request one. Handbooks are also available to active employees on the internet at questco.net. My employment with Questco and my worksite employer is “at will.” Nothing in this document or the Employee Handbook creates a contract or guarantee of employment for any length of time.

2. The Employee Handbook is written in English, and I am responsible for understanding the contents. If I cannot read or understand it, I will ask that the Company provide a reliable person to interpret the information for me.

Yo entiendo que el Manual de Política está escrito en inglés. También entiendo que soy responsable de entender el contenido de este manual. Si puedo no leer o comprender esta información, yo solicitaré que la Compañía proporcione una persona segura a interpretar la información para mí.

3. I am responsible for reading the Employee Handbook, understanding it and abiding by it. Some important policies in the handbook include policies on Questco’s Limited Role, At-Will Employment, Arbitration, Equal Employment Opportunity, and Drug and Alcohol-Free Workplace.

4. I understand that Questco is my administrative co-employer only. My worksite employer and Questco have a professional employer services agreement which says I am a covered co-employee assigned to my worksite employer. The Employee Handbook further describes the agreement and relationship in the policy on Questco’s Limited Role. Depending upon business needs, my worksite employer may be transitioned to another Questco Company. **The policies and work rules I am acknowledging today will apply to co-employment with any of the Questco companies.**

5. **Any unemployment benefits may be denied me, unless I contact Questco to discuss reassignment eligibility, within 24 hours after being released from my worksite employer. Questco can be contacted at 800-256-7823.**

Los beneficios de desempleo pueden ser negados, a menos que el contacto de Questco para discutir elegibilidad de reasignación, dentro de 24 horas después de ser liberado de mi empleador de lugar de trabajo. Questco puede ser contactado al 800-256-7823.

If I have any questions, I should contact my supervisor.

Si tengo preguntas, pediré a mi supervisor.

My signature below indicates that I fully understand the information above.

Employee Name (Printed)

Date



Signature

Employee's Withholding Certificate

2022

▶ **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

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.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(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 . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
	Add the amounts above and enter the total here	3	\$
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	First date of employment	Employer identification number (EIN)



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code



DIRECT DEPOSIT AUTHORIZATION

Date: _____ Social Security No.: _____

Name (Last): _____ First: _____ MI: _____

Client #: 7043 Client Name: Trinity Exavators, LLC

Complete this section if enrolling or changing financial institution, branch or account or if you are canceling Direct Deposit.

NEW CHANGE CANCELLATION

You may designate any financial institution or credit union in the U.S. You may have your earnings distributed in multiple checking and/or savings accounts. There will be a pre-note period on all accounts before your Direct Deposit will be in effect.

1. _____ Checking Savings Paycard HSA
Bank Name Amount

Bank ABA Routing Number Bank Account Number

2. _____ Checking Savings Paycard HSA
Bank Name Amount

Bank ABA Routing Number Bank Account Number

3. _____ Checking Savings Paycard HSA
Bank Name Amount

Bank ABA Routing Number Bank Account Number

4. _____ Checking Savings Paycard HSA
Bank Name Amount

Bank ABA Routing Number Bank Account Number

I hereby authorize Questco or its subsidiaries to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the accounts I have named above. This agreement is to remain in effect until Questco has received written notification from me of its cancellation in such time to afford Questco and the Depository named above a reasonable opportunity to act on it. If I change accounts or wish to stop this automatic deposit for any reason, I will notify the Questco Payroll Department immediately at 800-256-7823. I understand that if a copy of a void check is not attached that I am responsible for the accuracy of the information provided above and that a delay in the set-up of my direct deposit is possible.

Please Note: Posting times vary depending on your financial institution(s).

Employee Signature: _____ Date: _____

Attach copy of voided check.

Name
Address

Date: _____ 0001

Pay to the order of _____ \$ _____
DOLLARS

Bank Name

For _____

(ABA Routing#):123456789: (Account#) 00112233445566 (Ck#) 0001



TRINITY EXCAVATORS, LLC

INDUSTRIAL - PETRO CHEM - COMMERCIAL
LAND PLANNING - DEVELOPMENT

EMPLOYEE EMERGENCY CONTACT INFORMATION

EMPLOYEE ID: _____ EMPLOYEE NAME: _____

CELL PHONE: _____ OTHER PHONE: _____

PERSONAL EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ADDRESS: _____



TRINITY EXCAVATORS, LLC
INDUSTRIAL - PETRO CHEM - COMMERCIAL

Company Uniform/Accessory Policy

Trinity Excavators issues each employee a safety vest, hard hat, and a hard hat insert upon initial employment. In the event an item is lost, stolen, or damaged, the cost of a replacement will be deducted from the employee's paycheck. Each employee will be provided with two long sleeve T-shirts and one neck gaiter. Extra T-shirts and neck gaiters will be available for purchase.

Employee's will be eligible for a free replacement item as needed upon inspection:

Item	Free Replacement Period	Additional Replacement Cost
Vest	One every 6 months	\$26.00
Hard Hat	One per year	\$22.94
Hard Hat Insert	One every 3 months	\$9.30
S – XL - Long Sleeve T-shirt	n/a	\$11.50
2XL – Long Sleeve T-shirt	n/a	\$13.50
Neck Gaiter	n/a	\$5.00

Employee: _____

Hire Date: _____

I, _____, understand and agree to the Company's policy regarding company issued uniforms/accessories. In the event an assigned item is lost, stolen, or damaged I agree to have the replacement cost deducted from my paycheck.

Signature of Employee

Date

