

Please Print

Employment Application

Position applied for: _____

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

excellence through diversity

Date: / /

APPLICANT DATA:

Full Name: _____

LAST

FIRST

MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: () Cell: Other: _____

E-Mail: _____ Date of Birth: _____

Date available to start: _____ Social Security #: - - -

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

95% of this job requires you to stand for long periods of time, and requires you to be in the sun/rain/weather. Do you still wish to apply? Yes No

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____ Exp: _____

Who referred you to us? _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No

College/University: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed.

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PRE-EMPLOYMENT SCREENING:

1. Do you have guest service/crowd management experience? If yes, please describe:

2. How would you react to an uncooperative and/or disgruntled guest:

3. Do you have previous experience working at venues or facilities such as Raymond James Stadium, Tropicana Field or the St. Pete Times Forum? If yes, please list and for what company?

4. Do you understand that employment does not guarantee that you will see all or any part of the event you might be working?

5. Are there any physical reasons that you are not capable of standing or walking outside for an extended period of time? If yes, please describe:

6. Is there anything that may disqualify you from being eligible for a class "D" security license?

If yes, please describe:

7. Do you have reliable transportation? If no, how will you get to work?

8. What is your availability for working events?

95% of this job requires you to stand for long periods of time, and requires you to be in the sun/rain/weather. Do you still wish to apply? Yes No

We are an Equal opportunity Employer and committed to excellence through diversity

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

CONTINUED PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From / / To / / Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____

Date: _____

Print your name: _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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 ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

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: _____	OR 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

STCPI | Employer Completes Next Page | STCPI



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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		Additional Information		OR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet


Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6		7	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)				Date	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)		

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	<u> </u>
B	Enter "1" if you will file as married filing jointly	B	<u> </u>
C	Enter "1" if you will file as head of household	C	<u> </u>
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D	<u> </u>
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	<u> </u>
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	<u> </u>
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G	<u> </u>
H	Add lines A through G and enter the total here	H	<u> </u>

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time or are married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ <u> </u>
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately 	2	\$ <u> </u>
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ <u> </u>
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ <u> </u>
5	Add lines 3 and 4 and enter the total	5	\$ <u> </u>
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ <u> </u>
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ <u> </u>
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	<u> </u>
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	<u> </u>
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	<u> </u>

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that a background report may run at the discretion of Sentry Event Services, Inc.

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

Signature: _____ Date: _____

APPLICATION FOR EMPLOYMENT



THIS SECTION MUST BE COMPLETED BY WORKSITE EMPLOYER

Worksite Employer:		Pay Rate:	\$
Pay Frequency:	W = Weekly B = Bi-Weekly S = Semi-Monthly	Pay Type:	S = Salary H = Hourly O = Other
Employee Status:	FT = Full-Time PT = Part-Time T = Temporary	Work Comp Code:	
<p>In signing below, I understand and agree that employment will never begin within 24 of submitting this completed application to Cornerstone PEO. If the employee application is approved, the employee will only be eligible for work at 12:00am (midnight) on the day after the employee has been input into the Cornerstone PEO employee database, not before. I attest that I am an authorized signer and representative for the Worksite Employer noted above.</p>			
Signature:		Date:	

TO BE COMPLETED BY THE APPLICANT:

The information contained in the Application for Employment is vital to your employment with Cornerstone PEO. All documents must be filled out completely and signed by you **BEFORE** an offer of employment can be extended. You will be considered for employment without regard to race, color, religion, sex, national origin or age. **Employment will NEVER begin within 24 hours of submitting this completed application to Cornerstone PEO or your Worksite Employer, regardless of the date this application is completed.**

Name: _____ Social Security #: _____

Street Address: _____

City, State, Zip: _____ Date of Birth: _____

Email Address: _____ Phone #: _____

Emergency Contact: _____ Emergency Contact Phone: _____

ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY QUIT CONNECTED WITH THE WORK AND UNEMPLOYMENT BENEFITS WILL BE DENIED:

1. Failure to call Cornerstone PEO at the end of the assignment (609) 559-0008 with notification of your availability, regardless of the reason of separation with the client;
2. Failure to call three (3) times weekly when not on assignment. (609) 559-0008
3. Failure to notify Cornerstone PEO with your change of address or phone number;
4. Refusal or failure to accept a suitable work assignment based upon pay, qualification or location; and
5. Cornerstone PEO receipt of an unemployment claim from you without prior notification of your availability.

I. ACKNOWLEDGEMENT AND VERIFICATION

By initialing and signing this application for employment I acknowledge and verify that I have received a copy of Cornerstone PEO's policies, have read, fully understand, and agree if hired to abide by these policies.

_____ I understand this information is not for payroll purposes only and I have been advised and understand that if I am hired, I will be an employee of Cornerstone PEO and leased to one of its client companies. The client company will be my work-site employer and will direct the daily activities of my employment.

Initial

_____ I have been advised and understand that Cornerstone PEO carries workers compensation.

Initial

_____ I have received and will comply with 1) The Cornerstone PEO Accident/Injury/Illness Procedures and the Cornerstone PEO Accident Procedures, and 2) The Cornerstone PEO Substance Abuse Policy.

Initial

_____ I understand and agree that either Cornerstone PEO or I can terminate our employment relationship at any time as I am applying to become an at-will employee of Cornerstone PEO, AND I have received and will comply with the Cornerstone PEO Separation Procedures.

Initial

_____ I have been advised and understand that at any time during my employment if I am not paid directly by Cornerstone PEO for any pay period, I will NOT be considered and employee of Cornerstone PEO and will NOT be eligible for workers compensation coverage.

Initial

II. HIPPA Authorization

I authorize Cornerstone PEO, or its agent, subsidiary or affiliate to obtain any medical records (excluding psychotherapy notes) from any physicians, hospitals and/or other health care providers concerning my care. I also authorize any physicians, hospitals, and/or other health care providers to furnish any medical records (excluding psychotherapy notes) concerning my care to Cornerstone PEO, or its agent, subsidiary or affiliate. This information is needed to evaluate my health condition and continued eligibility for employment and insurance coverage. I understand that the entities indicated above can request medical records for up to the past 10 years. I further authorize Cornerstone PEO, or its agent, subsidiary or affiliate to require me to submit to an alcohol or drug test following any on the job injury for which I seek medical treatment, and to receive the results. I understand that I may revoke this Authorization at any time by submitting written notice to Cornerstone PEO.

I understand that the information disclosed by this authorization could be re-disclosed by the person receiving it and is no longer protected by federal or state legal privacy requirements. Cornerstone PEO, its affiliates, its employees, and officers are not legally responsible or liable for the re-disclosure of the information indicated on this authorization.

Printed Name of Individual

Signature of Individual

Date

III. Payroll Deduction Authorization

By signing below, I authorize deductions when applicable to be taken out of my paycheck for tools, uniforms, health insurance, errors in payroll, court ordered deductions, overpayments and any other work-related deductions allowable by law.

Applicant Signature

Date

IV. Wage Disputes

I understand and agree that the client company is solely obligated to pay any wages for which the obligation to pay is created by an agreement, contract, plan or policy between the client company and myself and that Cornerstone PEO has not contracted to pay.

Applicant Signature

Date

V. Arbitration

I agree that my sole recourse for resolving any dispute with Cornerstone PEO arising under my employment, including but not limited to wage claims, shall be to arbitrate such dispute. Such arbitration shall be pursuant to the arbitration laws of the State of New Jersey and the rules, then obtaining, of the American Arbitration Association. Venue of any action shall be in New Jersey. Cornerstone PEO is based in Medford, New Jersey, and Applicant acknowledges that this Agreement is to be partially performed in Medford, New Jersey.

Applicant Signature

Date

In signing below, I acknowledge that I have read and understand all the terms of this Application for Employment.

Applicant Signature

Date