



## WELCOME TO ALL EMPLOYEES FROM THE STAFF OF EMPLOYERS OPTIONS

Employers Options makes every effort to offer assignments that match your qualifications, preferences and abilities. Employers Options is a full service of employment and payroll services company. We also provide comprehensive Human Resources and Executive Recruiting Services. Employers Options has been in business on Maui for over 25 years. We have a variety of jobs and a steady demand for dependable people.

Our office hours are 7:30am to 4:30pm Monday through Friday. We are closed on weekends and major holidays, and will notify you in advance if payday changes due to a holiday. For payroll purposes, our work week is Monday through Sunday. Timecards are due in our office by 9am on Monday mornings. Timecards must have signature approval from your supervisor in order to have a paycheck created. Paychecks are available for pickup Wednesday morning at 7:30am, given that your timecard was submitted with approval to our office by 9am on Monday. Timecards are due on Monday morning whether it is a holiday or not. We also have direct deposit and cash card services available. Please insure that you indicate your preference when you complete your employee packet. The application for direct deposit and cash card are available. Again, if you have any questions, give us a call.

Your paycheck will be drawn on Bank of Hawaii. Bank of Hawaii is a nationally recognized local bank with many locations throughout the state of Hawaii to serve you.

Employers Options will be responsible for your Temporary Disability and Workman's Compensation Insurance. Employers Options is a strong advocate for a healthy and safe work place and we require you to follow all health and safety policies and procedures. As the TDI and Workman's Compensation provider, we are required to report and file TDI and Workman's Compensation claims in a timely manner. Please insure you notify your supervisor and notify our office immediately, if you have a work related injury. You may be required to submit to a drug test for a work related injury. Employers Options also will notify you when you qualify for medical insurance; we have a variety of plans available.

Employers Options also covers you if you qualify for Unemployment Insurance. It is our policy that if you quit or are fired by the client you are assigned to, we will cautiously assign you again. If you are on Unemployment through Employers Options, you are required to call in every Monday morning for employment that week. If we call you and leave you a message regarding an assignment you are required to call back within 30 minutes to show that you are available for work. If you do not call in for work, do not return our calls or refuse work we will consider you not available for work and this will be reported to the Unemployment Insurance Office.

### PLEASE CALL OUR OFFICE 808-877-6555

- To check in for work or to inform us if you can't report to work.
- The length of your assignment changes, your assignment is completed or you are asked to work overtime
- The client wants to offer you a full time job.
- You are injured or you feel the assignment is dangerous.
- Any changes to your name address or phone number.

Please do not hesitate to call if you have any questions. We look forward to working with you and WELCOME!

Agreed: \_\_\_\_\_ Date: \_\_\_\_\_

Please note by agreeing to this and the online application, you are notified of all compliance information presented in both.



- PAYROLL \_\_\_\_\_
- OFFICE \_\_\_\_\_
- RENTAL CAR \_\_\_\_\_
- LABOR \_\_\_\_\_

Date Registered: \_\_\_\_\_

Date Available: \_\_\_\_\_

<p>_____</p> <p>Last Name, First Name &amp; Middle Initial</p> <p>_____</p> <p>Address (Include Apt. #)</p> <p>_____</p> <p>City, State &amp; Zip Code</p> <p>_____</p> <p>_____</p> <p>Social Security Number</p>	<p>Home #: _____ Cell #: _____</p> <p>Email: _____</p> <p>Type of work desired: _____</p> <p>Area/City where you prefer to work: _____</p> <p>Days/Hours Available _____</p> <p>Desired Wage _____</p>	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p><input type="checkbox"/> Identification _____</p> <p><input type="checkbox"/> D.L. <input type="checkbox"/> CDL _____ <input type="checkbox"/> PUC <input type="checkbox"/> TWIC <input type="checkbox"/> MARSEC</p> <p><input type="checkbox"/> Issued by State (ID) _____</p> <p><input type="checkbox"/> Traffic Abstract _____</p> <p><input type="checkbox"/> Electronic I-9: Pg 1 _____ Pg 2 _____</p> <p><input type="checkbox"/> E-Verify _____ <input type="checkbox"/> I-9 REMOVED</p> <p><input type="checkbox"/> E-Crim _____ OR <input type="checkbox"/> Emerge _____</p> <p><input type="checkbox"/> WOA Input: _____ <input type="checkbox"/> WOTC <input type="checkbox"/> EEO</p> <p><input type="checkbox"/> NSOS: _____ <input type="checkbox"/> OIG: _____</p> <p><input type="checkbox"/> Reference Check <input type="checkbox"/> 1/3 <input type="checkbox"/> 2/3 <input type="checkbox"/> 3/3</p> <p><input type="checkbox"/> Direct Deposit <input type="checkbox"/> Paycard <input type="checkbox"/> Mail Check</p> <p><input type="checkbox"/> Department/Staffer: _____</p> <p><input type="checkbox"/> Resume <input type="checkbox"/> HC5 Form</p>
<p><b>Person to notify in case of Emergency:</b></p> <p>Name: _____ Phone: _____</p>		

<p><b>How did you hear about us?</b></p> <p><input type="checkbox"/> Walk-in <input type="checkbox"/> Job Corps</p> <p><input type="checkbox"/> Friend/Family _____ <input type="checkbox"/> Craigslist</p> <p><input type="checkbox"/> Re-apply <input type="checkbox"/> Facebook</p> <p><input type="checkbox"/> Advertisement <input type="checkbox"/> Indeed</p> <p><input type="checkbox"/> Search Engine <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Employers Options Website</p>	<p style="text-align: center;"><b>ACCOUNTING/BOOKKEEPING</b></p> <p><input type="checkbox"/> Accountant <input type="checkbox"/> Bank Reconciliations</p> <p><input type="checkbox"/> Trial Balance <input type="checkbox"/> Inventory Records</p> <p><input type="checkbox"/> P &amp; L Statement <input type="checkbox"/> Bank Deposits</p> <p><input type="checkbox"/> Tax Forms <input type="checkbox"/> Accounts Receivable</p> <p><input type="checkbox"/> Payroll <input type="checkbox"/> # of Emp. _____ <input type="checkbox"/> Accounts Payable</p>	<p style="text-align: center;"><b>TECHNICAL COMPUTER EXPERIENCE</b></p> <p><input type="checkbox"/> Art Production <input type="checkbox"/> Programmer</p> <p><input type="checkbox"/> Graphic Artist <input type="checkbox"/> Engineer</p> <p><input type="checkbox"/> Tech Writer <input type="checkbox"/> Operator</p> <p><input type="checkbox"/> System Analyst <input type="checkbox"/> Technician</p> <p><input type="checkbox"/> Draftsperson <input type="checkbox"/> Graphic Asst.</p> <p><input type="checkbox"/> Data Processor <input type="checkbox"/> Other</p>
<p style="text-align: center;"><b>OFFICE/CLERICAL</b></p> <p><input type="checkbox"/> Proposals <input type="checkbox"/> Windows</p> <p><input type="checkbox"/> Legal Term <input type="checkbox"/> Macintosh</p> <p><input type="checkbox"/> Mailroom Clerk <input type="checkbox"/> Microsoft</p> <p><input type="checkbox"/> Banking Experience <input type="checkbox"/> Word/Works</p> <p><input type="checkbox"/> Administrative Asst. <input type="checkbox"/> Excel</p> <p><input type="checkbox"/> Adding Machine Operator <input type="checkbox"/> PowerPoint</p> <p><input type="checkbox"/> No. of Phone Lines _____ <input type="checkbox"/> Access</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> QuickBooks</p> <p><input type="checkbox"/> Insurance <input type="checkbox"/> Quicken</p> <p><input type="checkbox"/> Property Mgmt. <input type="checkbox"/> Peachtree</p> <p><input type="checkbox"/> Hospitality <input type="checkbox"/> File Clerk</p> <p><input type="checkbox"/> Fax <input type="checkbox"/> Receptionist</p> <p><input type="checkbox"/> Copier <input type="checkbox"/> Legal Asst./Clerk</p> <p><input type="checkbox"/> Data Entry <input type="checkbox"/> Stat Typist</p> <p><input type="checkbox"/> Switchboard Operator <input type="checkbox"/> Stenographer</p> <p><input type="checkbox"/> Exec. Secretary <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Telemarketer</p>	<p style="text-align: center;"><b>MARKETING/CONVENTION</b></p> <p><input type="checkbox"/> Demonstrator <input type="checkbox"/> Shopper</p> <p><input type="checkbox"/> Surveys <input type="checkbox"/> Conventions</p> <p><input type="checkbox"/> Sales <input type="checkbox"/> Guides</p> <p><input type="checkbox"/> Products _____</p> <p style="text-align: center;"><b>CUSTOMER SERVICE</b></p> <p><input type="checkbox"/> Retail <input type="checkbox"/> Receiving</p> <p><input type="checkbox"/> Hotel <input type="checkbox"/> Shipping</p> <p><input type="checkbox"/> Pricing <input type="checkbox"/> Packing</p> <p><input type="checkbox"/> Marking <input type="checkbox"/> Purchasing</p> <p><input type="checkbox"/> Cashier <input type="checkbox"/> Other _____</p> <p style="text-align: center;"><b>LIGHT INDUSTRIAL</b></p> <p><input type="checkbox"/> Janitorial <input type="checkbox"/> Cleaner</p> <p><input type="checkbox"/> Automotive <input type="checkbox"/> Restaurant</p> <p><input type="checkbox"/> Stock Person <input type="checkbox"/> Carpet</p> <p><input type="checkbox"/> Condo/Hotel Cleaning <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Quality Control</p>	<p style="text-align: center;"><b>HEAVY INDUSTRIAL</b></p> <p><input type="checkbox"/> Electrical <input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Painting <input type="checkbox"/> Handyman</p> <p><input type="checkbox"/> Drywall <input type="checkbox"/> Landscaping</p> <p><input type="checkbox"/> Plumber <input type="checkbox"/> CDL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C</p> <p><input type="checkbox"/> Carpenter <input type="checkbox"/> Forklift</p> <p><input type="checkbox"/> HVAC <input type="checkbox"/> Endorsement</p> <p><input type="checkbox"/> Welding <input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Cement <input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Tools <input type="checkbox"/> Tiles</p> <p><input type="checkbox"/> TWIC <input type="checkbox"/> Marsec</p> <p style="text-align: center;"><b>HEALTH RELATED</b></p> <p><input type="checkbox"/> Dentist <input type="checkbox"/> Doctor</p> <p><input type="checkbox"/> Medical Worker <input type="checkbox"/> Counselor</p> <p><input type="checkbox"/> Registered Nurse <input type="checkbox"/> Dental Asst.</p> <p><input type="checkbox"/> Medical Asst. <input type="checkbox"/> Social Services</p>

**EDUCATION & SPECIAL TRAINING**

	Name of School & Location	Degree/Course of study
High School		
College		
Technical/ Vocational		
Temporary Agencies you are employed		
List any known languages		

**DURING THE LAST 3 YEARS, HAVE YOU:**

- (1) Had your license suspended, revoked, or refused?  YES  NO
- (2) Been fined, convicted, or forfeited bail for driving while intoxicated, reckless driving, or driving in excess of 20 miles over the speed limit?  YES  NO
- (3) Had two or more accidents for which your insurance carrier had to pay damages?  YES  NO

In the event of an accident during work hours, I authorize Employers Options Maui to verify my motor vehicle driving record. I agree that my employment and compensation can be terminated with or without cause and notice at any time and that you will be liable to me for wages earned up to my termination.

Employers Options may require employees to submit to reasonable suspicion, random and/or post-accident alcohol/drug testing as a condition of pre or continued employment.

I hereby affirm that all of the information that has been submitted by me in this application is true and complete. I understand that, if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. I authorize Employers Options Maui to investigate my background including, but not limited to, my credit history, criminal record, and driving record. I also authorize the references and employers listed above to give you any and all information that they may have, personal or otherwise. At your request or on behalf of a client company, I will submit to a physical examination by a doctor of your choice or that of a client company. Such physical examination may include testing for drugs and alcohol. I further release Employers Options Maui and their agents from all liability for any damage that may result from providing or utilizing such information. In consideration of my employment, I agree to conform to the company's safety rules and regulations.

After applying with Employers Options, you may check in for available jobs as often as you would like. If you are placed on an assignment and quit or are fired by the client, it is our policy that you may be no longer employed through us. You may check in for work with Employers Options. You may need to resubmit your application, an updated resume, or tax information.

**PREVIOUS BUSINESS EXPERIENCE**

Date started	Company name	Position
Date left	Company address	Reason for leaving
Duties		
Supervisor's name & phone # or email		
Date started	Company name	Position
Date left	Company address	Reason for leaving
Duties		
Supervisor's name & phone # or email		
Date started	Company name	Position
Date left	Company address	Reason for leaving
Duties		
Supervisor's name & phone # or email		

- If you are laid off from a position where we have placed you and qualify for our unemployment insurance, you are **REQUIRED** to check in **EVERY MONDAY** for possible job openings. If you are on our unemployment insurance, you are **REQUIRED** to be reachable by phone from 7:00 AM – 11:00 AM on Monday – Friday for us to call you with employment opportunities. If you do not return our call within 30 minutes, you will be reported to the UE Office.
- When given an assignment, I will arrive on time, be appropriately dressed, and ready to work. I know that if I cannot report to work or am late, I will personally contact Employers Options Maui with a minimum of two (2) hours' notice. I understand that once I accept an assignment, I will stay until the completion date. If a company extends or ends my job, I will make sure that Employers Options is notified. I will obtain permission before discussing permanent employment with clients/employers. I understand that it is my responsibility to turn my timecard in by **Monday at 9:00 AM** for payroll processing, I will have reliable transportation for work. I will notify Employers Options of any job related accidents/injuries immediately.

I have lived only in the State of Hawaii for the past seven years  YES  NO- If No Please list other States you have lived in in the past Seven Years:

I attest that my application is true and accurate, falsification may result in discipline actions up to termination of employment

I have also read Employers Options' Safety Handbook, Employee's Handbook and agree to abide by all of the rules and regulations written therein. \_\_\_\_\_ INITIAL

**I WILL CONFIRM, I AM ABLE TO PERFORM THE ESSENTIAL JOB REQUIREMENTS ON THE JOB DESCRIPTION (S) WHEN PROVIDED TO ME WITH OR WITHOUT ACCOMMODATIONS.  YES  NO**

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

## Employee's Withholding Certificate

▶ 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.

2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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](http://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](http://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 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.

**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.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**Step 2(b) – Multiple Jobs Worksheet** *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet** *(Keep for your records.)*



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 . . . . . **1** \$ \_\_\_\_\_
  
- 2 Enter: 

{	• \$25,100 if you're married filing jointly or qualifying widow(er)
	• \$18,800 if you're head of household
	• \$12,550 if you're single or married filing separately

 . . . . . **2** \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
  
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
  
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

**EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE  
INSTRUCTIONS**

(NOTE: References to "married" and "spouse" are also references to "in a civil union" and "civil union partner," respectively.)

**MARITAL STATUS**—If you are legally separated from your spouse under a decree of divorce or separate maintenance, check the Single box.

If you file as head of household on your tax return, you are treated as Single for withholding tax purposes. However, an additional withholding allowance may be claimed for this filing status.

**NUMBER OF WITHHOLDING ALLOWANCES**—Do not claim more than the correct number of withholding allowances. However, if by claiming the correct number of withholding allowances you still expect to owe more income tax for the year than will be withheld, you may increase the amount withheld either by claiming fewer withholding allowances or by entering into an agreement with your employer to withhold an additional dollar amount.

Note: *Hawaii law does NOT allow "exempt" status for withholding purposes.*

**NONWAGE INCOME**—If you have a large amount of nonwage income, from sources such as interest or dividends, you should consider making estimated tax payments using Form N-200V or you may find that you owe additional tax at the end of the year.

**TWO-EARNER/TWO 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 HW-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the HW-4 filed for the highest paying job and zero allowances are claimed for the others.

**FILING THE CERTIFICATE**—You must file this form with your employer or your employer must withhold tax from your wages as if you were single and claimed no withholding allowances.

**FILING A NEW CERTIFICATE**—You SHOULD file a new certificate if you get married or are entitled to claim more withholding allowances. You MUST file a new certificate within 10 days if ANY of the following occurs:

- (a) If you are divorced or legally separated.
- (b) If your spouse, for whom you have been claiming a withholding

allowance, commences claiming his or her own withholding allowance on a separate certificate.

- (c) If a dependent for whom you claimed a withholding allowance no longer qualifies as a dependent.

You MUST file a new certificate on or before December 1 in case of the death of your spouse or the death of a dependent, unless such event occurs in December.

**WITHHOLDING ALLOWANCE FOR AGE**—You may claim an additional withholding allowance for age if you are at least 65 years old and no one can claim you as a dependent. If you are married and filing a joint return, you may also claim an additional withholding allowance if your spouse is at least 65 years old, no one else can claim your spouse as a dependent, and your spouse is not already claiming such withholding allowance for himself / herself on a Form HW-4.

**HEAD OF HOUSEHOLD**—Generally, you may 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 qualifying child or any other person who is your dependent.

**PENALTIES**—Penalties are imposed for willfully supplying false or fraudulent information or for willfully failing to supply information.

**CERTIFIED DISABLED PERSON**—See the section, "What Is Not Subject to Withholding" in *Booklet A, Employer's Tax Guide*.

**NONRESIDENT MILITARY SPOUSE**—Under federal law, the State is prohibited from subjecting the income received by a service member's nonresident spouse for services performed (i.e., wages) in Hawaii to Hawaii's income tax beginning tax year 2009 if certain conditions are met. See Tax Information Release No. 2010-01 and Tax Announcement No. 2019-01 for further details.

**FOR FURTHER INFORMATION**—Contact your employer or the Department of Taxation at 808-587-4242 (toll-free at 1-800-222-3229).

\_\_\_\_\_ Cut here and give the certificate to your employer. Keep the top portion and a copy of page 2 for your records. \_\_\_\_\_



**EMPLOYEE'S WITHHOLDING ALLOWANCE AND STATUS CERTIFICATE**

**Section A (to be completed by the employee)**

1 Type or print your full name	2 Your social security number
Home address (number and street or rural route)	3 Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate <input type="checkbox"/> Certified Disabled Person (not subject to withholding) <input type="checkbox"/> Nonresident Military Spouse (not subject to withholding)
City or town, state, and Postal ZIP code	
4 Total number of allowances you are claiming (from line 1 of the worksheet on page 2). (Note: <i>Hawaii law does NOT allow "EXEMPT" status for withholding purposes.</i> )	4
5 Additional amount, if any, you want deducted each pay period	5 \$

I declare, under the penalties set forth in section 231-36, HRS, that I have correctly indicated my marital status and that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled.

(Date) \_\_\_\_\_ (Signed) \_\_\_\_\_

**Section B (to be completed by the employer)**

1 Employer's name	2 Hawaii tax identification number WH - _____
Employer's address	City or town, state, and Postal/ZIP code

**EMPLOYER:** Keep this certificate with your records. If you believe that an employee has claimed excess allowances for the employee's situation (generally more than 10) or misstated the employee's marital status, you must send a copy of the Form HW-4 for that employee to the Hawaii Department of Taxation, P. O. Box 3827, Honolulu, Hawaii 96812-3827.



### HW-4 Worksheet to Figure Your Withholding Allowances

- A. Enter "1" for **yourself** if no one else can claim you as a dependent ..... A. \_\_\_\_\_
- B. Enter "1" if:   1. You are single and have only one job **OR**  
                          2. You are married, have only one job, and your spouse does not work..... B. \_\_\_\_\_
- C. Enter "1" for your **spouse** if:   1. No one else can claim your spouse as a dependent **AND**  
  2. Your spouse is not claiming a withholding allowance for himself / herself  
  on a Form HW-4 ..... C. \_\_\_\_\_
- D. You may be able to claim additional withholding allowances for **age**. See Instructions on page 1.  
Enter "1" if you or your spouse qualifies. Enter "2" if both you and your spouse qualify..... D. \_\_\_\_\_
- E. Enter the number of **dependents** that you will claim on your tax return. (State qualifications  
are the same as the federal)..... E. \_\_\_\_\_
- F. Enter "1" if you will file as **head of household** on your tax return. See Instructions on page 1..... F. \_\_\_\_\_
- G. Enter "1" if you estimate that you will have at least \$250 of **total tax credits** ..... G. \_\_\_\_\_
- H. If you plan to **itemize or claim adjustments to income**, complete the worksheet below and enter the number of  
withholding allowances here from line 8 ..... H. \_\_\_\_\_
- I. Total. Add lines A through H. Enter the total here and on line 4 of Form HW-4 on page 1. (**Note: This amount  
may be different from the number of exemptions you claim on your return**) ..... I. \_\_\_\_\_

### Deductions and Adjustments Worksheet

**NOTE:** Use this worksheet only if you plan to itemize deductions or claim adjustments to income.

- 1. Enter an estimate of your current year's itemized deductions. These include: qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your adjusted gross income for taxable years beginning after December 31, 2012, and miscellaneous deductions. (You may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately))..... 1 \$ \_\_\_\_\_
- 2. Enter { \$4,400\* if married filing jointly or surviving spouse }  
          { \$3,212\* if head of household } ..... 2 \$ \_\_\_\_\_  
          { \$2,200\* if single }  
          { \$2,200\* if married filing separately }
- 3. Line 1 minus line 2. Enter the result, but not less than zero ..... 3 \$ \_\_\_\_\_
- 4. Enter an estimate of your current year's adjustments to income ..... 4 \$ \_\_\_\_\_
- 5. Add lines 3 and 4 and enter the total ..... 5 \$ \_\_\_\_\_
- 6. Enter an estimate of your current year's nonwage income (such as dividends or interest income) ..... 6 \$ \_\_\_\_\_
- 7. Line 5 minus line 6. Enter the result, but not less than zero ..... 7 \$ \_\_\_\_\_
- 8. Divide the amount on line 7 by \$1,144\*\*. Drop any fraction. Enter the result here and on the HW-4 worksheet,  
line H above ..... 8 \_\_\_\_\_

\* Nonresidents and part-year residents: On line 2, enter the amount appropriate to your filing status multiplied by the ratio of your Hawaii adjusted gross income to total adjusted gross income from all sources.

\*\* Nonresidents and part-year residents: Divide the amount on line 7 by \$1,144 multiplied by the ratio of your Hawaii adjusted gross income to total adjusted gross income from all sources.



111 Hana Hwy., Suite 111  
 Kahului, HI 96732  
 Tel: (808)877-6555

**DIRECT DEPOSIT AUTHORIZATION FORM**

The Authorization form provided below gives **EMPLOYERS OPTIONS**-Fax: (808)871-2493 (your employer) and your financial institution authority to deposit your pay directly into your account. Please be aware the direct deposits are generally available in your account by Wednesday afternoon, however if there is some delay and you do not receive your pay, we are unable to make any alterations or replacement of funds until the following Monday.

**INSTRUCTIONS:**

1. Fill in your name, your bank's name, location and the date.
2. Mark the box to indicate whether your pay will be deposited in your checking or savings account.
3. Please fill in your bank's routing number and account numbers.
4. Please be sure to **sign the form**.
5. Return the complete form to **PAYROLL DEPARTMENT**.

<b>My Name</b> <b>My Address</b> <b>City, State Zip</b>	1234 DATE: _____
<b>PAY TO</b> <b>THE ORDER OF:</b> _____, \$ <input style="width: 50px;" type="text"/>	
_____ <b>DOLLARS</b>	
<b>The Bank Name</b> <b>Address</b> <b>Phone Number</b> Memo: _____	
⑆ 1 2 3 4 5 6 7 8 9 ⑆	⑆ 1 2 3 4 ⑆
⑆ 1 2 3 4 5 6 7 8 9	⑆ 1 2 3 4 5 6 7 8 9
<b>ABA Routing Number</b>	<b>Check Number</b>
<b>Account Number</b>	

**AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT**

I authorize **EMPLOYERS OPTIONS** (my employer) and the bank indicated below to deposit my net pay automatically each payday. If monies to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Checking

Savings

**EMPLOYEE SOCIAL SECURITY NUMBER:**

--	--	--	--	--	--	--	--	--	--

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



**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 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 <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<i>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.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 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)
-----------------------	---------------------------

**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



*Employer Completes Next Page*



**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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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

**Refer to the instructions for more information about acceptable receipts.**

# EEO-1 Self-Identification Form

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The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

---

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

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## EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: \_\_\_\_\_

Check one:  Male  Female

Ethnicity:

Are you Hispanic or Latino?

No, I am not Hispanic or Latino.

Yes, I AM Hispanic or Latino: A person of Cuban, Mexican Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race -- Important -- Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above:

White -- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American -- A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native -- A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races -- All persons who identify with more than one of the above five races.



**TO BE COMPLETED BY EMPLOYER**

Company Name <b>72722 Exceptional Inc dba Employers Options</b>	Location Number (if Applicable) <b>EOP</b>	Offer Date <b>/ /</b>	Start Date <b>/ /</b>
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**TAX CREDIT QUESTIONNAIRE**

This form is used to identify federal tax credits and is NOT intended to determine your work eligibility.

**TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)**

First Name		Last Name		SSN
Home Address			Date of Birth (if under 40) <b>/ /</b>	
City	State	Zip Code	County	
Position Applying For	Have You Worked for this Company Before? <input type="radio"/> YES <input type="radio"/> NO		Driver's License or State ID Number State	

**1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance, such as Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Child Care or Transportation Assistance (CCT) or Food Stamps (FS)?**  YES  Not Sure  NO  
*If YES or Not Sure, please provide the following information:*

Primary Recipient (Name and Social Security Number)	Relation to Yourself	City/ State Where Received
Assistance Type: (Check all that apply) <input type="radio"/> AFDC <input type="radio"/> TANF <input type="radio"/> CCT <input type="radio"/> FS		Date Last Received (MM/YY)
Date First Received (MM/YY)		Date Last Received (MM/YY)

**2. Have you ever served on active duty in the US Military?**  YES  Not Sure  NO  
*If YES or Not Sure, please provide the following information:*

2b. Are you eligible to receive compensation for a service connected disability? <input type="radio"/> Yes <input type="radio"/> No	Date Entered (MM/YY)
Branch of Service: <input type="radio"/> Army <input type="radio"/> Navy <input type="radio"/> Air Force <input type="radio"/> Marines <input type="radio"/> Coast Guard <input type="radio"/> National Guard	Discharge Date (MM/YY)

**3. Have you ever been convicted of a felony? (Do NOT include misdemeanors)**  YES  Not Sure  NO  
*If YES or Not Sure, please provide the following information:*

Parole/ Probation Officer Name	Parole/ Probation Officer Phone Number	Date Convicted (MM/YY)	Date Released (MM/YY)
Offense Type: <input type="radio"/> State <input type="radio"/> Federal	City/State of Conviction	County of Conviction	

**4. Have you ever participated in a State or Veterans Affairs Vocational Rehabilitation Program or have you participated in the Ticket to Work program?**  YES  Not Sure  NO  
*If YES or Not Sure, please provide the following information:*

Agency Name/Rehabilitation Program/Employment Network	Date Completed (MM/YY)
Agency City	Agency State
Agency Phone Number	

Program type:  Vocational Rehabilitation  Veterans Affairs  Ticket to Work

**5. Have you received Supplemental Security Income (SSI) benefits for yourself within the last 3 months? Do NOT include Social Security Disability Income (SSDI).**  YES  Not Sure  NO  
*If YES or Not Sure, please provide the following information:* Date Last Received (MM/YY) **\_\_\_/\_\_\_/\_\_\_**

<b>6. Have you been unemployed, received Unemployment Benefits or been eligible to receive Unemployment Benefits during the past year?</b> <input type="radio"/> YES <input type="radio"/> Not Sure <input type="radio"/> NO <i>If YES or Not Sure, please provide the following information:</i> How many months in the past year were you unemployed? <b>___</b> What was your last day of work with your previous employer? (MM/DD/YY) <b>___/___/___</b> Did you receive unemployment compensation? <input type="radio"/> Yes <input type="radio"/> No In what state did you receive unemployment compensation? <b>___</b>
--

**EMPLOYEE DECLARATION AND RELEASE**

*By signing this voluntary form, I hereby authorize the release to Equifax Workforce Solutions or its agents information held by any parties needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding my criminal history, driver records, military service, SSI benefits, vocational rehabilitation services, unemployment benefits, AFDC/TANF benefits or Food Stamp benefits. I further authorize Equifax Workforce Solutions or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.*


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

Review for completeness and fax to:  
**Equifax Workforce Solutions Fax Number 1-800-570-9830**



## MEDICAL INSURANCE INFORMATION

PLEASE READ AND MARK AN "X" ON YOUR CHOICE, SIGN THE BOTTOM AND RETURN

NO, I am already covered by other medical insurance, or I do not wish to have any medical insurance at this time. You must complete and sign the following HC5 Form. (turn page over) 

YES, If I qualify for medical insurance, please send me information on the following medical plans and their cost.

I understand that I qualify for medical insurance after I have worked 20 hours or more per week for 4 consecutive weeks. I understand that there will be a weekly payroll deduction for the medical coverage and the amount deducted depends on the plan I choose and the hourly rate I make. By signing below, I understand that my insurance may be cancelled without notice if I do not work the required minimum of 20 hours per week. If I leave the company, I understand the remaining premium owed will be deducted from my last paycheck. Under the Cobra Plan, I may choose to continue medical coverage but I will have to pay for it on my own.

Signature \_\_\_\_\_ SS# \_\_\_\_\_

Print Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Date \_\_\_\_\_



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

FORM HC-5 EMPLOYEE NOTIFICATION TO EMPLOYER FOR CALENDAR YEAR 2021

Use this form if the employee works at least 20 hours per week and:

- Works for 2 or more employers\*\* or • Claims an exemption or waiver from health care coverage or
• Terminates an exemption or • Changes principal and/or secondary employer designation\*\*

THIS SECTION IS FOR THE EMPLOYER TO COMPLETE.

Employer name Exceptional Inc DBA Employers Options DOL account number 0001043030
Address 111 Hana Highway, Suite 111, Kahului, HI 96732 Phone no (808)877-6555

See employee's selection below and take appropriate action. Give a copy of this completed form to the employee. Keep this completed, signed form on file for 2 years. The employee's selection below is applicable only within calendar year 2021. If the employee will be renewing the selection after 2021, have the employee complete the form for the appropriate year.

FOR THE EMPLOYEE TO COMPLETE

Do not use this form if: • You work for only 1 employer and that employer provides you with health care coverage, or
• You work less than 20 hours per week for your employer

In accordance with the provisions of the Hawaii Prepaid Health Care Act (Chapter 393, Hawaii Revised Statutes), this is to notify my employer that: (Check appropriate box.)

- 1. Of the two or more concurrent employers that I work for (at least 20 hours a week), you have been selected as the principal\*\* employer and are required to provide me health care coverage (Section 393-6).
\*\*The principal employer is the employer who pays the employee the most wages. However, if the employee works for 1 employer at least 35 hours per week and that employer does not pay the employee the most wages, the employee chooses the principal employer.
2. Of the two or more concurrent employers that I work for (at least 20 hours a week), you have been selected as the secondary\*\* employer and are therefore relieved of the responsibility to provide me health care coverage until you are otherwise notified (Section 393-16).
3. I am exempt from health care coverage because I am: (Check appropriate box.) (Section 393-17 and 393-22)
a. covered by a Federally established health insurance or prepaid health care plan, such as Medicare, Medicaid or medical care benefits provided for military dependents and military retirees and their dependents.
b. covered as a dependent (e.g. spouse, child, etc.) under a qualified health care plan.
c. a recipient of public assistance or covered by a State-legislated health care plan governing medical assistance (e.g. MedQuest).
d. a follower of a religious group who depends upon prayer or other spiritual means for healing.
4. I waive coverage from my employer's health care plan because I have obtained the plan named from the health care contractor named.
I understand this waiver is binding for the 2021 calendar year. I submitted a copy of my plan to my employer to forward to the Department of Labor and Industrial Relations with this form (Section 393-21).
5. The coverage exemption/waiver previously indicated in items 2, 3 or 4 is no longer applicable; you are therefore required to provide me health care coverage (Section 393-8).
Requested effective date of coverage:

Print employee name Employee signature
Address Phone no Date

Keep a copy of your completed, signed form for yourself. RETURN COMPLETED FORM TO EMPLOYER.
Call (808) 586-9188 with any questions about this form.
Auxiliary aids and services are available upon request. Please call (808) 586-9188; TTY (808) 586-8844; TTY neighbor islands (888) 569-6859.
A request for reasonable accommodation(s) should be made no later than ten working days prior to the needed accommodation(s).
Important Notice about Language Assistance: This document contains important information. If you need language assistance at no cost to you, please contact us by phone or in person immediately. It is the policy of the Department of Labor and Industrial Relations that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability ancestry, arrest/court record, sexual orientation, and National Guard participation, be subjected to discrimination, excluded from participation in, or denied the benefits of the Department's services, programs, activities, or employment.



111 Hana Highway, Suite 111  
Kahului, HI 96732  
Tel: (808)877-6555

## Optional Tax-Savings Programs Interest Form

### Tax-Savings Programs

I am **not interested** in saving money with through pre-tax benefits.

### I am interested in learning more about the following pre-taxed programs:

- |                          |                                |  |
|--------------------------|--------------------------------|--|
| <input type="checkbox"/> | Accident Protection            | Provides cash benefits for everyday and catastrophic injuries for yourself and/or family members.  |
| <input type="checkbox"/> | Hospital Protection            | Provides cash benefits for physician's visits, hospital confinements, surgery, maternity, ambulance and more.  |
| <input type="checkbox"/> | Critical Illness               | Pays cash if you or a family member suffers a critical illness (Heart Attack, Stroke, Coma, etc.). Pays when diagnosed then helps with: hospital stays, surgeries, rehabilitation, transportation and much more. |
| <input type="checkbox"/> | Cancer Protection              | Pays cash for routine exams and diagnosis. Pays cash for treatments, surgery's, transportation and much more.  |
| <input type="checkbox"/> | Dental/Vision Supplement Plans | Supplements your current Dental and Vision insurance to help: reduce copayments, helps pay Orthodontic expenses and with the cost of vision correction material (glasses/contact).                               |

**NOTE:** You must enroll within 30 days of your date of hire to participate in pre-taxed elections.

### Additional Insurance Services

- |                          |                                 |   |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | Short Term Disability           | Pays you money when you are out of work from: illness, injury or maternity.   |
| <input type="checkbox"/> | Term Life Insurance             | Gives your family money if you pass while there are still family obligations. The money can be used to cover the expense of: raising kids, a mortgage, etc.   |
| <input type="checkbox"/> | Whole Life Insurance            | Gives your family cash when you pass.   |
| <input type="checkbox"/> | Child/Baby Whole Life Insurance | Juvenile life insurance gives your child or grandchild a great start in Life. The younger an individual is when they sign up for LIFE insurance the more affordable it is. Builds cash value so can be used to help secure loans in the future. |

Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone and email address: \_\_\_\_\_

**\*OPTIONAL\***



Attention: \_\_\_\_\_  
 Fax # \_\_\_\_\_

EMPLOYMENT VERIFICATION

EMPLOYEE AUTHORIZATION: I, \_\_\_\_\_, authorize Employers Options to perform a reference check and verification of my employment with your company.

Print Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

The above named person has applied at Employers Options and states he/she was previously employed by your company.

	EXCELLENT	GOOD	AVERAGE	POOR
WORK PERFORMANCE	_____	_____	_____	_____
RELIABILITY	_____	_____	_____	_____
COOPERATION/ABLE TO WORK WITH OTHERS	_____	_____	_____	_____
ATTITUDE ABOUT WORK	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____

Reason Employee Left Company: \_\_\_\_\_ Would you Rehire?  YES  NO

Comments: \_\_\_\_\_

Employer Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Verification Filled out by: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYERS OPTIONS** is a Professional Staffing Service in business on Maui for over 25 years. We provide qualified and qualitative staffing and payroll services.

**Short term – Long term – Permanent Placement – Payroll services**

Has your company ever used a staffing service? \_\_\_\_\_

Would you be interested in receiving information about EMPLOYERS OPTIONS services? \_\_\_\_\_

**If so, please fill out the requested information below:**

Company name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_





# BACKGROUND CHECK CONSENT FORM

Print Name: \_\_\_\_\_

\_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_

\_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_

\_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_

\_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **EMPLOYERS OPTIONS** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me for employment purposes, to **EMPLOYERS OPTIONS** and its agents. I understand if I am not offered employment as a result of the information collected, I have a right to review the information causing the adverse impact. I hereby release **EMPLOYERS OPTIONS**, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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