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 Bonita Springs, FL 34135
 Phone: 239-498-WORK(9675)
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116 W Main Street
 Immokalee, FL 34142
 Phone: (239)658-5918
 www.SunshineWorkforce.com



2020 Beacon Manor Drive
 Fort Myers, FL 33907
 Phone:(239)208-7980
 Fax:(239)208-7981

1985 NE 135th Street
 North Miami, FL 33181
 Phone: (305)974-5936
 Info@SunshineWorkforce.com

Employment Application

Last Name (Apellido)		First Name (Nombre)		Middle
Street Address (Direccion)				
City (Ciuda)		State (Estado)		Zip Code (Codigo Postal)
Phone (Telefono)	Social Security No (Numero De Seguro)		Date of Birth (Fecha de nacimiento)	
Are you a citizen of the United States?		Yes ___ No ___	If no, are you authorized to work in the U.S?	
			Yes___ No__	
Have you ever worked with Sunshine Workforce		Yes ___ No ___	If so, when?	
Have you ever been convicted of a felony?				
Emergency Contact Name:				Emergency Contact Number:
Previous Employment				
Company Name (Nombre de la Compania)				
Phone (Telefono)		Address (Direccion)		

I agree to conform to the rules and regulations of Sunshine Workforce, and understand that my employment may be terminated at anytime by me or Sunshine Workforce, with or without written notice for any reason. If injured during work I will report accidents to Sunshine Workforce promptly. Work related injuries or illness are subject to be tested for the presence of drugs or alcohol. Refusal to be tested will be reason for dismissal. I understand that I am applying for temporary work assignments with Sunshine Workforce and not its customers. I understand I must report to Sunshine Workforce for future work assignments to be considered ready to work. I authorize Sunshine Workforce to verify my past employment and background checks. I authorize Sunshine Workforce to administer a drug screen prior to employment. I have read and understand the above statements.

Acepto cumplir con las reglas y regulaciones de Sunshine Workforce y entiendo que mi empleo puede ser terminado en cualquier momento por mí o Sunshine Workforce, con o sin notificación escrito por cualquier razón. Si estoy lesionado durante el trabajo reportaré accidentes a la Fuerza de Trabajo de Sunshine Workforce prontamente. Las lesiones o enfermedades relacionadas con el trabajo están sujetas a la prueba de la presencia de drogas o alcohol. La negativa a ser examinado(a) será motivo de despido. Entiendo que estoy solicitando trabajos temporales con Sunshine Workforce y no con sus clientes. Entiendo que debo informar a Sunshine Workforce para futuras asignaciones de trabajo que deben considerarse listas para trabajar. Autorizo a Sunshine Workforce a verificar mi empleo anterior y los cheques de antecedentes. Autorizo a Sunshine Workforce a administrar una pantalla de drogas antes del empleo. He leído y entiendo las declaraciones anteriores.

Signature

Date

Form W-4 (2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, 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. }	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2017
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <input style="width: 40px;" type="text"/> 6 \$ <input style="width: 40px;" type="text"/>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • 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 <input style="width: 40px;" type="text"/>
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 lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 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 <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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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





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		QR 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 Sunshine Workforce LLC	
Employer's Business or Organization Address (Street Number and Name) 28101 Racetrack Road #706		City or Town Bonita Springs	State FL	ZIP Code 33928

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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SAFETY TRAINING

Employee name _____.

The company has developed these safety rules patterned after Federal OSHA requirements. Read and become familiar with these rules and other safety rules that apply to your job.

1. All company personnel and company personnel's client's safety policies must be followed.
2. Report any injury to your employer / supervisor immediately. You will be required to take a post accident drug test and fill our post accident paperwork.
3. Report any observed unsafe condition to your employer / supervisor.
4. Horseplay is prohibited at all times.
5. The drinking of alcoholic beverages, the use of controlled substances, and / or the use of illegal substances is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work and will be terminated immediately.
6. If you do not have current First Aid Training do not move or treat an injured person unless there is immediate peril, such as profuse bleeding or stoppage of breathing.
7. Appropriate clothing and footwear must be worn on the job at all times.
8. Where there exists the hazard of falling objects, an approved hard hat must be worn.
9. You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
10. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, be maintained in good condition, and worn when required.
11. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
12. The riding of equipment not designated for that purpose is prohibited at all times.
13. Never remove or bypass safety devices.
14. Do not approach operating machinery from the blind side; let the operator see you.
15. Maintain a general condition of good housekeeping in all work areas at all time.
16. Obey all traffic regulations when operating vehicles on public roadways.
17. When operating or riding in a company vehicle or using your personal vehicle for business purposes, the vehicle's seat belt shall be worn.
18. Be alert to hazards that could affect you and your co-employees.
19. Obey safety signs and tags.
20. Always perform your assigned task in a safe and proper manner, do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is a leading cause of injury

I _____ have reviewed the above safety and other procedures prior to work. I understand, agree and will comply with all issues on this document.

X _____ Date _____.

Sunshine Workforce

Employee Guidelines

On-Demand Offices

Welcome:

As your new employer, we would like to make you aware of our employment guidelines.

Employment Agreement

Although there is no way to identify every possible violation of standards of conduct, the following is a partial list of infractions which will result in corrective action.

Any "no show / no call" for a scheduled assignment / job position. Not reporting to or completing a scheduled assignment / job position.

Walking off the job during an assigned / scheduled shift. (Unless the job is hazardous to your health or the client asks you to do something that is illegal)

Poor attendance or tardiness during a job assignment.

Falsifying the employment application, timecard, personnel or any other company documents and records.

Unauthorized possession of company or employee property, carrying weapons or explosives or violation criminal laws while on company premises.

Uncooperative, disrespectful or insubordinate attitude toward co-workers, staff or clients.

Sleeping on the job, use of drugs or alcohol, carrying any type of firearm or weapon.

Theft of money or property of any kind.

Threatening, intimidating, coercing, harassing, using abusive or vulgar language, or interfering with the performance of other employees.

Damaging, vandalizing, or destroying company property due to careless or willful acts.

Conduct which company feels reflects adversely on the employee or company.

I understand and agree that violations outlined above are cause for immediate and justified termination of any employment with the company.

X _____ Date: _____

Signature

Sexual and Other Unlawful Harassment

We are committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes or comments based on individual's sex, race, ethnicity, religion or any other legally protected characteristics will not be tolerated. Harassment in a form of employee misconduct that is damaging to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Any Employee who wants to report an incident of harassment should promptly report the matter to his/her supervisor. Employees can raise concerns and make reports with fear.

Any manager who becomes aware of possible sexual or unlawful harassment should handle this matter in a timely and confidential matter

Employee Name

Date

Employee Signature

Employee Fees

Sunshine Workforce has the right to charge you for the following.

Transportation to and from jobsites \$1.50 each way

Transportaion hacia y desde los puestos de trabajo es \$1.50 en cada sentido

OR

a total of \$3.00 each day

Un total de \$3.00 cada día

Equipment Fees if not returned by End of Day

Gastos de equipo si no se devuelven al Final del Día

- Hard Hats / Cascos \$5
- Vest / Chaleco \$4
- Gloves / Guantes \$3
- Safety Glasses / Lentes \$2
- Shovels / Rakes / Brooms Palas/Rastrillos \$8

Reprocess Fee for Paychecks is \$35
Reprocesar el pago de cheques es \$35

Employee Name

Date

Employee Signature