

# APPLICATION FOR EMPLOYMENT



**THIS SECTION MUST BE COMPLETED BY WORKSITE EMPLOYER**

Worksite Employer:		Pay Rate:	\$
Pay Frequency:	<i>W = Weekly B = Bi-Weekly S = Semi-Monthly</i>	Pay Type:	<i>S = Salary H = Hourly O = Other</i>
Employee Status:	<i>FT = Full-Time PT = Part-Time T = Temporary</i>	Work Comp Code:	
Jobsite Location State & Zip Code:		Division, If Any:	

In signing below, I understand and agree that employment will never begin within 24 hours of submitting this completed Application For Employment to Cornerstone PEO. If the Application For Employment is approved, the employee will only be eligible for work at 12:00am (midnight) on the day after the Application For Employment has been received and input into the Cornerstone PEO employee database, not before. I attest that I am an authorized signer and representative for the worksite employer noted above.

Signature:		Date:	
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**TO BE COMPLETED BY THE APPLICANT:**

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

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

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

1. Failure to call Cornerstone PEO at the end of the assignment (877) 230-4571 with notification of your availability, regardless of the reason of separation with the Worksite Employer;
2. Failure to call three (3) times weekly when not on assignment. (877) 230-4571
3. Failure to notify Cornerstone PEO with your change of address or phone number;
4. Refusal or failure to accept a suitable work assignment based upon pay, qualification or location; and
5. Cornerstone PEO receipt of an unemployment claim from you without prior notification of your availability.

**I. ACKNOWLEDGEMENT AND VERIFICATION**

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

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

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

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

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

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

\_\_\_\_\_ Initial



## 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.**

# 2025

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		<b>Does your name match the name on your social security card?</b> 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"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**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 Dependent and Other Credits</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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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 <b>pay period</b> . . . . .	<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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**Cornerstone PEO**  
**Accident / Injuries / Illness Procedures**  
(Spanish version available upon request)

**EMPLOYEE IS TO  
KEEP THIS PAGE**

The following procedures must be followed for all work-related injuries:

1. ALL ACCIDENTS/INJURES/ILLNESSES MUST BE REPORTED TO THE FOREMAN OR SUPERVISOR, EVEN IF NO MEDICAL ATTENTION IS REQUIRED. The injured employee must complete the form entitled: Injury/Illness Incident Report. Once completed, the form will be placed in the employee's medical file for future reference. Please fax this form to (972) 746-2359.
2. The foreman/supervisor must complete a First Report of Injury/Illness form regardless of whether or not medical attention is required for the injured employee. Please fax this form to (972) 746-2359 or email form to [claims@cornerstonepeo.com](mailto:claims@cornerstonepeo.com).
3. Should the injury require medical attention, but it is not an emergency situation, have the foreman/supervisor call the new injury dept. at (609) 451-0113 ext. 6 prior to seeking a medical facility. In case of an emergency, have the foreman/super call and report which medical facility the employee is being transported to. It is important that Cornerstone PEO authorizes treatment, arranges proper billing, and determines that the facility follows proper procedures.
4. Should an employee be off of work and on disability, he/she must notify his or her foreman/supervisor. Should the employee be off for an extended period of time, the employee must check in with his or her office by visiting or calling in at least once a week to (609) 451-0113 ext. 6. Cornerstone PEO must be advised of the employee's status. Upon receiving a release to return to work, the employee is required to call his or her jobsite to report his or her availability as well as notifying Cornerstone via telephone call.
5. Doctor's restrictions must be followed for all employees on light duty. The employee may return to his/her regular duties only when a release is provided to Cornerstone PEO in writing by the doctor. It is the employee's responsibility to inform their doctor about the types of light duty work Cornerstone PEO provides, and request light duty work from the jobsite.
6. **An alcohol and drug screen is required for all injuries, accidents, or injuries.** The test is required to be taken immediately and within 24 hours after an injury, accident, or injury is reported or upon claimant receiving medical attention, whichever is first. **Refusal to submit a drug test will result in affirmation to a positive drug and alcohol test.**
7. I understand and agree to abide by the above accident / injuries / illness procedures. I understand that any payments to me or to anyone else for expenses in connection with my accident and resulting injury are not an admission of liability on the part of Cornerstone PEO. In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings and documents of any kind relating to my past or present injury/illness to Cornerstone PEO. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization statement.
8. Report any unsafe conditions to your supervisor
9. If, at any time you are unsure of how to perform a job, you are to stop and check with your supervisor. This is for your safety and the safety of your fellow workers
10. All employees who operate company vehicles or equipment, or are passengers in company vehicles must wear their seat belts at all times. On equipment, if there is not a designated seat with a belt for a passenger no passengers will be permitted to ride the equipment, if you are required to use your own vehicle for company business, a seat belt must be worn.

## ACCIDENT PROCEDURES

*NEVER LEAVE THE JOB SITE WITHOUT REPORTING ALL ACCIDENTS*

### KEEP THIS CARD WITH YOU AT ALL TIMES

TO ALL EMPLOYEES AND SUPERVISORS

- ❖ When any injury occurs, immediately notify your supervisor. Your supervisor must call Cornerstone PEO. We will give you the nearest preferred medical facility and will call ahead to prepare them for the injured employee's arrival. This will ensure no delay in treatment.
- ❖ If there is an emergency that requires an ambulance or immediate transport to a medical facility, take care of the employee first, and then call Cornerstone PEO immediately upon the injured employee's transport.
- ❖ If for some reason you cannot reach Cornerstone PEO or your supervisor or foreman, you must assess the severity of the injury and the employee needs. If you or the injured employee feels they need treatment immediately, take them to the nearest medical facility, or if it is an absolute emergency, call 911. If a voice mail is left with Cornerstone PEO, you will receive a return call shortly, and continue to try to contact your supervisor.
- ❖ On all work related injuries or accidents, Cornerstone PEO requires a ten-panel drug screen for all injured employees. This drug screen MUST be done immediately upon initial treatment at the medical facility. You MUST notify the medical facility of this requirement. Refusal to submit to a drug or alcohol test will result in the same consequences as a positive drug or alcohol test.
- ❖ If any injured employee refuses treatment or a drug and alcohol screening, they must complete the Refusal of Medical Treatment form provided by Cornerstone PEO.

 CORNERSTONE PEO

## PROCEDIMIENTOS DE ACCIDENTES

*NUNCA ABANDONE EL LUGAR DE TRABAJO SIN INFORMAR DE TODOS LOS ACCIDENTES!*

### MANTENGA ESTA TARJETA CON USTED EN TODO MOMENTO

A TODOS LOS EMPLEADOS Y SUPERVISORES

- ❖ Cuando ocurra cualquier lesión, notifique inmediatamente a su supervisor. Su supervisor debe llamar al Cornerstone PEO. Le daremos el centro médico preferido más cercano y le llamaremos con antelación para prepararlos para la llegada del empleado lesionado. Esto no asegurará ningún retraso en el tratamiento.
- ❖ Si hay una emergencia que requiere una ambulancia o un transporte inmediato a un centro médico, cuide primero al empleado y luego llame al Cornerstone PEO inmediatamente después del transporte del empleado lesionado.
- ❖ Si por alguna razón no puedes alcanzar Cornerstone PEO o su supervisor o capataz, usted debe tener acceso a la severidad de la lesión y las necesidades del empleado. Si usted o el empleado lesionado siente que necesita tratamiento inmediatamente, lívelos al centro médico más cercano, o si es una emergencia absoluta, llame 911. Si se deja un mensaje de voz con Cornerstone PEO, recibirá una llamada de regreso en breve y continuará intentando contactar a su supervisor.
- ❖ En todas las relacionadas con el trabajo lesiones o accidentes, Cornerstone PEO requiere una pantalla de diez paneles de drogas para todos los empleados lesionados. Esta pantalla de medicamentos debe hacerse inmediatamente después del tratamiento inicial en el centro médico. Usted debe notificar al centro médico de este requisito. La negativa a someterse a una prueba de drogas o alcohol resultará en las mismas consecuencias que una prueba positiva de drogas o alcohol.
- ❖ Si cualquier empleado lesionado rechaza el tratamiento o un examen de drogas y alcohol, debe completar la denegación de tratamiento médico formulario proporcionado por Cornerstone PEO.

 CORNERSTONE PEO

EMPLOYEE IS TO KEEP THIS PAGE

EMPLEADO ES MANTENGA ESTA PAGINA

## SEPARATION PROCEDURE

ONE or more of the following conditions met by an employee constitutes a VOLUNTARY QUIT connected with the work and your employment with Cornerstone PEO. Any VOLUNTARY QUIT will result in a forfeiture of unemployment benefits.

1. Failure to call Cornerstone PEO at each assignment's end regardless of the reason of separation with the client, with notification of your availability.
2. Failure to call in at least 3 times weekly when not on assignment. Phone number to call for this requirement is (877) 230-4571.
3. Failure to notify Cornerstone PEO with your change of address or phone number.
4. Refusal or failure to accept a suitable work assignment based upon pay, qualification, or location.
5. Cornerstone's receipt of an unemployment claim from you without prior notification of your availability is also a notice of a voluntary quit.

 CORNERSTONE PEO

## PROCEDIMIENTO SEPARACION

UNA o mas de las siguientes condiciones met por un empleado constituye una RENUNCIA VOLUNTARIA relacionados con el trabajo; y una RENUNCIA VOLUNTARIA relacionados con el trabajo con Cornerstone PEO; prestaciones por desempleo pueden ser afectados.

1. Si no se llama Cornerstone PEO en cada extremo asignaciones sin importar la razón de la separación con el cliente, con notificación a su disponibilidad.
2. Si no se llama por lo menos (3) tres veces por semana, cuando no esté trabajando. Los números de teléfono para llamar para este requisito son: (877) 230-4571.
3. La falta de notificación Cornerstone PEO con su cambio de dirección o número de teléfono.
4. El rechazo o la no aceptación de una tarea adecuada del trabajo basada en salarios, calificación o ubicación.
5. Recepción de una reclamación de desempleo sin la notificación previa de su disponibilidad de la empresa es también una notificación de una renuncia voluntaria.

 CORNERSTONE PEO

# Cornerstone PEO

## Substance Abuse Policy

(Spanish version available upon request)

The welfare and success of Cornerstone PEO, the “Company”, depends on the physical and psychological health of all its employees. While the Company is committed to maintaining a safe and productive workplace, it is the responsibility of both the Company and the employees to create and maintain a safe, healthful and efficient working environment. Therefore, for the protection of its clients, employees, property and the general public, the Company has adopted this Substance Abuse Policy.

### 1. PURPOSE AND SCOPE

1.01 **PURPOSE:** The purpose of this policy is to maintain a safe, healthful and efficient working environment by eliminating any abuse or misuse of any legal or illegal drugs, alcohol and inhalants on the Company premises or at any time while on Company business, and requiring all employees of the Company to be free from the effects of any legal or any illegal drugs, alcohol and inhalants while on the Company premises or at any time while on Company business.

1.02 **SCOPE:** This policy applies to all employees of this Company; (a) at all times while on the Company premises, (b) during the course and scope of their employment regardless of location and (c) during any Company-sponsored activities.

### 2. DISCIPLINARY ACTION AND PROHIBITED CONDUCT

2.01 **DISCIPLINARY ACTION:** An employee’s failure to comply with any part of this policy will result in disciplinary action up to and including termination of employment.

2.02 **PROHIBITED CONDUCT:** Any employee will be subject to the above measures of Paragraph 2.01 for any of the following:

- a). The manufacture, distribution, possession, use or sale of alcohol, inhalants, unauthorized or illegal drugs or the misuse of any legal or prescription drugs on Company premises, while on Company business, or during any Company-sponsored activities.
- b). Being under the influence of any substance described (a) above which impairs judgment, performance or behavior while on Company premises, while on Company business, or during Company-sponsored activities.
- c). Conviction under any criminal statute for the possession, use or sale of drugs or alcohol or any related activity.
- d). Refusing to submit to a medical evaluation, including drug or alcohol testing as provided for in Section 3 of this policy.
- e). Generating test results which indicate any drug, alcohol or other substance abuse.

### 3. TESTING

3.01 **DEFINITION:** For the purpose of this Policy, “drug” is defined as any alcoholic beverage, illegal inhalant, illegal drug or other substance, the use, possession, manufacture, distribution or dispensation of which is prohibited by any state or federal law or regulation and any drug substance obtained by prescription, over-the-counter or otherwise.

#### 3.02 APPLICABILITY OF DRUG TESTING:

a). All persons applying for a position with the Company may be required to submit to a drug test as a condition of employment. b). All current and future employees must submit to a drug test upon the request of the Company under the following:

- 1) When special safety conditions are vital to obtain the job indicated and such testing presents a reasonable means to assure a safe working environment.
- 2) When the employee either sustains an injury or illness in the course and scope of employment or contributes to or causes another employee to sustain an injury in the course and scope of employment.
- 3) When the employee causes, indirectly or directly, damage to the Company’s property or to the property of another.
- 4) When the employee contributes to or causes injury to any third party while the employee is in the course and scope of employment.
- 5) When the employee is convicted under any criminal drug statute for a violation occurring during the course and scope of employment. If such a conviction occurs, it is the employee’s responsibility to notify the Company within five (5) days of the conviction. This requirement includes any finding of guilt, guilty plea of no contest or imposition of sentence or any other penalty whatsoever by any court of competent jurisdiction or otherwise in connection with any state or federal criminal statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance or drug, including alcohol.
- 6) When the Company, in its sole discretion, determines that it is in the Company’s best interest to conduct such a drug test.

### 4. MISCELLANEOUS PROVISIONS

4.01 **COOPERATION WITH LAW ENFORCEMENT:** In addition, any illegal drug or other substance obtained by the Company from any employee may be turned over to a law enforcement agency and may result in criminal prosecution.

4.02 **REPORTING:** Each employee is responsible for promptly reporting to the appropriate Company officers any use of prescribed medication which may affect the employee’s judgment, performance, or behavior.

4.03 **OTHER PROCEDURES:** The Company will establish such other procedures as it finds necessary to effectively enforce this policy. This may include a requirement that employees cooperate in personal or facility searches when there is reason to believe drugs or alcohol are present, when their performance is impaired or when their behavior is erratic. Refusing to cooperate with these procedures may be cause for disciplinary action as provided in Section 2.

4.04 **MEDICAL FACILITY:** The Company shall not be responsible for and makes no representations or warranties on behalf of the laboratory or medical facility conducting the drug test.