

Acknowledgment of Receipt of Basic Employment Policies

I understand that these Basic Employment Policies describe important information about ADP TotalSource and my Worksite Employer. ADP TotalSource has the sole discretion to alter these policies from time to time. I also understand that revisions to these policies may supersede or eliminate one or more existing policies and that all such changes will be communicated through official notices.

I understand that my employment with my Worksite Employer and ADP TotalSource is entered into voluntarily and that I, my Worksite Employer or ADP TotalSource are free to end the employment relationship at any time, for any or no reason, with or without cause or advance notice unless a separate arrangement (i.e. an employment contract) with the Worksite Employer indicates to the contrary.

I understand that these policies are neither a contract for employment, express or implied. I have had an opportunity to read and will comply with both the policies contained here and any revisions made to it. These policies supersede any and all prior editions.

I understand that should my employment end, for whatever reason, ADP TotalSource is not responsible for payment of any accrued and/or earned vacation, sick, paid time off, bonus, commission, severance or expense reimbursement pay that my Worksite Employer may have promised me. I further acknowledge that the responsibility, if any, to pay me any of the above amounts remains at all times with my Worksite Employer.

Pietro Cipollina

Employee's Signature

4/02/2012

Date

PIETRO CIPOLLINA

Print Name

7788

Last 4 Digits of Social Security Number

Worksite Employer

Company Code

EMPLOYEE PERSONAL INFORMATION

(PLEASE PRINT CLEARLY)

Name of Worksite Employer: _____

Employee Name: (First, Middle Initial, Last): PIETRO CIPOLLINA

Social Security Number: 375-66-7788

Birth Date: MARCH 5, 1958

Contact Information

Home Address

Street 1: 11527 CREEKSIDE CT.

Street 2: _____

City: STERLING HEIGHTS

County: W MACOMB

State: MI Zip: 48312

Are you subject to any city or local income taxes? Yes No
If so, please provide the city and/or locales below:

Lived-in

Worked-in

Electronic Contact Information

Home Email: Cipollina@

Business Email: pete@paintfacilities.com

Phone

Home Phone: (586) 939-5483

Work Phone: _____

Cell Phone: (586) 201-6725

Work-in State: _____

Gender: Male Female

Maiden Name _____

Marital Status: Single Married
 Divorced Widowed
 Common-Law

Ethnic Group: Are you Hispanic or Latino? Yes No

If not Hispanic or Latino, please indicate below:

White Black or African American
 Asian American Indian/Alaska Native
 Two or more races Native Hawaiian or other Pacific Islander

Emergency Contact Information

Contact #1

Name: BERNARDINA J. CIPOLLINA

Home Phone: (586) 939-5483

Work Phone: (586) 797-7102

Cell Phone: (586) 925-4452

Relationship: SPOUSE

Contact #2

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship: _____

Notes to TotalSource: _____

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>2</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 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	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u> </u>
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	<u>3</u>
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • 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 \$40,000 (\$10,000 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 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial Peitro		2 Your social security number 375-66-7788
Last name Cipollina		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.
Home address (number and street or rural route) 11527 Creekside Ct		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"/>
City or town, state, and ZIP code Sterling Heights,		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>3</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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.) ▶ <i>Pietro Cipollina</i>		Date ▶ 4/02/2012
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)

MI-W4

(Rev. 8-08)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number 375-66-7788			▶ 2. Date of Birth 03/05/58		
▶ 3. Type or Print Your First Name, Middle Initial and Last Name Pietro Cipollina			4. Driver License Number c145 684 005 169		
Home Address (No., Street, P.O. Box or Rural Route) 11527 Creekside Ct			▶ 5. Are you a new employee? <input checked="" type="checkbox"/> Yes If Yes, enter date of hire 04/02/12 <input type="checkbox"/> No		
City or Town Sterling Heights	State MI	ZIP Code 48312			
6. Enter the number of personal and dependent exemptions you are claiming			▶ 6. <input type="text" value="3"/>		
7. Additional amount you want deducted from each pay (if employer agrees)			7. \$.00		
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions): a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____					
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.			Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.		
			9. Employee's Signature <i>Pietro Cipollina</i>		▶ Date 04/02/12
INSTRUCTIONS TO EMPLOYER: Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.			Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person		
			▶ 11. Federal Employer Identification Number <input type="text"/>		

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site

Visit the Treasury Web site at:
www.michigan.gov/businessstax

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last Cipollina	First Pietro	Middle Initial	Maiden Name
Address (Street Name and Number) 11527 Creekside Ct		Apt. #	Date of Birth (month/day/year) 03/05/1958
City Sterling Heights	State Michigan	Zip Code 48312	Social Security # 375-66-7788

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):

- A citizen of the United States
 A noncitizen national of the United States (see instructions)
 A lawful permanent resident (Alien #) _____
 An alien authorized to work (Alien # or Admission #) _____
 until (expiration date, if applicable - month/day/year)

Employee's Signature

Pietro Cipollina

Date (month/day/year)

4/10/2012

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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	Date (month/day/year)
--	-----------------------

DIRECT DEPOSIT AUTHORIZATION

I choose to waive Direct Deposit Authorization (Otherwise complete Direct Deposit Authorization information below)

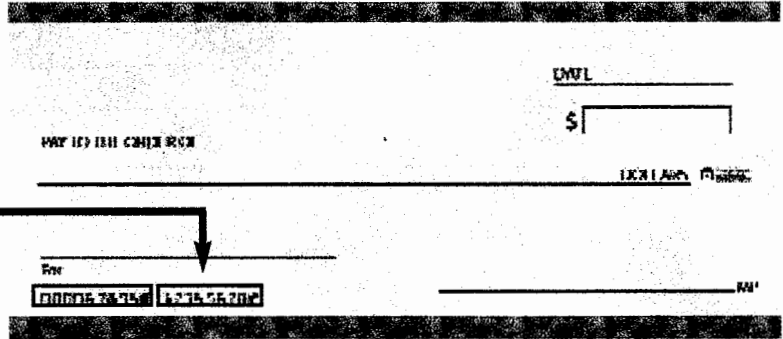
Employees are allowed to set up a maximum of five direct deposit accounts. A maximum of three checking accounts and two saving accounts are allowed.

Worksite Employer: _____ Worksite Employer Code: _____

Employee Name: PIETRO CIPOLLINA Social Security Number: 375-66-7788

Account Number:
Your bank account number follows the transit number on the lower, left corner of the check (see diagram).

Transit Number:
A nine-digit number located in the lower, left corner of the check (see diagram).



Account Type	Transit/ABA Number	Account Number	Full Net Deposit	Partial Deposit (Check if partial deposit)	Amount
1. <u>CHECKING</u>	<u>072405455</u>	<u>0009287581</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Send remainder as a live check.

Authorization Statement:

By signing the Direct Deposit Authorization form below you are agreeing to the following:

- I authorize ADP TotalSource and the bank listed above to deposit my net pay or a portion thereof as indicated into my account each pay date.
- If funds to which I am not entitled are deposited to my account, I authorize ADP TotalSource to direct the bank to return said funds to ADP TotalSource.
- I understand that my deposit may not be credited to my account until midnight on the pay date indicated on the check voucher.
- I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.
- I understand that each new account will go through a pre-notification process that may take two payroll periods to complete.

Employee Signature: Pietro Cipollina Date: 4/02/2012



Consent to Conduct Background Investigation

Worksite Employer: _____ Company Code: _____ Division Code: _____
Required Optional

First Name: PIETRO Middle Name: _____

Last Name: CIPOLLINA

Other names you have used: PETE CIPOLLINA

Date of Birth: 03-05-1958 Social Security Number: 375-66-7788 Gender: M

Driver's License Number: C145684005169 State Issued: MI Race: W

List below all addresses for last SEVEN years starting with most current (attach additional page if necessary):

#	Street Address	City	State	Zip	County	Dates
1	<u>11527 CREEKSIDE CT</u>	<u>STER. HGTS.</u>	<u>MI</u>	<u>48312</u>	<u>MACOMB</u>	<u>1994-PRESENT</u>
2						
3						
4						
5						
6						

I understand that, as a condition of my employment, ADP TotalSource, its parent and subsidiary companies, affiliates, and Clients, including my worksite employer (collectively "TotalSource"), will use the services of a consumer reporting agency to verify the information I have provided on my employment application, and may, during my employment if hired, use the services of a consumer reporting agency for purposes of making an employment decision. I understand that my successful completion of a background investigation is a material term and condition of employment and if I start work before the investigation is completed, my employment will be contingent on the results.

I understand the investigation may include obtaining information covering up to (1) the last seven (7) years regarding my work habits, education, general reputation, personal characteristics, credit history, driving records, mode of living, government-issued licenses, judgment liens, criminal background, references, character, past employment, and (2) the last ten years regarding bankruptcies.

I understand such information may be obtained by direct or indirect contact from former employers, schools, financial institutions, landlords and public agencies and through personal interviews with my neighbors, friends and associates, acquaintances or other persons who may have such knowledge. The information requested is required by law enforcement agencies and other entities for positive identification purposes and will not be used for any other purpose. By checking this box , I authorize you to contact my current employer.

In the event personal interviews are conducted, I understand that I have the right to receive notice about the nature and scope of any investigative consumer report within five days after TotalSource receives my request or five days after the investigative consumer report was requested, whichever is later, unless a shorter time is required by state law. By checking this box I indicate that I wish to receive further disclosure about the nature and scope of any TotalSource request for an investigative consumer report.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify TotalSource within five business days of my receipt of the report. If I notify TotalSource within five days of the receipt of the report that I am challenging information in the report, TotalSource will not make a final decision on my employment status until after I have had a reasonable opportunity to address the discrepancy.

I hereby consent to this investigation and authorize TotalSource to procure a report on my background from a consumer reporting agency. I authorize ADP TotalSource and its clients to release the results of background checks to each other and to other ADP TotalSource clients for whom I have applied for employment, and release ADP TotalSource and its clients from any and all claims related to the lawful release of this information. I release TotalSource and any and all persons or entities providing information or reports about me from any liability arising out of the requests or release of information. This report will be processed by: ADP Screening and Selection Services - 301 Remington Street - Fort Collins, Colorado 80524 / 800-367-5933.

California applicants only: The nature and scope of the investigation sought is as follows: _____. I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed. I understand I have the right to inspect visually the files concerning me maintained by an investigative consumer credit reporting agency during normal business hours and upon reasonable

notice. The inspection can be done in person if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

Massachusetts Applicants only: The specific nature and scope of the investigation involving personal interviews includes: _____ I also understand that before or in the event I am denied employment based, in whole or in part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my applicable state rights.

Minnesota applicants only: I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed. I also have the right, upon my direct request to the consumer reporting agency, to obtain a complete and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from the consumer reporting agency must be in writing and mailed or delivered to me within five days after the request for the disclosure was received or the consumer report was requested, whichever is later.

New Jersey applicants only: The specific nature and scope of the investigation involving personal interviews includes: _____

Oklahoma applicants only: I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed.

Washington applicants only: I also understand that before or in the event I am denied employment based, in whole or in part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my applicable state rights.

Pietro Apollonia
Employee Signature

4/02/2012
Date

For Worksite Employer Use Only

Position offered: _____

- First Check
- Credit
- Motor Vehicle
- CrimLink
- State Criminal
- County Criminal
- Federal Criminal
- Employment
(Verify applicant consent above)

Driver's License#: _____ State Issued: _____
State: _____ State: _____
County Name: _____ State: _____

Please include a copy of the application or resume for this information

Education Please include a copy of the application or resume for this information

Government Registries Sex Offender Registry State(s): _____
 OIG/GSA
 Government Sanctions Registry

Please return completed results via e-mail: _____ Or by Secure Fax to # _____

For Processing, please fax this form to the ADP TOTALSOURCE SHARED SERVICE CENTER AT 866-580-3238 or e-mail to TOTALSOURCE_SSC@adp.com

Phone: 866-400-6011, option 1

For ADP TotalSource Use Only

Date Form Was Received: _____ Processed By: _____ Date: _____