

# AVITUS GROUP

## Employee Information Form

*This Form to be completed only after an Employment Offer is accepted*

**Name:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_  
(Nombre) First/Nombre Last/ Apellido (Seguro Social)

**Address:** \_\_\_\_\_  
(Direccion) Street/Calle Apartment/Apartamento City/Ciudad State/Estado Zip Code/Codigo Postal

**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
(Fecha de Nacimiento) Month/Mes / Day/Dia / Year/Año (Numero de telefono)

**E-Mail Address:** \_\_\_\_\_  
(Direccion de correo electrónico)

Have you ever been convicted of a Felony? ☐ Yes/Sí ☐ No  
¿Te siempre han condenado por un crimen?

If Yes, Where were you convicted? \_\_\_\_\_ For what Offense? \_\_\_\_\_  
¿Si sí, dónde te condenaron? ¿Para qué ofensa?

### EMERGENCY CONTACT INFORMATION

#### IN CASE OF EMERGENCY, PLEASE NOTIFY: En Caso de Urgencia, Notificar Por Favor

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
(Nombre) (Relación)

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_  
Numero de telefono el dia Numero de telefono el tarde

**Address:** \_\_\_\_\_  
(Direccion) Street/Calle City/Ciudad State/Estado Zip Code/Codigo Postal

### AUTHORIZATION:

"I certify that the facts in this Employee Information Form are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this form shall be grounds for dismissal."

"Certifico que los hechos en esta forma de la información del empleado son verdades y completo al mejor de mi conocimiento y mi entender que, si están empleadas, las declaraciones falsificadas sobre esta forma serán argumentos para el despido."

**Employee Signature / Firma:** \_\_\_\_\_ **Date /Fecha:** \_\_\_\_\_

# IMPORTANT

Dear Applicant,

As part of your new employee enrollment you are required to present proper identification for the **Employment Eligibility Verification form I-9** found in the Employee Enrollment Packet. A list of acceptable documents is included for your reference. One identification from List A *or* one identification from List B *and* one from List C is needed.

**Failure to produce proper ID for the I-9 form within 3 days will compromise your employment status per the Department of Homeland Security AND may make you ineligible to receive a paycheck.**

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**Member must complete this section before sending completed packet to Avitus Group.**

Print Employee Name _____	
Original Hire Date _____	Rehire Date _____
Timecard # _____	
Pay Rate \$ _____	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Job Description <u>Stage hand</u> _____	
Please Check	<input type="checkbox"/> Reg Full Time <input type="checkbox"/> Temp Full Time <input type="checkbox"/> Reg Part Time w/ Benefits
	<input type="checkbox"/> Reg Part Time w/o Benefits <input type="checkbox"/> Temp Part Time
Job Title _____	
Dept. _____	WC Code _____
Employer Signature _____	



**AVITUS GROUP®**  
A FAMILY OF BUSINESS SOLUTIONS

CORPORATE HEADQUARTERS  
1.800.454.2446 • AVITUSGROUP.COM  
P.O. BOX 2506 • BILLINGS, MT • 59103

## EMPLOYEE UNDERSTANDING & AGREEMENT

(PLEASE READ CAREFULLY)

YOUR WORKSITE EMPLOYER: Theatrical Payroll Service of Florida has engaged the services of  
(Company Name)

Avitus Group, a Professional Employer Organization. This business relationship will provide many benefits for both you and your Worksite Employer.

An agreement between your Worksite Employer and Avitus Group establishes Avitus Group as a co-employer of the workers who are assigned to your Worksite Employer's workplace. Avitus Group shall provide services to your Worksite Employer which include: (a) payroll including preparation and distribution, deposits, federal and state reports, unemployment deposits and reports; unemployment payments, year-end W-2s, IRS audits and inquiries; (b) workers' compensation including insurance, risk management, safety manual, safety guidance and direction, claim administration, accident investigation; (c) employee management including job description, hiring, discipline, separation, employee handbook, supervisors' procedures manual; and (d) benefit availability including health insurance planning, retirement plan, flexible spending plan and other benefits.

Upon completion of the application forms provided to you, you will be an employee of Avitus Group for all matters pertaining to payroll, human resources, Workers' Compensation insurance and most benefits. Avitus Group will issue your payroll check and you will provide the name Avitus Group on any form or application that asks the name of your employer. Your employment status with Avitus Group and payment of wages are contingent upon your Worksite Employer continuing to engage the services of Avitus Group and meeting its financial obligations.

Your Worksite Employer may retain sufficient direction and control over all employee activity necessary to conduct business and without which your Worksite Employer would be unable to conduct business, discharge fiduciary responsibilities, or comply with state licensing laws. Avitus Group reserves a right of direction and control over employees assigned to the work site location, retains the authority to hire, terminate, discipline and reassign employees. Your Worksite Employer has the right to accept or cancel the assignment of an employee.

The rules, regulations and available benefits pertaining to your work assignments and work activity at your Worksite Employer are summarized in the Employee Handbook and Employee Handbook Addendum. Your compensation and duties will be governed by your assigned job position and/or job description.

Should you have any problem or concern relating to any action or situation affecting your work assignments or work conditions at your Worksite Employer you may express your concerns through the Problem Resolution Procedure presented in the Employee Handbook.

This Employee Understanding and Agreement, which is not intended to be a contract for employment, summarizes the business relationship between you, Avitus Group and your Worksite Employer. Please acknowledge your receipt, understanding and acceptance by signing below.

\_\_\_\_\_  
EMPLOYEE NAME (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

## **THEATRICAL PAYROLL SERVICES OF FLORIDA, INC.**

### **EMPLOYEE HANDBOOK AND SAFETY MANUAL RECEIPT**

I hereby acknowledge that I have had the opportunity to review the Employee Handbook and Safety Manual containing the rules, regulations, Safety Program, Hazard Communication Program and other policies and/or programs of my employment with Avitus Group at Theatrical Payroll Services of Florida, Inc. This Employee Handbook and Safety Manual supersede any and all previous documents that may have been presented to me regarding the rules and regulations at Theatrical Payroll Services of Florida, Inc. I understand that the statements contained in the Employee Handbook and Safety Manual are not intended to be a contract for employment or for a specific term of employment. However, as a condition of my employment relationship, I understand and agree to conform to and comply with the rules and regulations stated herein or as may be amended. Changes will be communicated to all supervisors and posted on employee bulletin boards. I further understand that this Employee Handbook and Safety Manual contain confidential business information and are not to be shared with anyone except employees of Avitus Group at Theatrical Payroll Services of Florida, Inc. I understand that there is a co-employment relationship between Theatrical Payroll Services of Florida, Inc., Avitus Group and myself and that I will be an employee of Avitus Group for purposes of payroll, human resources, workers' compensation insurance and most benefits. Theatrical Payroll Services of Florida, Inc. will be responsible for the management of the worksite and be responsible for my supervision, directing my work, evaluating my performance, setting wages and be responsible for my daily job duties. I also understand that I can report any act of harassment/sexual harassment to either a company representative or call the Harassment Hotline without fear of retaliation or job loss.

I further acknowledge that the Drug and Alcohol Policy of Theatrical Payroll Services of Florida, Inc. is a part of the content of the Employee Handbook and that I have read, understand and accept my responsibility with regard to this policy. I understand also that this policy is not a contract for employment but as a condition of employment relationship. I agree to conform to and comply with the Drug and Alcohol Policy and any revision that may be made.

Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

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

# Form W-4 (2015)

**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 2015 expires February 16, 2016. 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 \$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 do not apply to supplemental wages greater than \$1,000,000.

**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 2015. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	B	_____
C	Enter "1" for your <b>spouse</b> . 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 <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	_____
F	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	F	_____
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$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 \$65,000 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. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</div></div>			

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
▶ <b>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.</b>				<b>2015</b>	
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 withheld at higher Single rate. <b>Note.</b> 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)		5			
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6		\$	
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability</b> , and • This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability</b> . If you meet both conditions, write "Exempt" here . . . . . ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
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 03/31/2016

► **START HERE.** 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 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 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 [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		E-mail Address		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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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**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.

Signature of Preparer or Translator:		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**



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div>3-D Barcode Do Not Write in This Space</div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Theatrical Payroll Service of FL	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
1001 NW 62nd Street Suite 220		Fort Lauderdale	FL	33309

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## Tax Credit Questionnaire: Avitus Group

Start Date:

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2 (if applicable) : \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you a member of a family that has ever received **Supplemental Nutritional Assistance Program (SNAP)**  
(Food Stamps)?☐ Yes ☐ NoHave you received **SNAP** (Food Stamps) for the **last 6 consecutive months**?☐ Yes ☐ NoHave you received **SNAP** (Food Stamps) for **at least 3 consecutive months within the last 5 months**, but are  
no longer receiving them?☐ Yes ☐ NoWithin the **past 15 months**, have you received **SNAP** (Food Stamps) for a **minimum of 3 months**?☐ Yes ☐ No

Name of Primary Food Stamp recipient

City and state where benefits were received

Are you a member of a family that has ever received **Temporary Assistance for Needy Families (TANF)** assistance?☐ Yes ☐ NoSince **August 5, 1997**, have you received assistance for a **total of at least 18 months**?☐ Yes ☐ NoWithin the **last 18 months**, have you received assistance for **at least 9 months**?☐ Yes ☐ No

Name of Primary recipient

City and state where benefits were received

Have you been released from prison on a felony conviction or convicted of a felony with the past year?

☐ Yes ☐ No☐ Federal ☐ State ☐ None (Deferred)

Date of Conviction:

Date of Release:

Parole Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Were you assigned to a facility while under State or Federal supervision? Facility: \_\_\_\_\_

☐ Yes ☐ NoDid you receive **Supplemental Security Income (SSI)** benefits in the past 60 days?☐ Yes ☐ No

Are you a Veteran of the U.S. Armed Forces?

☐ Yes ☐ NoAre you entitled to compensation for a **service-connected disability**?☐ Yes ☐ NoWere you unemployed for a total of **at least 6 months** during the year before being hired?☐ Yes ☐ NoWere you unemployed for a total of **at least 4 weeks but less than 6 months** during the year before being hired?☐ Yes ☐ NoWere you **discharged** or **released** from active duty within the past year?☐ Yes ☐ NoWere you referred to an employer by **Vocational Rehabilitation Agency** approved by a state?☐ Yes ☐ NoWere you referred for employment by an **Employment Network under the Ticket to Work Program**?☐ Yes ☐ NoWere you referred for employment by the **Department of Veteran Affairs**?☐ Yes ☐ No

Form

**8850**

(Rev. January 2013)

Department of the Treasury  
Internal Revenue Service**Pre-Screening Notice and Certification Request for  
the Work Opportunity Credit**

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

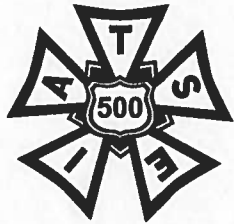
- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_\_



**International Alliance of Theatrical Stage Employees  
& Moving Picture Technicians, Artists & Allied Crafts**

**LOCAL 500 SOUTH FLORIDA • AFL-CIO**

Stagehands Wardrobe Audio-Visual • Video Technicians • Exhibition Employees

Treasurers & Ticket Sellers Projectionists • Allied Crafts

1001 NW 62<sup>nd</sup> Street, Suite 220 • Fort Lauderdale, Florida 33309

Phone (954) 202-2624 • Fax (954) 772-4713 • office@iatselocal500.org

**CHECK-OFF AUTHORIZATION**

Effective immediately, the undersigned assigns to International Alliance of Theatrical Stage Employees Local Number 500, South Florida, **5%** of all wages earned, and to be earned, by him/her as an employee and authorizes and directs his/her employer to deduct such **5%** from his/her wages and to remit the same to said Union. This assignment shall be irrevocable for a period consisting of either one (1) year or until termination of the applicable collective bargaining agreement, whichever is sooner, and shall be automatically renewed, with the same irrevocability, for successive like period unless terminated by the undersigned in writing not more than twenty (20), nor less than ten (10), days prior to the expiration of such period.

In signing this check-off authorization, I do so voluntarily, knowing that it is not a condition of employment and intending that the amounts deducted and remitted to Local 500, as a percentage of earnings from the Referral Hall Agreement help defray the cost of operating the said Union.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell

\_\_\_\_\_  
E-Mail Address



**AVITUS GROUP**  
A FAMILY OF BUSINESS SOLUTIONS

OPERATIONS CENTER  
1.800.454.2446 • AVITUSGROUP.COM  
P.O. BOX 2506 • BILLINGS, MT • 59103

## DIRECT DEPOSIT AUTHORIZATION

Employee Name: \_\_\_\_\_

(Please Print)

Company Name: Theatrical Payroll Service of Florida

☐ New Net Pay Deposit

☐ Change Deposit Information

☐ Cancel Authorization

- For Checking Account deposits you must attach a voided check or a copy of a voided check.
- For Savings Account deposits please attach a voided deposit slip.
- **Activation of direct deposits of funds may take up to 2 payrolls to initiate.**

Avitus Group has elected to offer the benefit of direct deposit to all employees! Direct deposit is the most *convenient, secure and affordable* way to be paid. Your pay is automatically deposited into your account and is available by start of business on payday morning. Those employees who currently have a bank relationship will use their bank account to receive direct deposit.

Those employees without a bank account are offered a Debit Card Account. *Everyone is eligible* with direct deposit and successful identity verification, for this FDIC-insured debit card account. The Pay Card account is available to everyone regardless of credit history or prior inability to obtain a bank account. With the Pay Card, you have access to your money at over one million ATM and point-of-sale locations nationwide. **This means you no longer have to cash and carry your entire paycheck.**

To sign up for either direct deposit OR the new Pay Card account, please **complete** this form and return it to the Payroll Department at Avitus Group along with one of the following: (Please place a check mark next to your option).

- ☐ I elect to receive direct deposit into my existing checking account: (Attach a **voided personal check** below).
- ☐ I elect to receive direct deposit into my existing savings account: (Attach a **deposit slip** below).
- ☐ I elect to receive direct deposit into the Pay Card account. Please enroll me in the program. I understand I will receive my Pay Card account package in the mail, which will contain the Pay Card Debit Card, Privacy Pamphlet, Quick Start Guide and Terms and Conditions.

Please staple voided check/savings slip here.  
The Pay Card account does not require an attachment.

I hereby authorize Avitus Group to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution indicated on this form. Further, I authorize my financial institution to accept any credit entries indicated by this company to my account. In the event that this company deposits funds erroneously into my account, I authorize this company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until this company and Bank have received written notice from me of its termination in such time and in such manner as to afford this company and Bank reasonable opportunity to act on it.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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

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