



COMMERCIAL DRIVER EMPLOYEE APPLICATION



PRO Systems Corporation
Driver (Commercial)
Application for Employment

DRIVER (Commercial)
APPLICATION

NOTICE:

Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b) (10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23.

Date of Application:

___ / ___ / ___

(PLEASE PRINT and ANSWER ALL QUESTIONS)

Name: _____

Current Address: _____ City _____ State ___ Zip _____

(must have 3 years of address listed)

Previous Address: _____ City _____ State ___ Zip _____

Previous Address: _____ City _____ State ___ Zip _____

Phone: () _____ - _____ Email Address: _____

In case of an EMERGENCY please notify: _____ Relationship: _____

Home phone () _____ - _____ Work phone () _____ - _____

1. Do you have the legal right to work in the United States? [] Yes [] No 2. Date of Birth ___ / ___ / ___

3. Proof of Age _____ Social Security Number _____

4. Have you worked for this company before? [] Yes [] No

5. If yes, for which client (Company) _____

Dates worked - From ___ / ___ / ___ To ___ / ___ / ___ Rate of Pay \$ _____

Position _____ Reason for Leaving _____

6. Are you now employed? [] Yes [] No

7. Who referred you? _____

8. POSITION APPLIED FOR: DRIVER

9. Rate of pay expected? \$ _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? [] Yes [] No

If yes, what can be done to accommodate your limitations? _____

Are you physically capable of heavy, manual work? [] Yes [] No If no please explain _____

How much time have you lost from work in the past three years? Also, please explain _____

Would you be willing to take a physical examination? [] Yes [] No

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle (as defined by the USDOT) in intrastate or interstate commerce shall also provide an additional (7) years information on those employers for whom the applicant was an operator of a commercial motor vehicle.

Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b) (10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23.

MUST LIST 10 YEARS OF PREVIOUS EMPLOYMENT

EMPLOYER - May we contact present employer? Yes or No (please circle)	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___

Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

PREVIOUS EMPLOYERS CONTINUED

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes___ No___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes___ No___

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes___ No___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes___ No___

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes___ No___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes___ No___

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes___ No___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes___ No___

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone:	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes___ No___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes___ No___

DUE PROCESS RIGHTS

Following are your rights in regard to your safety performance history information:

- The right to review information provided by the previous employer
- The right to have errors in the information corrected by the previous employer, and for that previous employer to resend the corrected information to the prospective employer; and
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Applicant's Signature

Date Signed

IF THIS SECTION IS NOT SIGNED & DATED BY THE APPLICANT, THE APPLICATION WILL NOT BE PROCESSED.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records. Please contact Human Resources for more information.

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (*Attach sheet if more space is needed*)

	DATES	NATURE OF ACCIDENT/INCIDENT	FATALITIES	INJURIES
Last Accident:				
Next Previous:				

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 5 YEARS (*Other than parking violations*)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

LAST SCHOOL ATTENDED _____ CITY, STATE _____, _____
 CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

EXPERIENCE & QUALIFICATIONS (*Driver*)

DRIVER'S LICENSES Date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant;	STATE	LICENSE NO.	TYPE	EXPIRATION

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, ATTACH A STATEMENT GIVING DETAILS

(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP. (Van-Tank-Flat-Etc.)	DATES		TOTAL # OF MILES
		From	To	

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO? _____

APPLICATION FOR ASSIGNMENT BY
PRO Systems Corporation

CLIENT COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier's equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Client Company (lessee) named above. Furthermore, it is to be understood that the applicant is an employee of PRO Systems Corporation only. Applicant is not an employee of the Client Company (lessee) named above or herein after.

I certify that I have read and understand the above statement

Driver's Signature _____
Date

EXPERIENCE AND QUALIFICATIONS - OTHERS

Show any trucking, transportation or other experience that may help in your work with this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters, as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law.

Date: _____ Applicant's Signature: _____

APPLICANT'S CERTIFICATION

(To be read and signed by Applicant)

In consideration for employment with PRO Systems Corporation, I hereby understand and agree as follows:

This application was completed by me, all entries upon it and information in it are true and complete to the best of my knowledge. Any false or misleading information furnished by me on this application or other required documents or in connection with my application shall result in denial of employment or, if employed by PRO Systems Corporation, the termination of my employment. PRO Systems Corporation has my consent to make a thorough investigation on my background, including my past employment, references furnished, education and any other activities, and I release all persons, firms or entities supplying such information from any and all liability and damages on account of supplying such information. I further agree to indemnify PRO Systems Corporation against any and all liability that may result from making such an investigation.

I certify that I have not taken any non-prescribed medication during the past (60) sixty days. This includes, but is not limited to amphetamines, narcotics or any other habit-forming drug. If PRO Systems Corporation, or any of its lessees, advance me money or other items of value or I otherwise become financially indebted to PRO Systems Corporation, or any of its lessees, I agree to repay PRO Systems Corporation, or any of its lessees, and any salary or wages I earn may be used to offset (by a payroll deduction) and applied against any monies owed to PRO Systems Corporation, or any of its lessees.

This application will not be accepted or considered by PRO Systems Corporation unless all required information is completed by me and such information is fully legible. I will be given no further consideration if answers are evasive or the history of previous events is not presented in proper order with respect to dates.

I hereby authorize PRO Systems Corporation to obtain a copy of my Motor Vehicle Report. I understand that I may be on a (90) ninety day probationary period in which I may be discharged without reason or recourse.

I agree to submit to any and all testing as required by PRO Systems Corporation, any of its lessees and the Department of Transportation.

I also acknowledge and understand that I am applying for employment with PRO Systems Corporation, that if hired I will be an employee of PRO Systems Corporation, and that I can be terminated at any time with or without cause. I understand and agree that if I am employed by PRO Systems Corporation, as a condition of my employment with PRO Systems Corporation, PRO Systems Corporation has the right to transfer my services to any available position; therefore, I agree to accept a position that I am qualified to perform. In the event that training may be needed, I agree to participate in any training that may be necessary to satisfy the position.

I hereby certify that the information contained on the form is true and correct and that there are no omissions. I authorize any physician, medical facility, past employer(s) and/or privileged agencies contracted by PRO Systems Corporation, to furnish or verify workers' compensation information and medical information.

(Applicant's Name - Printed)

(Applicant's Signature)

(Date)

Comments: _____

With successful completion of this review, you will be advised as to your start date with PRO Systems Corporation and to which client company you have been assigned.

(Signature of PRO Systems Representative)

(Date)

COMMERCIAL DRIVER JOB DESCRIPTION

The following is a description of what daily and overall functions are to be performed by any persons with the above *JOB TITLE*:

- (a) Driver must be capable of Eleven (11) hours of driving time per day.
- (b). Driver must be able to drive Seven (7) days a week.
- (c). Driver must be able to sit for Eleven (11) hours a day.
- (d). Driver must be capable of repetitive bending, and of lifting up to 100 pounds.
- (e). Driver must comply with all D.O.T. company required paperwork.
- (f). Driver must be literate in reading and writing skills.
- (g). Driver must be on time with load deliveries.
- (h). Driver must be able to distinguish the different time zone areas.
- (i). Driver must maintain a professional attitude and be cooperative.
- (j). Driver must maintain a neat, clean appearance of themselves.
- (k). Driver must be mechanically inclined in fueling and fluids.
- (l). Driver must comply with all D.O.T., Federal, State & Company regulations.
- (m). Driver, if applicable, must be knowledgeable in hazardous materials.
- (n). Driver must be able to load and unload freight.
- (o). Driver must be capable of excessive manual labor.
- (p). Driver must have required experience and qualifications for the equipment driver is hired to operate.
- (q). Driver must be physically able to, but not limited to, climbing in and out of tractors on a repetitive basis, while being tolerable to different heights.
- (r). Driver must possess a valid, Class A CDL in state of domicile.
- (s). Driver must possess a current, valid D.O.T. physical.

I have read the above Job Description and attest to the fact that I meet all requirements expected of me. I understand that this Job Description is not inclusive and does not take the place or exceed rules or laws established by any authorized Local, State or Federal agency.

Driver's Signature: _____ Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: PRO Phone: 800-776-4671 Fax: 218-847-2173 ATTN: Human Resource

1 ST ATTEMPT	
2 ND ATTEMPT	
3 RD ATTEMPT	

To: _____ Fax: _____

Date: _____ Social Security Number: _____

_____ has made application to this company for a position as _____ and states that he/she was employed by you as _____ from _____ to _____. Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve in any responsibility. For your convenience in replying you may fax this back to us.

Very truly yours,
Human Resource Department

Is the employment record with your company correct as stated above?					Yes	No
What type of driver was the applicant?	Company	Contractor	Team Driver	Other _____		
What type of equipment did the applicant use?	Flatbed	Van	Reefer	Tanker	Other _____	
Was the applicant on time and a dependable driver?					Yes	No
Was the applicant a safe and an efficient driver?					Yes	No
Was the applicant's general conduct satisfactory?					Yes	No
What type of experience does the applicant have?	Local	OTR	Mountain	Other _____		

Commodities Transported List: _____ Verify Miles: _____

Reason for leaving: Discharged Laid off Resigned Remarks: _____

Would you rehire this person: Yes No Comments: _____

Drug and Alcohol Information: FMCSR 382.405 (f) "Records shall be made available to a subsequent employer upon receipt of written request from the driver."

Does the company conform to part 382 of the FMCSR?	Yes	No
Has the applicant tested positive for controlled substance in the last 2 years?	Yes	No
Has the applicant had a breath alcohol concentration of 0.04 or greater in the last 2 years?	Yes	No
Has the applicant refused a required drug or alcohol test in the last 2 years?	Yes	No
Has the applicant had other violations of DOT agency drug and alcohol testing regulations, including FMCSR subpart B of 382; violations of 392.4 and/or 392.5?	Yes	No
Has a previous employer reported a positive drug or alcohol test?	Yes	No

NOTE: If you answered yes to any of the questions list above please provide the following SAP information.

Name	Phone	Address	City	State	Zip

Please list all accidents/incidents that the applicant was involved in. If necessary please use the back side of this form.

Date	Type	Preventable	Recordable	Cost	Location
		Yes No	Yes No	\$	
		Yes No	Yes No	\$	
		Yes No	Yes No	\$	

Name of the person releasing information: _____ Date _____

Signature of the person releasing information: _____ Date _____

I hereby authorize you to release information for the purpose of investigation as required by Section 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Driver's Signature _____ Date _____
X X



Release & documentation of pre-employment testing information by driver/applicant

Date: _____

To be completed by driver/applicant.

During the past (3) three years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes No

During the past (3) three years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes No

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Dated this _____ day of _____

Name of driver _____

DRIVER SIGNATURE X _____

Social Security Number _____ Witness _____

Please photocopy and retain for future use.

Record-keeping requirements: If driver/applicant answers "yes" to either question - 5 years. If driver/applicant answers "no" to both questions - keep for length of driver's employment.

This form may be used to fulfill the requirement of Part 40.25(j). As an employer you must ask the driver whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 3 years.

Please complete the following only if you answered 'Yes' to question A or B on page 3

Please complete a statement giving details as follows:

(b)(9)A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

If you answered 'Yes' to question A:

If you answered 'Yes' to question B:



INJURY REPORTING REQUIREMENTS
RETURN – TO – WORK
POLICY

It is our goal to maintain a safe workplace for our employees. When an injury does occur, proactive measures help speed recovery and minimize expenses. It is YOUR responsibility to report the injury to your supervisor AND to PRO Resources within 8 hours of the incident. At that time, effective claims management processes and loss prevention measures are initiated in order to provide the best service to the injured employee and your company.

PRO promotes a Return-To-Work Program within medical guidance as a component of the treatment plan. If the injury results in a prolonged absence from work, we will coordinate Return-To-Work options that are medically appropriate. The priority is always Return-To-Work with your company but if appropriate accommodations are not feasible, then transitional assignments may be offered within the community.

The success of this program is the responsibility of everyone in the company from top management to every employee. Again, it is the employee's responsibility to:

- 1) Report incidents and injuries to your supervisor within 8 hours of occurrence
- 2) Reports incidents and injuries to PRO Resources within 8 hours of occurrence
- 3) Participate in Return-To-Work options that are medically appropriate

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition, it should be reported immediately to your supervisor to be addressed. This action may prevent an injury from occurring.

By my signature below, I acknowledge and agree to comply with this policy.

Employee Signature

Date



Direct Deposit Authorization

We must have all of the information below, before a direct deposit will be entered and processed.

<u>First and Last Name</u>	<u>E-mail Address</u>
<u>Address</u>	<u>City, State, Zip</u>
<u>Bank Name</u>	<u>Bank Telephone</u>
<u>Bank Address</u>	<u>Bank City, State, Zip</u>
<u>Bank Routing (ABA) Number</u>	<u>Account Number</u>

Please check the appropriate box:

Global Cash Card *(Must complete attached form.)*

Checking Account

Please attach a blank check or copy of a check with "Void" marked across the face. (Please note WE WILL NOT ACCEPT DEPOSIT SLIPS for checking accounts).

Additional Information: _____

Savings Account

You must call your bank and request the ABA routing number and your savings account number they use for direct deposit. (The numbers generally differ from the one on your deposit slip. Please note WE WILL NOT ACCEPT DEPOSIT SLIPS). Have the bank fax the information to 218-847-2173.

Additional Information: _____

I authorize PRO Resources Corporation to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my above named account. If for any reason a final pay is given to me, and items are owed back to my assigned employer, it is at the discretion of PRO Resources Corporation to authorize my final pay to not be directly deposited, and a regular check be issued instead. I will pick up my final paycheck from my work site employer, while returning items still owed. I understand that this authorization will remain in effect until canceled by me in writing.

Paperless Pay Stubs

I understand that by participating in direct deposit, I will not receive my pay stubs in a paper form. My pay stubs will be available electronically via PRO Online (<http://www.peohrpro.com>). I will be able to access my pay stubs through my worksite employer's computer, public computer, or my personal computer by logging on to PRO's 24 hour, convenient, and secure website using my personalized log in and password.

Employee Signature:

Date:



Global Cash Card

Cash Card Enrollment / Cancellation Form

CARD NUMBER _____ -- _____ -- _____ -- _____

NEW

REPLACEMENT

CANCEL

Global Cash Card - Account Owner Information (Please Print Legibly)

First Name:		Middle Initial:	Last Name:	
Street:			Apartment #:	
City:		State:	Zip Code	
Home Telephone: ()		Date of Birth (MM/DD/YYYY): / /		
** Cell Number: (Optional) () For text messaging confirmations/balances		** Email Address (Optional): For e-mail notifications		
Social Security # : -- --		EMPLID #:		
Date: _____		Employee Signature: _____		

FOR OFFICE USE ONLY

BRANCH INFORMATION (All fields must be completed by a company representative)	
Branch Name:	Branch Dept #:
Form Completed by:	Telephone #:

*** FAX COMPLETED FORM TO YOUR PAYROLL CENTER:***

ATTACH COPY OF CARD



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 (<i>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.</i>)						
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town	State ▼	Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	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):

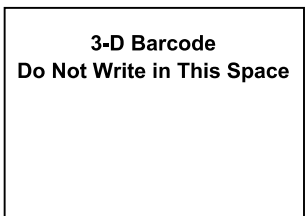
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this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

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
------------------------	-----------------------------

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 (<i>mm/dd/yyyy</i>):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		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 style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </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):				
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 PRO Systems Corporation	
Employer's Business or Organization Address (Street Number and Name) 1271 Highway 10 West		City or Town Detroit Lakes	State MN <input type="checkbox"/>	Zip Code 56501

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):
---	--	----------------	---

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):
-----------------	------------------	---------------------------------------

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:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2014)

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 2014 expires February 17, 2015. 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 \$1,000 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 2014. 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: { • 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 _____
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	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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2014
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____		
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		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.		
		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 2014, 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 _____		
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)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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