

Standard Conditions for Recruitment Services

Standard Conditions for Permanent Candidates

1. All and any business undertaken by Michael Page International, Inc. ("MP") part of the PageGroup, a corporation incorporated under the laws of the State of Delaware, having its North American Headquarters at 405 Lexington Avenue, The Chrysler Building, 28th Floor, New York, NY 10174 to place a candidate (the "Candidate") seeking to be placed for employment at an MP client (the "Client") is transacted subject to the terms and conditions hereinafter set out.
2. The candidate must provide a full and accurate resume to MP. MP will then, at its sole discretion, search for suitable employment positions on behalf of the Candidate. The candidate shall describe the type of employment and positions the candidate is seeking in a detailed manner on the candidate Registration Form.
3. In addition, before MP searches, at its sole and absolute discretion, for a position for the Candidate, the Candidate shall provide MP with satisfactory evidence of the Candidate's experience, training qualifications and/or authorizations required to perform the type of work the Candidate is seeking.
4. The Candidate consents to the disclosure of all information that is reasonably required in order to find suitable employment for the candidate, including but not limited to, copies of qualifications, authorizations and/or references by MP to the Client.
5. The Candidate shall immediately inform MP should there be any reason or circumstance under which it would be detrimental to the interests of MP, the Client or the Candidate for the Candidate to take up a particular position with a Client.
6. MP is under no obligation to find employment for the Candidate.
7. The Candidate should not engage in any conduct which is detrimental to the interests of MP, would negatively affect MP's relationship with the Client or is likely to bring MP into disrepute.
8. The Candidate having any complaint in connection with the work finding services shall present a complaint in writing to both his or her direct supervisor or contact person at MP and/or MP human resources.
9. If, following an introduction from MP, the Candidate receives an offer of employment or engagement to work for or with a Client introduced by MP, the Candidate shall inform MP immediately and provide MP with full details of the offer including a copy of the offer letter/contract of employment.
10. An offer of employment is not made until written details are received from the Client and Client approves the hire of the Candidate. MP is not responsible for and shall not be liable for any loss suffered by the Candidate by reason of the Candidate's decision to resign from his/her current employment or engagement before or after receipt of the Client's offer.

Standard Terms and Conditions of engagement for Temporary Workers

1. Any and all business undertaken by Michael Page International, Inc. ("MP") part of the PageGroup, a corporation incorporated under the laws of the State of Delaware, having its North American Headquarters at 405 Lexington Avenue, The Chrysler Building, 28th Floor, New York, NY 10174 to place a temporary worker ("Temporary Worker") seeking to be placed in a position by MP is transacted subject to the terms and conditions hereinafter set out, each of which shall be incorporated in any agreement between MP and the Temporary Worker, unless expressly stated otherwise in any other such agreement.
2. MP and the Temporary Worker acknowledge that the Temporary Worker is interested in receiving temporary assignments to provide services to MP clients ("Client") at Client sites. Final terms and conditions will be issued to the Temporary Worker in writing at the commencement of an assignment, detailing the actual rate of pay and the type of work to be undertaken (the "Candidate Confirmation Letter"). The types of work and expected rates of pay to be sought on behalf of the Temporary Worker are outlined in the Candidate Confirmation Letter.
3. The Temporary Worker understands and acknowledges that he or she is an employee at will and nothing herein constitutes a contract of employment for any specific term or otherwise guarantees the candidate employment. This means that MP or the Temporary Worker can terminate an assignment or the employment relationship at any time and for any reason, with or without notice. Accordingly, MP may terminate an assignment and/or this agreement without notice at any time and for any reason at MP's sole discretion, and instruct the Temporary Worker to end an assignment with a Client at any time.
4. The Temporary worker agrees to accept and comply with the rules and working conditions established by MP as well as any rules of the Client applicable to the project or assignment into which the Temporary Worker is being placed.
5. Where an assignment is suitable for several temporary workers registered with MP, MP has the sole and absolute discretion to determine which Temporary Worker will be offered such assignment. The Temporary Worker agrees that MP cannot and does not guarantee the Temporary Worker a specific number of assignments nor a fixed duration of any particular assignment. The Temporary Worker further understands that the Temporary Worker is not eligible for or entitled to participate in any benefit plan offered by MP's Clients to any of their direct employees regardless of the length of the Temporary Worker's assignment and regardless of whether the Temporary Worker is found to be a common law employee of any of MP's Clients for any purpose. Therefore with full knowledge and understanding the Temporary Worker hereby expressly waives any claim or right that the Temporary Worker may have to such benefits and agrees not to make any claim for the same.

6. It is a condition of this Agreement that the Temporary Worker, before the commencement of any assignment, shall satisfactorily complete an I9 check and provide MP with such documentation as required.
7. If, in respect of any assignment, the Temporary Worker is required by law, any professional body or by the Client to hold any qualifications and/or authorizations, the Temporary Worker shall provide MP with:
 - a) up to date copies of such qualifications or authorizations; and
 - b) the names of two references (who are not relatives of the Temporary Worker) who the Temporary Worker agrees that MP may approach for the purpose of obtaining references about the Temporary Worker. The Temporary Worker also consents to the disclosure of such qualifications, authorizations and/or references by MP to the Client.
8. MP shall pay to the Temporary Worker wages calculated at an hourly rate, to be determined prior to the commencement of the assignment and as set forth in the Candidate Confirmation Letter, subject to applicable deductions. The Temporary Worker will be paid on a weekly basis. If there is a different pay period for a particular assignment, MP will notify the Temporary Worker prior to such assignment. The Temporary Worker shall provide time sheets signed by the Client setting forth the hours worked by the Temporary Worker on a weekly basis. In addition, the Temporary Worker shall promptly comply with any other rule or request (either from the Client or MP) to provide information and/or documentation in respect of the hours worked by the Temporary Worker. Unless otherwise prohibited by law, Failure by the Temporary Worker to provide any evidence of hours worked may delay payment for such hours. MP will discipline an employee found to have falsified time sheets or participated in such falsification, up to and include termination of the Employment.
9. The Temporary Worker shall at all times when services are due to a Client comply with the following conditions:
 - a) Not engage in any conduct detrimental to the interests of the Client or MP;
 - b) Be present during the times or for the total number of hours during each day and/or week as may be agreed with the Client and to notify MP and the Client if the Temporary Worker is unable to attend the assignment for whatever reason;
 - c) To take all reasonable steps to safeguard his/her own safety and the safety of any other person who may be affected by his/her actions at work;
 - d) To comply with any rules or obligations relating to discipline and/or health and safety in force from time to time at the premises where services are performed to the extent that they are reasonably applicable; and
 - e) To comply with all reasonable instructions and requests (either by the client or MP) regarding the scope of the agreed services that the Temporary Worker is to provide to the Client;
10. The Temporary Worker shall not, directly or indirectly, seek or accept employment by or engagement as an independent contractor or perform any services while on the payroll of any other staffing firm, for any Client to which the Temporary Worker is assigned by MP, for a period of twelve months following the last date of his/her most recent assignment to such Client without the prior written consent of MP. Further, for the twelve (12) month period following the end of an assignment for a client, the Temporary Worker shall not refer other employees or candidates for employment to the Client directly. Any such referrals shall be made through MP. The Temporary Worker agrees that he or she will advise any prospective employer of the covenants and restrictions in these terms and conditions.
11. The Temporary Worker shall immediately inform MP and the Client should there be any reason or circumstance under which it would be detrimental to the interests of MP, the Client or the Temporary Worker for the assignment to continue. The Temporary Worker must not engage in any conduct, which is detrimental to the interests of MP, would negatively affect MP's relationship with the Client or is likely to bring MP into disrepute.
12. The Temporary Worker agrees to indemnify and hold MP harmless of and from any losses, judgments, liabilities or costs (including reasonable attorney's fees) that MP incurs as a direct or indirect result of:
 - a) any act, statement, error, omission, conduct, or fault of the Temporary Worker; and/or
 - b) any failure on the part of the Temporary Worker to complete any assignment (except where the Client has cancelled for reasons unrelated to the Temporary Worker's performance or conduct).
13. MP does not accept any responsibility and shall not be liable for any loss or damage suffered by the Temporary Worker as a result of this assignment being terminated by either MP or the Client.
14. The Temporary Worker acknowledges that this agreement and the rights hereunder, shall inure to the benefit of each Client of which he or she is assigned, and its successors and assigns as third party beneficiaries of this agreement.
15. The terms and conditions of this Agreement as well as any and all disputes or matters arising directly or indirectly from or relating to this Agreement and/or the relationship between the Temporary Worker and MP shall be governed and construed in accordance with the laws of the State of New York, without references to any conflicts-of-law principles. The Temporary Worker hereby (i) irrevocably consents and submits to the exclusive and mandatory Personal Jurisdiction of the state and/or federal Courts of New York regarding any and all disputes or matters arising directly or indirectly from or relating to this Agreement and/or the relationship between the Temporary Worker and MP, (ii) agrees that the foregoing Courts shall be the exclusive and mandatory forum and shall have exclusive and mandatory jurisdiction over any of the foregoing matters except to the extent, and only to the extent, that MP, at its sole discretion, seeks to enforce any relief in any other jurisdiction as may be necessary to enforce MP's rights hereunder, and (iii) irrevocably waives any objection to the foregoing mandatory jurisdiction and forum selection based on improper venue or inconvenient forum or otherwise.

Company Drug Policy

Company Drug Policy

Michael Page International, Inc. (hereinafter, "MP") part of the PageGroup, a corporation incorporated under the laws of the State of Delaware, having its North American Headquarters at 405 Lexington Avenue, The Chrysler Building, 28th Floor, New York, NY 10174 is committed to providing a safe, healthy, and productive work environment for all employees, clients, and customers. Employees who use illegal drugs or abuse legal drugs or alcohol tend to be less productive, less reliable, and prone to greater performance and attendance problems resulting in the potential for increased costs, delays, and risks, not only to our business, but also to our clients. In the interest of promoting a safer, healthier, and more productive environment, all employees must not, in any covered premises (as defined below), be under the influence of alcohol or illegal drugs (i.e. drugs for which the use, sale or possession is prohibited by law) or under the influence of controlled substances (where an employee is using a controlled substance without a prescription, abusing a controlled substance or the use of the controlled substance either impairs the employee's ability to work safely or endangers other employees or visitors to MP's premises). Violations of this policy may result in discipline, up to and including immediate termination, and, in appropriate situations, referral to law enforcement authorities.

For purposes of this policy, covered premises includes all property, offices, facilities, land, buildings, structures, fixtures, installations and automobiles owned, leased, rented or used by the Company and its affiliates and subsidiaries. Covered premises also includes all property of MP's clients and any other work locations, or mode of transportation to and from those locations, while an employee is engaged in the course and scope of employment with MP and/or its affiliates and subsidiaries.

Drug Use

MP prohibits the (i) possession or use of drug paraphernalia (as defined below) and (ii) use, possession, manufacture, distribution, sale, or being under the influence of controlled substances (unless prescribed and permitted under this policy) or illegal drugs on all covered MP and Client premises, business, sponsored events, or during working hours. This prohibition includes all forms of narcotics, depressants, stimulants, or hallucinogens whose sale, purchase, transfer, distribution, use or possession is prohibited or restricted by law.

Drug paraphernalia is any material or equipment used or designed for use in testing, packaging, storing, injecting, ingesting, inhaling or otherwise introducing into the human body any illegal or any controlled substances covered by this policy

The legal use of prescribed controlled substances is permitted on the job if such use does not impair the employee's ability to work safely and does not endanger other employees.

Alcohol Use

Unauthorized use of alcohol, possession of alcohol, or being under the influence of alcohol on all MP property or while on MP business is also prohibited.

Testing

To the extent permitted by applicable state law, MP may test for drugs/or alcohol in the following circumstances:

- Prior to assignment with certain clients that require drug and alcohol tests; or
- After an accident that results in injury to the employee or a fellow employee or that causes property damage when there is reasonable suspicion of prohibited drug or alcohol use; or

Any employee who tampers with, falsifies, substitutes, or alters a urine sample or breath test, or who attempts to do so shall be subject to discipline up to and including termination.

MP will adhere to all applicable local and state laws in the administration of testing pursuant to this policy.

Inspections

MP reserves the right to conduct searches of all property, offices, facilities, land, buildings, structures, fixtures, installations and automobiles owned, leased, rented or used by MP and its affiliates and subsidiaries at any time, and employees are required to cooperate with such search (to the extent permitted by law).

Confidentiality

All information concerning drug and/or alcohol testing referrals and testing results, and/or treatment and rehabilitation of an employee, will be kept confidential to the greatest extent possible and in accordance with applicable law.

Any questions about this policy should be directed to MP's human resources department before signing.

The information gathered via this referencing procedure may be passed to our clients prospective employers to assist our candidate in obtaining employment. In addition, the Company's Privacy Policy provides candidates with the right to see all information we hold on them (including this reference). Full details of our Privacy Policy can be accessed via our website at www.michaelpage.com

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Confidentiality Agreement

AGREEMENT made between "Temporary Worker" and Michael Page International, Inc., part of the PageGroup, a corporation incorporated under the laws of the State of Delaware, having its North American Headquarters at 405 Lexington Avenue, The Chrysler Building, 28th Floor, New York, NY 10174 ("MP").

Temporary Worker understands that MP and its clients have developed and use commercially valuable information in their business, and to guard the legitimate interests of MP and its clients, it is necessary for MP to protect certain of the information as confidential and a trade secret; and

Temporary Worker understands that such information is vital to the success of the MP and its clients business, and that through Temporary Worker's employment by MP, Temporary Worker may become acquainted with that information, and may contribute to that information through additions or in some other manner; and

Temporary Worker understands that all such information and improvements are the exclusive property of MP and its clients and may be protected by MP, as MP deems appropriate;

Therefore, in consideration of Temporary Worker's employment or continued employment by MP ("Employment"), and in consideration of the mutual promises in this Agreement, Temporary Worker and MP agree as follows:

I. Confidentiality and Non-Disclosure

- A. Temporary Worker acknowledges that during or in connection with the Employment, Temporary Worker has had and/or will or may have access to or become aware of certain confidential information of the MP or its affiliates, including, without limitation, information or knowledge pertaining to products and services offered, plans, proprietary information, sales methods and systems, sales and profit figures, client and visitor lists, relationships between the MP and its affiliates and its clients and others who have had or will have business dealings with the MP, confidential ideas and trade secrets concerning the operations of the MP or its affiliates and their clients, all of which the Temporary Worker acknowledges is confidential to the MP (hereinafter referred to as "Confidential Information" as more specifically defined in paragraph C of this Section I). Temporary Worker agrees to hold in confidence any and all Confidential Information that Temporary Worker becomes aware of during or in connection with the Employment, regardless of whether it was intentionally disclosed to or developed by Temporary Worker in connection with the Employment, except:
- (i) information which, at the time of disclosure, is in the public domain or which, after disclosure, becomes part of the public domain by publication or otherwise through no action or fault of Temporary Worker;
 - (ii) information which Temporary Worker can show was in its possession at the time of disclosure and was not acquired directly or indirectly, from Employer or in connection with the Employment; or
 - (iii) information which was received by Temporary Worker from a third party having the legal right to transmit that information and not transmitted in connection with the Employment.
- B. Temporary Worker acknowledges and agrees that any Confidential Information may be a private and/or valuable and unique asset to the MP and/or any of its affiliates or clients and the Temporary Worker will not, without the written permission of the MP or its client, use or disclose, directly or indirectly, to anyone outside the MP the Confidential Information, which Temporary Worker is obligated hereunder to maintain in confidence, for any reason except to the extent necessary to enable Temporary Worker to properly and completely perform the Employment.
- C. Temporary Worker will not reproduce or make copies of, publish or disseminate the Confidential Information, except as required in the performance of the Employment. Upon termination of the Employment for any reason whatsoever, Temporary Worker will promptly deliver to MP and its client all correspondence, databases, lists, manuals, letters, notes, notebooks, reports, flow-charts, programs, proposals, documents concerning MP or client's customer/clients documents concerning processes used by MP or client, and all other documents, writings, and materials that were accessed by, provided to or utilized by Temporary Worker during or in connection with the Employment (collectively "Confidential Information"), together with any copies or other reproductions thereof made by Temporary Worker or in the possession or control of Temporary Worker. Temporary Worker understands all such records, whether developed by Temporary Worker or others are and will remain the property of MP or its clients.
- D. The Temporary Worker will not, during or at any time subsequent to the Employment, unless the MP and/or the respective client has given prior written consent, engage in or refrain from any action, where such action or inaction may result (a) in the unauthorized disclosure of any or all Confidential Information to any person or entity; or (b) in the infringement of any or all rights of the MP and/or any of its affiliates or clients with respect to any Confidential Information.
- E. The Temporary Worker acknowledges that a material breach of this Agreement would result in material irreparable injury to the MP and/or its affiliates and/or clients for which there is no adequate remedy at law, that it will not be possible to measure damages for such injuries precisely and that, in the event of such a material breach, the MP shall be entitled to obtain a temporary restraining order and/or a preliminary or permanent injunction (without the need to post a bond or security) restraining Temporary Worker from engaging in activities prohibited by this Agreement or such other relief as may be required to specifically enforce any of the covenants in this Agreement.

2. No Contract of Employment

Temporary Worker acknowledges and understands that nothing herein creates a contract of employment, guarantees Employee any employment or alters the at-will nature of the Employment.

The information gathered via this referencing procedure may be passed to our clients prospective employers to assist our candidate in obtaining employment. In addition, the Company's Privacy Policy provides candidates with the right to see all information we hold on them (including this reference). Full details of our Privacy Policy can be accessed via our website at www.michaelpage.com

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Personnel Data Sheet - Part 1

Candidate Registration No.:

EEO Statement

Michael Page International, Inc., part of the PageGroup, a corporation incorporated under the laws of the State of Delaware, having its North American Headquarters at 405 Lexington Avenue, The Chrysler Building, 28th Floor, New York, NY 10174, provides equal opportunities to all employees and applicants for employment without regard to race, color, creed religion, sex, national origin, age, citizenship, disability, veteran status, or any other protected status. This policy governs all areas of employment at Michael Page, including recruitment, hiring, training, assignments, promotions, compensation, benefits, discipline and terminations.

Personal Details

Last Name:			
First Name:		Title e.g. Dr, Mr, Mrs, Miss, Ms:	
Social Security Number:			
Passport:		<input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen <input type="checkbox"/> Alien authorized to work	
Visa/Work Permit Status:		Visa/ Work Permit expiry date (if applicable):	
Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. The federal requirement must be satisfied as a condition of employment.			
Address:			
		Zip Code:	
Is this address:		Contact phone number (home/cell/work):	
<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent			
Email address (private/work):			

Type of Work and Pay Rate Details

Position/Title:		Rate of pay:	
Company and department:		Have you ever worked or applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:	
Are there any days or hours you will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When will you be able to start?			
Are you subject to any city or local income taxes <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide city and/or locales:			
Please note your most advanced qualification and grade.			
Please explain any gaps in your employment history greater than 3 months during the last 5 years:			
Have you ever been terminated, disciplined, suspended or discharged by a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Have you signed any non-complete or non-solicit agreements with another employer which might restrict you from working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates and rank:			

References (Please give the names, addresses and telephone numbers of two referees, which should be last two employers). **NO CONTACT WILL BE MADE WITHOUT YOUR PERMISSION.**

Contact name:		Contact name:	
Position:		Position:	
Company name:		Company name:	
State:	Zip:	State:	Zip:
Dates at company:		Dates at company:	
Position held:		Position held:	
Tel. no.		Tel. no.	
Email:		Email:	

The information gathered via this referencing procedure may be passed to our clients prospective employers to assist our candidate in obtaining employment. In addition, the Company's Privacy Policy provides candidates with the right to see all information we hold on them (including this reference). Full details of our Privacy Policy can be accessed via our website at www.michaelpage.com

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Personnel Data Sheet - Part 1

Driving Record (Answer only if driving is a requirement of the job for which you are applying)

Drivers License No. and state of issuance:			
Have you had any tickets, DUI or DWI convictions or had your license suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain, including dates:
Have you ever been arrested for a drug/alcohol related traffic offense:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain:

Criminal Convictions

Have you ever been arrested for a drug/alcohol related traffic offense	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please explain.		
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details.		
Have you been convicted within the last 7 years of misappropriation of funds, embezzlement, or similar for other dishonest conduct; or any offense involving the use of a weapon; for burglary, robbery, breaking and entering or theft; or physical assault other violent crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details.		
Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please give full details.		

Financial Information

Have you ever been declared bankrupt or had civil proceedings taken against you by creditors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please give details		

Have you taken illegal drugs in the last 30 days? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details _____
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Please note that, answering 'Yes' to the above questions does not automatically exclude you from further consideration for the position

I have read, understood and agree to abide by the Company Drug Policy Signature _____

I have read, understood and agree to abide by the Company Confidentiality Policy Signature _____

I have read, understood and agree to abide by the Company Standard Conditions for Recruitment Services Signature _____

Declaration

Please check this form carefully and then sign the following

I declare that the information given herein in conjunction with my CV and any copy authorizations and copy qualifications are true and complete to the best of my knowledge and belief. I undertake to notify Michael Page of any material changes to the information I have provided. I understand and agree that confirmation of my replies to questions on this form will be sought from third party sources and I hereby give permission for such information to be processed by any Michael Page affiliate company in accordance with the Michael Page Privacy Policy and that such verifications may be made as deemed necessary. Although Michael Page will generally endeavour to seek my consent each time my details are sent to a client or prospective employer, I understand and agree that unless I have expressly instructed otherwise Michael Page may transfer information contained in this form and any other documents provided by me to group companies, clients and prospective employers to assess suitability for particular roles. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment and if employed will be cause for my dismissal at any time without prior notice. I understand that for certain positions I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests, submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize Michael Page and its clients to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to any other Michael Page clients for whom I have applied for employment, and release Michael Page and its clients from any and all claims related to the release of this information. I have read and agree to the Michael Page International Standard Conditions for Recruitment Services and the Michael Page Privacy Policy. I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure (including the personal Handbook or any personnel manuals) will supersede the written at-will employment contract between me and Michael Page. I acknowledge this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to compete a new application if I still wish to be considered for employment.

Signed: _____ **Print Name:** _____ **Date (mm/dd/yy):** _____

Emergency Contact Details (Please give the name and telephone number of persons to contact on your behalf in the event of an emergency)

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Candidate Registration No.:

Personnel Data Sheet - Part 2

Personal Details

Last Name:			
First Name:		Title e.g. Dr, Mr, Mrs, Miss, Ms:	
Social Security Number:			

Diversity

The following information is required to comply with government reporting requirements. Any information provided is on a voluntary basis only and will not be stored on our talent management database			
Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Race:	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native		

Date of Birth:	
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Please complete either the Direct Deposit Authorization Form or, the Total Pay Card Authorization Form

Direct Deposit Authorization Form

I authorize you to deposit my net pay automatically to my account(s) specified below each payday by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize you to direct the financial institution to return said funds by any such method and I authorize the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.

- You must attach a cancelled or voided check, or savings deposit slip to this form in order to process your request for direct deposit
- Once the form is received it will take 2 pay periods for direct deposit to commence
- If this is a change or cancellation, please be specific on the comments section below.

Employee Name (please print):

Social Security Number:

Financial Institution:

Street Address:

City:

State:

Zip Code

Account Number:

ABA/Routing # (9 digits):

Please select one of the following:

Checking

Savings

Is this a Full Deposit:

Yes

No

Partial deposit amount: \$

Financial Institution:

Street Address:

City:

State:

Zip Code

Account Number:

ABA/Routing # (9 digits):

Please select one of the following:

Checking

Savings

Is this a Full Deposit:

Yes

No

Partial deposit amount: \$

Comments:

IMPORTANT: Direct Deposit **WILL NOT** take effect without a cancelled or voided check (checking account), or a savings deposit slip (savings account)

NOTE: Your savings account number is usually different from your Checking account number

Signature:

Date:

OR

Total Pay Card Authorization Form

I authorize you to deposit my net pay automatically to the Total Pay Card issued through ADP each payday by initiating credit entries to the Total Card electronically or by any other commercially accepted method. If funds to which I am not entitled are deposited to my Total Pay Card, I authorize you to debit said funds by any such methods from my Total Pay Card and return said funds to the financial institution.

Employee Name (please print):

Employee Signature:

Date:

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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
[]			[]	[]		[]
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: []

3-D Barcode
Do Not Write in This Space

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 (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
[]		[]	[]



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): _____				

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 _____		
Employer's Business or Organization Address (Street Number and Name) _____	City or Town _____	State _____	Zip Code _____	

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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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	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		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			

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 (2016)

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 2016 expires February 15, 2017. 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 2016. 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	<u> </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> </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 \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	<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> </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 \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2016			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 40%; padding: 2px;">Last name</td> <td style="width: 30%; padding: 2px;">2 Your social security number</td> </tr> </table>		1 Your first name and middle initial	Last name	2 Your social security number	
1 Your first name and middle initial	Last name	2 Your social security number			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Home address (number and street or rural route)</td> <td style="width: 50%; padding: 2px;"> 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. </td> </tr> </table>		Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">City or town, state, and ZIP code</td> <td style="width: 50%; padding: 2px;"> 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"/> </td> </tr> </table>		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"/>		
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"/>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td> <td style="width: 20%; padding: 2px;">5 <u> </u></td> </tr> <tr> <td style="padding: 2px;">6 Additional amount, if any, you want withheld from each paycheck</td> <td style="padding: 2px;">6 \$ <u> </u></td> </tr> </table>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>				
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 7 I claim exemption from withholding for 2016, 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 ▶ </td> <td style="width: 20%; padding: 2px;">7 <u> </u></td> </tr> </table>		7 I claim exemption from withholding for 2016, 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>		
7 I claim exemption from withholding for 2016, 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.) ▶		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 2016 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, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____						
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$9,300 if head of household</td> </tr> <tr> <td></td> <td>\$6,300 if single or married filing separately</td> </tr> </table>	{	\$12,600 if married filing jointly or qualifying widow(er)		\$9,300 if head of household		\$6,300 if single or married filing separately	2	\$ _____
{	\$12,600 if married filing jointly or qualifying widow(er)								
	\$9,300 if head of household								
	\$6,300 if single or married filing separately								
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____						
4	Enter an estimate of your 2016 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 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____						
6	Enter an estimate of your 2016 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 \$4,050 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 2016. 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 2016. 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 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 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.