

## EMPLOYEE VOLUNTARY SELF IDENTIFICATION FORM – EDUCATION

Employee Name:	
Last 4 of SSN:	

Renhill is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Renhill invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary** and refusal to provide it will not affect your opportunity for employment or terms or conditions of employment and will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Name:** \_\_\_\_\_

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

**Gender:** ☐ Male ☐ Female

**Date of Birth:** \_\_\_\_\_

### **Race/Ethnicity:**

*Please check one of the descriptions below corresponding to the ethnic group with which you identify.*

☐ **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above six races.

**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2024****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.)**Date****Employers**  
**Only**

Employer's name and address

First date of  
employmentEmployer identification  
number (EIN)

**Employee's Withholding Exemption Certificate**

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

**Section I: Personal Information**

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

**Section II: Claiming Withholding Exemptions**

- Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" .....
- Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" .....
- Number of dependents .....
- Total withholding exemptions (sum of line 1, 2, and 3) .....
- Additional Ohio income tax withholding per pay period (optional) .....\$ .....

**Section III: Withholding Waiver**

I am **not** subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

**Section IV: Signature** (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature

Date



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3. above</b> ) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

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

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

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

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

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

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

### Signature—All Applicants Must Sign

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

Job applicant's signature ►

Date

**TO BE COMPLETED BY EMPLOYER**

Company Name <b>72708 Renhill Staffing Services LLC</b>	Location Number (If Applicable) <b>RHL</b>	Offer Date <b>/ /</b>	Start Date <b>/ /</b>
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**TAX CREDIT QUESTIONNAIRE**

This form is used to identify federal tax credits and is **NOT** intended to determine your work eligibility.

**TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)**

First Name		Last Name		SSN	
Home Address				Date of Birth (if under 40) / /	
City	State	Zip Code	County		
Position Applying For	Have You Worked for this Company Before? <input type="radio"/> YES <input type="radio"/> NO		Driver's License or State ID Number		State

**1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance, such as Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Child Care or Transportation Assistance (CCT) or Food Stamps (FS)?** ☐ YES ☐ Not Sure ☐ NO  
If YES or Not Sure, please provide the following information:

Primary Recipient (Name and Social Security Number)	Relation to Yourself	City/ State Where Received
Assistance Type: (Check all that apply) <input type="radio"/> AFDC <input type="radio"/> TANF <input type="radio"/> CCT <input type="radio"/> FS	Date First Received (MM/YY)	Date Last Received (MM/YY)

**2. Have you ever served on active duty in the US Military?** ☐ YES ☐ Not Sure ☐ NO  
If YES or Not Sure, please provide the following information:

2b. Are you eligible to receive compensation for a service connected disability? <input type="radio"/> Yes <input type="radio"/> No	Date Entered (MM/YY)
Branch of Service: <input type="radio"/> Army <input type="radio"/> Navy <input type="radio"/> Air Force <input type="radio"/> Marines <input type="radio"/> Coast Guard <input type="radio"/> National Guard	Discharge Date (MM/YY)

**3. Have you ever been convicted of a felony? (Do NOT include misdemeanors)** ☐ YES ☐ Not Sure ☐ NO  
If YES or Not Sure, please provide the following information:

Parole/ Probation Officer Name	Parole/ Probation Officer Phone Number	Date Convicted (MM/YY)	Date Released (MM/YY)
Offense Type: <input type="radio"/> State <input type="radio"/> Federal	City/State of Conviction	County of Conviction	

**4. Have you ever participated in a State or Veterans Affairs Vocational Rehabilitation Program or have you participated in the Ticket to Work program?** ☐ YES ☐ Not Sure ☐ NO  
If YES or Not Sure, please provide the following information:

Agency Name/Rehabilitation Program/Employment Network	Date Completed (MM/YY)
Agency City	Agency State
Agency Phone Number	

Program type: ☐ Vocational Rehabilitation ☐ Veterans Affairs ☐ Ticket to Work

**5. Have you received Supplemental Security Income (SSI) benefits for yourself within the last 3 months? Do NOT include Social Security Disability Income (SSDI).** ☐ YES ☐ Not Sure ☐ NO  
If YES or Not Sure, please provide the following information: Date Last Received (MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. Have you been unemployed, received Unemployment Benefits or been eligible to receive Unemployment Benefits during the past year?** ☐ YES ☐ Not Sure ☐ NO  
If YES or Not Sure, please provide the following information:  
How many months in the past year were you unemployed? \_\_\_\_  
What was your last day of work with your previous employer? (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Did you receive unemployment compensation? ☐ Yes ☐ No In what state did you receive unemployment compensation? \_\_\_\_

**EMPLOYEE DECLARATION AND RELEASE**

By signing this voluntary form, I hereby authorize the release to Equifax Workforce Solutions or its agents information held by any parties needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding my criminal history, driver records, military service, SSI benefits, vocational rehabilitation services, unemployment benefits, AFDC/TANF benefits or Food Stamp benefits. I further authorize Equifax Workforce Solutions or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Review for completeness and mail to:

**EQUIFAX WORKFORCE SOLUTIONS PO BOX 6847 SCRANTON, PA 18505-6847**

(Ver. 11/16) TCQ



**U.S. Department of Labor**  
Employment and Training Administration

OMB Control No. 1205-0371  
Expiration Date: May 31, 2026

**Work Opportunity Tax Credit  
LONG-TERM UNEMPLOYMENT RECIPIENT (LTUR)  
SELF-ATTESTATION FORM (SAF)**

**Instructions:** The Self-Attestation Form (SAF) is to be completed, signed, and dated by the applicant / new hire, only. Employers or their authorized representatives should submit the completed SAF along with IRS Form 8850, *Pre-Screening Notice and Certification Request for the Work Opportunity Tax Credit*, or if filed separately, with ETA Form 9061/ETA Form 9062, to the State Workforce Agency (SWA) for each certification request submitted for the Long-Term Unemployment Recipient (LTUR) targeted group.

**Applicant Self-Attestation:** Under penalties of perjury, I declare that the information below is true and correct to the best of my knowledge.

**Applicant's Full Name** (Print: *First, Middle Initial, Last*): \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Social Security Number:** \_\_\_\_\_ **Date of Birth:** (mm/dd/yyyy)

**Employer's Name:** \_\_\_\_\_

**Employer's Firm/Company Name:** \_\_\_\_\_

**Applicant Instructions:** Please check "✓" the statement below if it applies to you and fill in the requested information below.

☐ I declare that I was/am in a period of unemployment that was/is at least 27 consecutive weeks; **and**, for all or part of that unemployment period, I received unemployment compensation under State or Federal law.

State(s) unemployment compensation was received: \_\_\_\_\_

I have been in a period of unemployment since (Enter unemployment start date: mm/dd/yyyy) \_\_\_\_\_

**Privacy Act Notice:**

Section 51 of the Internal Revenue Code of 1986, as amended, and its enacting legislation (P.L. 104-188), specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification process. The information you have provided by completing this Form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however, the information is required to determine your employer's eligibility for the federal work opportunity tax credit.

**Public Burden Statement:**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this Form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of Information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Act – OMB Control No. 1205-0371). Please do not submit completed WOTC processing forms to this address.