



Employee Enrollment Package

Axis PEO

An Equal Opportunity Employer

We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability/handicap or marital status.

If you need a reasonable accommodation in completing this package, please inform us.

Axis PEO is a co-employer of the employees working for its Client Company. As a co-employer, Axis PEO is the employer of record for payroll, tax reporting, benefits, workers' compensation insurance, claims management and other administrative functions. The Client Company is responsible for the day-to-day work of the employees.

Instructions for Completion of this Package

NOTE: This Enrollment Package should not be completed until a potential employee has received a conditional offer of employment from the Client Company.

PLEASE PRINT CLEARLY

Employee must complete:

Section 1—Employment Questionnaire
Section 2—W4 Form
Section 3—Employee Agreements
Section 4—Workers' Comp Questionnaire
Section 5—EEO Information

Client must complete:

Section 5—Employer EEO Information
Section 6—Employee Pay Details

- Review enrollment for completion
- Submit completed package to Axis PEO Employee Leasing **BEFORE** the employee begins working

IMPORTANT—CLIENT COMPANY PLEASE NOTE:

Federal law requires that employers must complete and maintain a fully completed Employment Eligibility Verification Form (Form I-9) for every employee. Axis PEO can provide this form as well as instructions and assistance in the proper completion and maintenance of I-9 forms; however, it is the Client Company's responsibility to ensure all employees have completed an I-9 form and the Client Company's responsibility to maintain the completed forms as required by law.

Axis PEO DOES NOT RETAIN COMPLETED I-9 FORMS

SECTION 1- EMPLOYMENT QUESTIONNAIRE

CLIENT COMPANY _____

Full Employee Name _____
Last First Middle

SSN# _____ Telephone: _____

Email Address: _____

Present Mailing Address: _____
Number & Street Unit # City State Zip County

Emergency Contact Name: _____

Relationship: _____ Telephone: _____

Are you 18 years of age or older? Yes No If under 18, please state your age _____
(If you are under 18, employment is subject to verification that you are of legal minimum age and can furnish any required work permit).

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Have you been employed through Axis PEO previously? Yes No

If yes, when? _____ Position _____

Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest to a crime, pled guilty to a crime, had adjudication withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes No
If yes, give details concerning the type of crime, the date of the conviction or plea, the penalty imposed, and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

Have you been arrested and charged with any misdemeanor or felony not disclosed above for which you are out on bail or free on your own recognizance pending disposition or trial (do not include minor traffic infractions for which no court appearance is necessary)? Yes No If yes, give the date(s) and details of the arrest or charge and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

Have you ever been sued for causing the death of, or injury to any person, or damage to any property (e.g., for assault, battery, defamation, etc.)? Yes No
If yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g., settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

NOTE: Answering "Yes" to the three previous questions is not an automatic bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violation, relatedness to the job sought, and evidence of rehabilitation will be taken into account. However, please be advised that a misstatement or omission in answering these questions may be grounds for disciplinary action, including discharge.

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING BELOW

The facts set forth in my enrollment are true and complete. I authorize the investigation of all statements contained in this application and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information. I understand that false statements, omissions or misleading statements on this application shall be considered sufficient cause for refusal to hire or dismissal and I agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading statements. I hereby authorize investigation of my employment history, including the contacting of the employers listed previously on my application.

Employee Signature: _____ Date: _____

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 www.ssa.gov .
	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.

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 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.)

Step 3: Claim Dependent and Other Credits	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	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

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 employment	Employer identification number (EIN)
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SECTION 3- EMPLOYMENT AGREEMENT

I, the undersigned employee, in consideration of my hiring by Axis PEO as an at-will leased employee, in consideration of my hiring by Axis PEO as an at-will employee, acknowledge and agree to the agreements made available for my review at <https://axispeo.com> and acknowledge and agree to the following:

- Co-Employment Agreement.** I agree that this EMPLOYMENT AGREEMENT ("Agreement") is entered into between Axis PEO a Professional Employer Organization, and the undersigned and identified leased employee ("Employee") pursuant to a Client Service Agreement between PEO and the Client Company in which PEO and my Client Company have agreed to act as co-employers. This Agreement only pertains to Employee's employment with PEO. CO-EMPLOYMENT: Employee's continued employment is as a co-employee of PEO and Client Company. A co-employee is an employee with two employers: the Client Company and a Professional Employer Organization (PEO). The co-employment relationship allows PEO to provide certain benefits and services to Client Company and its employees, including but not limited to, administration of payroll, unemployment benefit administration, workers' compensation and other employee benefits. Client Company retains the rights and responsibilities of, including but not limited to, daily management and control, control of employee's activities, employee's job requirements, employee's rate and method of pay and worksite safety.
- At-Will Employment Agreement.** I agree that I have been hired as an at-will employee of PEO, which is an Employee Leasing Company and there is no contract of employment which exists between me and the Client Company to which I have been assigned, nor between PEO and me. I understand and agree that I may be terminated or I may terminate my employment at any time for any reason, or no reason as I am an at-will employee.
- Accident Reporting and Workers' Compensation Agreement.** I agree to immediately report any and all work-related injuries and accidents to my Client Company and to PEO. I agree that any work related injuries which may be sustained by me are covered solely and exclusively by the state workers' compensation law and workers' compensation insurance provided by PEO. To the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against PEO for damages based upon injuries that are covered under workers' compensation law. I also agree that if I am injured, unless any other leave program is applicable, I will accept any modified/light duty assignment found to be within the scope of my physical capabilities as determined by the workers' compensation treating physician. I agree to any drug or alcohol testing policy, which PEO may adopt; specifically I agree to post-accident drug testing in any situation allowed by law.
- Client Company Paid Leave Policies, Family and Medical Leave Act (FMLA) and Other Benefits Agreement.** I agree that in the event that my Client Company maintains policies providing paid leave benefits such as vacation, sick leave, PTO, or severance pay, my Client Company is solely responsible for paying any accrued benefits under such policies during employment and at the time of termination. PEO does not provide, and has no policy providing, vacation or other paid leave benefits. To the extent paid leave benefits are paid through PEO's payroll to Employee, it is solely as a payroll service on behalf of my Client Company. Similarly, to the extent my Client Company provides other benefits pursuant to policies to which PEO is not a party, such as stock options, bonuses, profit sharing, retirement benefits, and any other benefits, my Client Company is solely responsible for providing the benefits prescribed by those policies. My Client Company is the primary employer responsible for giving required FMLA notices, determining Employees' eligibility for FMLA, providing FMLA leave, and maintenance of health benefits. My Client Company is responsible for the restoration of employees returning from FMLA leave to their positions according to law. PEO will cooperate fully with my Client Company in the administration of FMLA under applicable law.
- Anti-Discrimination, Anti-Harassment and Retaliation Agreement.** I understand that PEO and my Client Company expressly prohibit discrimination, harassment and retaliation based on race, color, sex, religion, marital status, veteran status, national origin, disability, age or any other protected category. Improper interference with the ability of my Client Company's employees to perform their job duties is also prohibited. Nor will PEO or my Client Company tolerate any actual or attempted reprisals or retaliation against an employee who raises a valid concern that this policy has been violated. PEO and my Client Company take all allegations of discrimination, harassment and retaliation very seriously and are firmly committed to ensuring a workplace free of those discriminatory activities. Anyone engaging in discrimination, harassment or retaliation is subject to disciplinary action up to and including discharge. If I observe such prohibited activity, I agree to contact an appropriate person at the Client Company to which I have been assigned and report such conduct. If I believe that management is involved in the prohibited acts, or for any other reason cannot contact a person at my Client Company, I agree to contact PEO's Human Resources Department at 941-456-7788. I understand that PEO does not directly control the workplace at my Client Company and is not in a position to end or remediate any discrimination, harassment or retaliation which may occur and that PEO will attempt to facilitate a resolution; the responsibility for responding to such inappropriate conduct rests with my Client Company.
- Non-Payment of PEO by Client Company Agreement.** I understand and agree that while I am assigned to my Client Company and am a leased employee of PEO, if PEO does not receive payment from the Client Company for services which I perform as a leased employee; PEO will still pay me the applicable minimum wage (or the legally required minimum salary or overtime pay) for any such pay period. I understand that the Client Company to which I am assigned remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee even if PEO is not paid by the Client Company.
- Drug and Alcohol Free Workplace Agreement.** I understand and agree that PEO prohibits the unlawful possession, consumption, distribution or unauthorized use of alcohol or illegal or illegally obtained drugs in the workplace or while conducting work elsewhere. I understand and agree that employees are not permitted to work while under the influence of alcohol or drugs. I understand and agree that I may be required to submit to drug and/or alcohol testing in accord with PEO's policy, including post-accident or injury and reasonable suspicion testing. I understand that violation of this policy, including my refusal to cooperate with testing procedures, may result in immediate discharge.
- Worksite Injury Agreement.** I specifically agree to post-accident drug/alcohol testing for any work injury, regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances. I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits.
- Introductory Period Agreement.** All new employees (whether full or part-time) are in an introductory status during their initial 90 days of employment. At any time during this period, either you or your co-employer may decide to terminate your employment for any reason allowed by law. Completion of the introductory period will not result in any employment contract for any specific term, nor will it confer any additional employment right upon any employee.
- Existing Agreements.** I understand and agree that my co-employment with PEO does not in any way alter, amend or diminish any contractual agreement with my Client Company regarding terms of my employment or any compensation agreement, non-competition agreement, non-solicit agreement or confidentiality agreement and that such agreements will not be affected by the arrangement with PEO. My obligations and the obligations of my Client Company remain intact.

Date: _____

Employee Print Name: _____

Employee Signature: _____

SECTION 4- WORKERS' COMPENSATION QUESTIONNAIRE

THIS QUESTIONNAIRE SHOULD NOT BE ANSWERED UNLESS THE APPLICANT HAS ACCEPTED A CONDITIONAL OFFER OF EMPLOYMENT AND HAS NOT COMMENCED EMPLOYMENT.

Client Company: _____

Employee Name: _____

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS PAGE:

Applicable state and federal laws prohibit discrimination based on disability or prior filing of a claim for workers' compensation or taking medical leave to which you were entitled.

Please complete the questions on this page with respect to your ability to perform the key functions of the job for which you are being hired or for which you were hired before joining Axis PEO.

You do not need to include health information that is not related to your employment and your particular job or that which does not affect your ability to perform your job or one similar to it.

	YES	NO
1. Have you ever received treatment for a head injury, back, neck or knee condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you now or have you ever suffered from aches or pains of the back?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any surgery?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any injury or illness ever prevented you from gainful employment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had an injury on the job?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever received a disability rating for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever received compensation or medical benefits under workers' compensation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any limitation(s) which may affect your ability to safely or effectively perform the position which you have been offered?	<input type="checkbox"/>	<input type="checkbox"/>

Explain fully any "YES" answer (using additional paper if necessary) _____

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. A Notice of Injury must be submitted by Axis PEO. to the insurance carrier within seven (7) days, as required by law.

I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions will be sufficient reason for denial of benefits and basis for termination of employment. I also understand that my answers may be verified by investigation.

Employee Signature: _____ Date: _____

SECTION 5- EEO INFORMATION

COMPLETED BY EITHER THE EMPLOYEE VOLUNTARILY OR BY EMPLOYER OBSERVATION

Employee Name: _____

Governmental agencies such as the U.S. Equal Employment Opportunity Commission require that certain employers keep information related to their hiring and employment practices for individuals protected under anti-discrimination laws. Your voluntary completion of this section will assist us in complying with our reporting requirements. We adhere to a policy of providing equal employment opportunities without regard to race, color, sex, religion, national origin, age, disability/handicap, marital status and any other classification protected under applicable federal, state or local law.

IF THE EMPLOYEE DECLINES TO SELF IDENTIFY, EMPLOYER OR OBSERVER IDENTIFICATION MUST BE PERFORMED.

EMPLOYEE EEO Completion: Employee prefers not to participate in this survey

Date of Birth: Month _____ Day _____ Year _____

Sex: Male Female

Ethnicity: White Black/African American Native Hawaiian or other Pacific Islander Asian
 Hispanic/Latino American Indian or Alaskan Native Two or more races

EMPLOYER EEO Completion:

This data is completed based upon the observation of _____
Manager Date

EMPLOYER—Please select Job Category (if you need assistance in determining the proper category, please contact Axis PEO or visit the EEOC website at <http://www.eeoc.gov/employers/eeo1survey/jobclassguide.cfm> for guidance).

Executive/Sr. Official Manager Professional Technician Sales Worker
 Administrative Support Craft Worker Operator Laborer or Helper Service Worker

SECTION 6 - EMPLOYEE PAY SETUP-TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR/MANAGER

Client Company: _____

Client Location (if any): _____ Dept. Name or Number (if any): _____

Original Date of Hire: _____ Job Title: _____

Workers' Comp Class Code: _____ Employee ID (if any): _____

If you are unsure of the proper Class Code, please contact your Payroll Specialist for assistance.

Employee Classification

Pay Cycle: Weekly Bi-Weekly Semi-Monthly Monthly
Pay Type: Full-time Part-time

If you need assistance in determining the proper classification of an employee as Exempt or Non-Exempt, please contact your Payroll Specialist at Axis PEO.

Exempt Hourly Salary
Rate of Pay \$ _____ per _____

Non-Exempt Hourly Salary (Accurate Time Records Must Still Be Maintained)
Rate of Pay \$ _____ per _____

Tipped Employee: No Yes

Shift Pay: No Yes Rate of Pay \$ _____ per _____

Piece Work: No Yes Rate of Pay \$ _____ per _____

Commissions: No Yes Rate of Pay \$ _____ per _____

Other: _____

Supervisor, Manager or
Authorized Representative _____
Signature Date

Title: _____



DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFORMATION

Employee Name:
Social Security Number:
Employer:

PLEASE CHECK ONE:

<input type="radio"/> New / Replace existing account on file
<input type="radio"/> Add to existing account on file
<input type="radio"/> Cancel / Stop

COMPLETE FOR DIRECT DEPOSIT

<u>Account 1</u>	<u>Account 2</u>
Bank Name: _____	Bank Name: _____
Routing Number: _____	Routing Number: _____
Account Number: _____	Account Number: _____
<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____

Please attach a voided check or deposit slip for verification of bank data.

COMPLETE FOR RAPID PAYCARD

I authorize Axis PEO to deposit my wages on to my Rapid PayCard. I agree to the terms and conditions of the Rapid PayCard Program including any transaction fees.	Card ID: _____ <small>*Located on the front of the PayCard envelope.</small>
Select One: <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____	
Please print the address where the Rapid PayCard should be mailed:	
Street Address: _____ Apt# _____	
City: _____ State: _____ Zip: _____	
Home Phone: _____ Date of Birth: _____	

EMPLOYEE AUTHORIZATION

I hereby authorize Axis PEO to deposit my earnings directly into my checking and/or savings account(s) as indicated above and agree that such credit to these accounts constitutes payment and receipt by me. Axis PEO reserves the right to recall funds sent in error and to interrupt or discontinue direct deposits and issue live checks to any and all employees at any time for any reason. I am always responsible for verifying that funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from this account. I am aware that this authority will remain in full effect until Axis PEO receives ten (10) days prior written notification from me of change or termination.

Employee Signature: _____ **Date:** _____

By signing above, I am agreeing that I am either the account holder or have authority of the account holder to authorize Axis PEO to make direct deposits into the above account(s).

Axis PEO Use Only

Received by:	Processed by:
Date:	Date: