

# APPLICATION FOR EMPLOYMENT



## THIS SECTION MUST BE COMPLETED BY WORKSITE EMPLOYER

Worksite Employer:		Pay Rate:	\$
Pay Frequency:	<i>W = Weekly B = Bi-Weekly S = Semi-Monthly</i>	Pay Type:	<i>S = Salary H = Hourly O = Other</i>
Employee Status:	<i>FT = Full-Time PT = Part-Time T = Temporary</i>	Work Comp Code:	
Jobsite Location State & Zip Code:		Division, If Any:	
In signing below, I understand and agree that employment will never begin within 24 of submitting this completed application to Cornerstone PEO. If the employee application is approved, the employee will only be eligible for work at 12:00am (midnight) on the day after the employee has been input into the Cornerstone PEO employee database, not before. I attest that I am an authorized signer and representative for the Worksite Employer noted above.			
Signature:		Date:	

## TO BE COMPLETED BY THE APPLICANT:

The information contained in the Application for Employment is vital to your employment with Cornerstone PEO. All documents must be filled out completely and signed by you **BEFORE** an offer of employment can be extended. You will be considered for employment without regard to race, color, religion, sex, national origin or age. **Employment will NEVER begin within 24 hours of submitting this completed application to Cornerstone PEO or your Worksite Employer, regardless of the date this application is completed.**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

## ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY QUIT CONNECTED WITH THE WORK AND UNEMPLOYMENT BENEFITS WILL BE DENIED:

1. Failure to call Cornerstone PEO at the end of the assignment (609) 559-0008 with notification of your availability, regardless of the reason of separation with the client;
2. Failure to call three (3) times weekly when not on assignment. (609) 559-0008
3. Failure to notify Cornerstone PEO with your change of address or phone number;
4. Refusal or failure to accept a suitable work assignment based upon pay, qualification or location; and
5. Cornerstone PEO receipt of an unemployment claim from you without prior notification of your availability.

## I. ACKNOWLEDGEMENT AND VERIFICATION

By initialing and signing this application for employment I acknowledge and verify that I have received a copy of Cornerstone PEO's policies, have read, fully understand, and agree if hired to abide by these policies.

\_\_\_\_\_ I understand this information is not for payroll purposes only and I have been advised and understand that if I am hired, I will be an employee of Cornerstone PEO and leased to one of its client companies. The client company will be my work-site employer and will direct the daily activities of my employment.

\_\_\_\_\_ I have been advised and understand that Cornerstone PEO carries workers compensation.

\_\_\_\_\_ I have received and will comply with 1) The Cornerstone PEO Accident/Injury/Illness Procedures and the Cornerstone PEO Accident Procedures, and 2) The Cornerstone PEO Substance Abuse Policy.

\_\_\_\_\_ I understand and agree that either Cornerstone PEO or I can terminate our employment relationship at any time as I am applying to become an at-will employee of Cornerstone PEO, AND I have received and will comply with the Cornerstone PEO Separation Procedures.

\_\_\_\_\_ I have been advised and understand that at any time during my employment if I am not paid directly by Cornerstone PEO for any pay period, I will NOT be considered and employee of Cornerstone PEO and will NOT be eligible for workers compensation coverage.

\_\_\_\_\_ Initial

## II. HIPPA Authorization

I authorize Cornerstone PEO, or its agent, subsidiary or affiliate to obtain any medical records (excluding psychotherapy notes) from any physicians, hospitals and/or other health care providers concerning my care. I also authorize any physicians, hospitals, and/or other health care providers to furnish any medical records (excluding psychotherapy notes) concerning my care to Cornerstone PEO, or its agent, subsidiary or affiliate. This information is needed to evaluate my health condition and continued eligibility for employment and insurance coverage. I understand that the entities indicated above can request medical records for up to the past 10 years. I further authorize Cornerstone PEO, or its agent, subsidiary or affiliate to require me to submit to an alcohol or drug test following any on the job injury for which I seek medical treatment, and to receive the results. I understand that I may revoke this Authorization at any time by submitting written notice to Cornerstone PEO.

I understand that the information disclosed by this authorization could be re-disclosed by the person receiving it and is no longer protected by federal or state legal privacy requirements. Cornerstone PEO, its affiliates, its employees, and officers are not legally responsible or liable for the re-disclosure of the information indicated on this authorization.

\_\_\_\_\_  
Printed Name of Individual

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

## III. Payroll Deduction Authorization

By signing below, I authorize deductions when applicable to be taken out of my paycheck for tools, uniforms, health insurance, errors in payroll, court ordered deductions, overpayments and any other work-related deductions allowable by law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## IV. Wage Disputes

I understand and agree that the client company is solely obligated to pay any wages for which the obligation to pay is created by an agreement, contract, plan or policy between the client company and myself and that Cornerstone PEO has not contracted to pay.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## V. Arbitration

I agree that my sole recourse for resolving any dispute with Cornerstone PEO arising under my employment, including but not limited to wage claims, shall be to arbitrate such dispute. Such arbitration shall be pursuant to the arbitration laws of the State of New Jersey and the rules, then obtaining, of the American Arbitration Association. Venue of any action shall be in New Jersey. Cornerstone PEO is based in Medford, New Jersey, and Applicant acknowledges that this Agreement is to be partially performed in Medford, New Jersey.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**In signing below, I acknowledge that I have read and understand all the terms of this Application for Employment.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2025****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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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 the 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>	<b>(a) 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>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . .	<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  
employment

\_\_\_\_\_  
Employer identification  
number (EIN)

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT [ACH CREDITS & DEBITS]

☐ Revoke Authorization  
Date:      /      /     

ID #: \_\_\_\_\_

I authorize my employer or a payroll processor on my employer's behalf to deposit any amounts owed me by initiating credit entries to my account at the financial institution (the "BANK") indicated below. Further, I authorize BANK to accept and credit entries indicated by CORNERSTONE PEO to my account. I acknowledge the deposit of any amount is an advance of funds on behalf of my employer and the responsibility of my employer and not that of a payroll processor, if any, and is subject to the successful collection of the funds by the processor from my employer's account. If my employer does not make available to the processor the funds that were advanced to make the deposit into my account. I authorize the processor to debit my account to recover said advance. I agree to hold the processor harmless from loss and to indemnify it, limited to the amount of the deposit. I also authorize my employer or the processor, if any, to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit.

## ACCOUNT 1

I wish to deposit (select one):    Entire Net Pay    or    \$\_\_\_\_\_.00    or    \_\_\_\_\_% of Net Pay

**If you wish to have funds deposited into more than one account, please complete the Account 2 section below:**

## ACCOUNT 2

I wish to deposit (select one):      Entire Net Pay    or      \$      .00    or      % of Net Pay

\*\*\*\*\*

**ATTACH VOIDED CHECK**

The numbers on the bottom of your voided check are used to make the electronic funds transfer directly to your account.

\*\*\*\*\*

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE. NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**