



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>					

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: _____ <b style="text-align: center;">OR 2. Form I-94 Admission Number: _____ <b style="text-align: center;">OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**



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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	M.I.	Citizenship/Immigration Status
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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 (<i>if any</i>) (<i>mm/dd/yyyy</i>)		Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)		Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)				

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	Today's Date (<i>mm/dd/yyyy</i>)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (<i>if applicable</i>)			B. Date of Rehire (<i>if applicable</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial	Date (<i>mm/dd/yyyy</i>)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)
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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	Today's Date (<i>mm/dd/yyyy</i>)	Name of Employer or Authorized Representative
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Parties With Class

NON-COMPETITION AND NON-DISCLOSURE AGREEMENT

The undersigned, and AT WILL employee of **Parties With Class**, does agree, in consideration of my employment by Parties With Class (Company) and the compensation paid/to be paid to me by the Company as follows:

- That so long as I am available and/or seeking temporary assignments through **Parties With Class**, I will **NOT** accept any employment or perform any services with any establishment that the Company is providing staffing for or is a customer of. Further, I will not solicit any job from a client that **Parties With Class** is currently doing business with or has done business with during the ninety (90) days period prior to the time that I seek employment from any said entity.
- Further, I understand and agree that for a one-hundred and twenty (120) day period after termination (voluntarily or involuntarily) of my employment, I will not seek nor solicit employment with a client that **Parties With Class** provides staffing for.
- If I decide to accept any position with a client which **Parties With Class** may have provided service to at any time during my employment then I will be responsible to pay **Parties With Class** a standard 20% placement fee for the first ninety (90) days of my employment with the said client/entity. The 20% is based on my gross earnings with the client.
- During my employment with **Parties With Class**, I agree that under any circumstances should I be approached for a position by any establishment that **Parties With Class** has assigned me to or that I become aware of through my employment through **Parties With Class**, I will immediately inform the establishment or client that it must contact **Parties With Class** for the use of my services.
- Due to the difficulty in measuring economic losses to the Company as a result of my breach of the foregoing covenant and because of the immediate and irreparable damage that would be caused to the Company for which it may not have any other adequate remedy, I agree that the foregoing covenant may be enforced by the Company in the event of breach by me by injunctions and restraining orders issued by a court of competent jurisdiction.
- I do further agree that the foregoing covenants and restrictions impose a reasonable restraint on me in the light of the activities and business of the Company on the date of the execution of this Agreement and the future plans of the Company and it is also the intent of the Company and myself that such covenants to be construed and enforced in accordance with the activities and business of the Company on the date of the termination of my employment. The undersigned does further specifically agree that he/she will not, whether during my employment or subsequent to the termination of this Agreement, in any fashion form or manner, either directly or indirectly, divulge, disclose or communicate with any person, firm or corporation any business including but not necessarily limited to customer lists, employee lists, financial or any other business related information.
- I do further agree that during the term of the Agreement, I will not induce or influence any other **Parties With Class** employee to terminate his or her employment with **Parties With Class** or otherwise participate in any business activity directly or indirectly competitive with **Parties With Class**
- The covenants in the Agreement are Severable and Separate and the unenforceability of any specific covenant shall not affect the provisions of any other covenant. Moreover, in the event any court of competent jurisdiction determines that the scope, time or other restrictions set forth herein are unreasonable, that is the intention of the parties that such restrictions be enforced to the fullest extent which the court deems to be reasonable.
- This Agreement shall be interpreted under the laws of the State of Michigan. **I HAVE READ THIS ENTIRE AGREEMENT AND FULLY UNDERSTAND AND AGREE TO THE TERMS THEREOF AND THE RESTRICTIONS WHICH IT IMPOSES UPON ME.**

Print name: _____ Signature: _____ Date: _____

Parties With Class

To: All **Parties With Class** Employees

From: Howard P. Waxer, President

The following conditions shall apply to your employment with **Parties With Class**

Shift Acceptance

As an employee of **Parties With Class**, I realize that it is a job requirement to show up for all work assignments that I accept. If for some reason an emergency should arise, I will contact **Parties With Class** at the company phone# (248) 569-7576. If no answer, I will leave a message on the voice-mail. If my attempts to reach the office are after normal business hours, I will also call the company cell phone emergency# (248) 935-6652. I have made a note of these phone numbers and accept it is my responsibility to know them. I further understand that in the event of an emergency that it is my responsibility to provide my employer with proper documentation of why I am not/was not able to arrive to work. If I fail to show up without a documented excuse or call off within 12 hours of my scheduled time, I accept a fine of \$50.00 to be deducted from paycheck. I may also be given time off from work, a pay decrease, or terminated. I have read and accept this company policy as a term of my employment.

Alcohol

I understand that it is against **Parties With Class** policies to consume alcoholic beverages while at work or to come to work with the smell of alcohol on my breath. There are no possible circumstances that I would be allowed to drink alcohol before work, during a work assignment, nor after the shift is over. I will not accept permission from any client of **Parties With Class** to have any alcohol while on the premise of a client, or **Parties With Class** event to which I have been assigned. I understand that if I violate this policy, that I will be terminated, and I agree to forfeit any wages that may be due to me at the time of my termination, including past due wages, as a fine for breaking this policy. I have read, understand and accept this company policy as a term of my employment.

Parking

It is the sole responsibility of you to find your own parking. There are a couple clients where we will assist in your parking situation: Ross School of Business and The Graduate Hotel. If you work at Ross School of Business you can park at the Salvation Army at Stimson and State Street, you can call a Michigan Green Cab (734) 662-4444. There is a 3\$ fee for each way you ride in the cab. The cab will take you to the School. If you work for The Graduate Hotel, you can park at Liberty Parking Structure on Washington St. There is also a \$3 fee for parking there. These fee's will be taken from your check as a deduction.

Attendance

I understand that it is my responsibility to arrive to scheduled shift assignments for Parties With Class 15 minutes before my scheduled time. If for some reason I am running late, it is my responsibility to notify **Parties With Class** staff so that the client may be informed that I am on my way. I understand that being on time is **NOT** defined by being in the parking lot or building. On time means being on premise with coat removed, in uniform including name tags, pens, wine keys, etc. as required and ready to work. If I am considered late for an assignment, I agree to accept a \$50.00 fine for being late to be deducted from my paycheck. I have and read and accept this company policy as a term of my employment.

Uniform

I understand that it is the company policy to arrive to work in a clean and pressed uniform free from visible stains, tears, or scents. I understand that being in uniform includes wearing earrings no larger than nickels if am female and no earrings without permission if I am male. I agree not to wear nose rings or tongue rings to work. I understand that black socks, black shoes with no other markings or colored stitching is company policy. Nail polish of neutral/pale color is acceptable, but black, neon, or other colors are not acceptable.

Print name: _____ Signature: _____ Date: _____

Parties With Class Over-time Policy

Parties With Class is a temporary agency staffing the needs of various clients around the metro Detroit area. Because our work locations are not central, it occasionally happens where clients will ask you to stay longer than your scheduled shift. It may also happen that a client may ask you to come in on a day in which you were not scheduled. **You are hereby advised** that working these extra hours may put you into an overtime position. You are **NEVER** required to work overtime, nor do we expect you to do so. If you choose to work overtime or additional hours, you will be paid at your regular pay rate. It is **YOUR** responsibility to track your hours throughout the work week. If you find that you are approaching 40 hours for the week, it is YOUR responsibility to let Parties With Class know so that we may replace you for any scheduled hours that would put you into an overtime position. Failure to do so means that you are accepting that work at regular pay. As a reminder, our pay week begins on Monday and ends on Sunday. Therefore, if you stayed longer at a certain location or picked up a shift through the week, you must let us know before you hit overtime hours.

We cannot pay overtime because our clients do not care that you worked additional hours at various work sites. If they knew you were in overtime hours, they would tell us to send someone else. You cannot add hours to your work week and expect us to pay you overtime when Parties With Class cannot bill the client overtime rates.

In the event that you work overtime hours with a single client, that client must approve you to be paid overtime pay, otherwise you will also be paid at your regular rate. Simply staying extra hours does not guarantee the client will pay the overage, therefore you **MUST ASK** the client about overtime before voluntarily staying late, or picking up extra shifts as a favor to that client.

ACKNOWLEDGED:

I have read and understand Parties With Class overtime policy and accept that it is my responsibility to track my own hours each work week. Should IO work overtime hours, I accept regular pay rate. I acknowledge that I am not being asked to work overtime, and I acknowledge that overtime is NOT required.

Signature

Printed Name

Date



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 _____