



A Family of Employer Solutions.

100 South Missouri Ave.
Clearwater, Florida 33756

CLIENT ID

START DATE - -

EMPLOYEE #

For office use only:

Pay Group: _____

Pay Tech Ext: _____

A B C

Please print neatly in character boxes using black ink only Correct

PERSONAL INFORMATION	LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	M. I.	<input type="text"/>				
	SOCIAL SECURITY NUMBER	<input type="text"/>	TELEPHONE #	<input type="text"/>						
	STREET ADDRESS	<input type="text"/>								
	CITY	<input type="text"/>	STATE	<input type="text"/>	ZIP	<input type="text"/>				
	DRIVER'S LICENSE #	<input type="text"/>	DRIVERS LICENSE: YES	<input type="radio"/>	NO	<input type="radio"/>	CHAUFFEUR: YES	<input type="radio"/>	NO	<input type="radio"/>
	IN CASE OF EMERGENCY NOTIFY:									
	LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>	M. I.	<input type="text"/>				
			TELEPHONE #	<input type="text"/>						

FORMER EMPLOYERS		NAME AND ADDRESS OF EMPLOYER	PHONE #	POSITION	REASON FOR LEAVING
	From	Date <input type="text"/> - <input type="text"/> - <input type="text"/>			
To	Date <input type="text"/> - <input type="text"/> - <input type="text"/>				
From	Date <input type="text"/> - <input type="text"/> - <input type="text"/>				
To	Date <input type="text"/> - <input type="text"/> - <input type="text"/>				
From	Date <input type="text"/> - <input type="text"/> - <input type="text"/>				
To	Date <input type="text"/> - <input type="text"/> - <input type="text"/>				

EDUCATION		NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
	HIGH SCHOOL	<input type="text"/>			
	COLLEGE	<input type="text"/>			
	TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	<input type="text"/>			



By signing below, I acknowledge that if _____ (“Client”) submits an application and working hours for me and my application is accepted by FrankCrum*, I will become a FrankCrum leased employee assigned to Client as of the first day for which Client reports payroll and hours worked. My receipt of wages from FrankCrum for hours worked as a leased employee for Client will confirm my agreement to be a FrankCrum leased employee and that FrankCrum may provide any notice to me, including but not limited to, notice required by federal, state, or local law, by providing such notice to me on a statement of earnings or via electronic means (such as e-mail or posting the notice on a website). I understand that (1) FrankCrum is a licensed professional employer organization and has a contract with Client to process Client’s payroll and provide other administrative services, (2) unless otherwise advised by FrankCrum, while I am a FrankCrum leased employee, I will be covered by workers’ compensation insurance provided through FrankCrum for pay periods in which Client submits my working hours and pays FrankCrum, (3) if I am removed from Client’s or FrankCrum’s payroll at any time, I will no longer be covered by workers’ compensation insurance provided through FrankCrum, (4) if my work with Client ends for any reason, I must contact FrankCrum for reassignment within 72 hours by calling 1-800-277-1620 ext. 5000, and that unemployment benefits may be denied me if I fail to do so, (5) I am an at-will employee and I agree that Client, FrankCrum, or I can terminate our employment relationship at any time and that the terms and conditions of my employment may be changed without cause and without notice at any time, and that no one other than the President of FrankCrum has the authority to enter into any agreement to the contrary, and (6) I agree that all the information on this application is true and complete and any false information, omission, or misrepresentation of facts in this application may result in the denial of my application or termination. By signing below, I acknowledge receipt of the following notices: **South Carolina Notice:** FrankCrum operates under and is subject to the Workers’ Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify immediately FrankCrum by mail at 100 South Missouri Ave., Clearwater, FL 33756 or by phone at 1-800-393-0815; or the Client by mail at the Client’s home office or phone at Client’s home office telephone number. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to me or my beneficiaries and may result in failure to receive any compensation benefits. Professional employer organizations are regulated by the South Carolina Department of Consumer Affairs (SCDCA). Any questions or concerns unresolved by FrankCrum or Client may be addressed to the SCDCA by (1) Phone: (803) 734-4200, (2) Mail: P.O. Box 5757, Columbia, S.C. 29250-5757, or (3) Website: www.sccconsumer.gov. **Texas Notice:** Pursuant to §91.032(c) of the Texas Labor Code, Client is solely obligated to pay any wages for which (1) the obligation to pay is created by an agreement, contract, plan, or policy between me and Client, and (2) FrankCrum has not contracted to pay. I may address all unresolved complaints concerning FrankCrum or questions concerning the regulation of staff leasing services to the Texas Department of Licensing & Regulation by phone at 1-800-803-9202 or mail at P.O. Box 12157, Austin, Texas 78711. **Virginia Notice: Filing For Workers’ Compensation Benefits:** If I suffer a workplace injury or an occupational disease, I can file a claim for workers’ compensation benefits with the Virginia Workers Compensation Commission by (1) Phone: 1-877 664-2566 or (2) Website: www.vwc.state.va.us. **Filing For Unemployment Benefits:** If I am terminated, I can apply for unemployment benefits with the Virginia Employment Commission by (1) Phone 1-866-832-2363 or (2) Website: www.vaemploy.com.

CONSENT TO RECEIVE W-2 FORMS ELECTRONICALLY

By signing below, I agree to receive all W-2 forms due to me from FrankCrum in electronic form via email, posting on a website, or another legally permitted method pursuant to the following terms. W-2s that are due to me from FrankCrum will be provided in electronic form via email, posting on a website designated by FrankCrum, or another legally permitted method. All electronically provided W-2s will be maintained on a website through October 15th of the year following the calendar year for that W-2, or the first business day after October 15th if October 15th falls on a Saturday, Sunday, or legal holiday. If I do not agree to receive W-2s in electronic form, FrankCrum will furnish me with paper copies of W-2s due to me from them. If I request a paper copy of my W-2 in addition to an electronic copy, such request will not be considered a withdrawal of my consent to receive my W-2 electronically. I can request an additional paper copy of my W-2 by sending a request via the W-2 link on the designated website. My consent to receive W-2s electronically will only be considered withdrawn if I follow the instructions provided to me by FrankCrum on the designated website, or if I send a written statement to FrankCrum’s W-2 Department at 100 South Missouri Avenue, Clearwater, Florida 33756, phone number (727) 726-2786 stating that I no longer wish to receive W-2s electronically. If at anytime I withdraw my consent to receive W-2s electronically, FrankCrum will confirm in writing via the e-mail address it has on file for me on the date of my withdrawal. Such a withdrawal will not apply to any W-2 that FrankCrum has previously furnished me electronically. If my employment with my employer ceases or if my employer’s relationship with FrankCrum ends, FrankCrum will only need to furnish me with W-2s, whether paper or electronic, for wages I earned while a FrankCrum leased employee. If my email address, home address, and/or telephone number changes, it will be my responsibility to provide updated contact information to FrankCrum via its W-2 Department. If FrankCrum’s above contact information changes, I will be informed via the e-mail address FrankCrum has on file for me. In order to print and retain the electronic copy of my W-2s, I will need access to the Internet, an Internet Browser, software capable of reading and printing electronic data files, and a printer. I may be required to print out a paper copy of the electronic W-2 to attach to my Federal, State, and/or local income tax return.

By checking the space at the end of this sentence I indicate that I do not consent to receiving my W-2 form electronically and wish to receive only paper copies of W-2 forms due to me from FrankCrum. _____

Employee Signature

Print Name

E-Mail Address (Print)

Date

CLIENT FILL IN BLANKS BELOW

Current Workers’ Comp Code	State	Dept. No (if applicable)	Hourly Pay Rate	Pay Type	Pay Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Hourly	<input type="radio"/> Weekly
				<input type="radio"/> Salary	<input type="radio"/> Bi-Weekly
				<input type="radio"/> Commission	<input type="radio"/> Semi Monthly
					<input type="radio"/> Monthly

Job Description	Permanent Deductions Currently On File	
	Amount	Description
_____	\$ <input type="text"/>	<input type="text"/>
_____	\$ <input type="text"/>	<input type="text"/>
_____	\$ <input type="text"/>	<input type="text"/>
_____	\$ <input type="text"/>	<input type="text"/>

*FrankCrum includes the following companies: FrankCrum 1, Inc., FrankCrum 2, Inc., FrankCrum 3, Inc., FrankCrum 4, Inc., FrankCrum 5, Inc., FrankCrum 6, Inc., FrankCrum 7, Inc., FrankCrum 8, Inc., FrankCrum 9, Inc., FrankCrum 11, Inc., FrankCrum 12, Inc., FrankCrum, Inc., and FrankCrum of California, Inc.