

GENERAL INFORMATION

Applicant's Name: _____ Email: _____
 Date of Birth: _____ Employee Cell Phone: _____
 Emergency Contact: _____ Relationship: _____
 Contact's Work Phone: _____ Contact's Cell Phone: _____

EEO Voluntary Self Identification (circle one)

Completion of this information is voluntary and will not affect your opportunity for employment, or terms or conditions of employment.

1. Gender: Male or Female
2. Ethnicity: Are you Hispanic or Latino?
3. Race:
 - White
 - Black
 - American Indian/Alaskan Native
 - Asian
 - South or Central American (maintains tribal affiliation or community attachment)
 - Pakistan, Philippine Islands, Thailand or Vietnam
 - Native Hawaiian or Pacific Islander
 - Two or More Races



Form W-4 Department of the Treasury Internal Revenue Service	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.	OMB No. 1545-0074 2026
Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____ Address _____ City or town, state, and ZIP code _____	(b) Social security number _____ 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 .
	(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.)	
	Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.	

TIP: Consider using the estimator at 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.

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 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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): (a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ _____ (b) Multiply the number of other dependents by \$500 3(b) \$ _____ Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here 3 \$ _____	
Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____	

Exempt from withholding I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

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.

Employers Only	Employer's name and address IRM, LLC 3014 US HWY 301 N. • SUITE 1000 • TAMPA, FL 33619	First date of employment	Employer identification number (EIN)
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PLEASE RETURN THIS PAGE TO IRM-PAYROLL FAX # (813) 279-6004

EMPLOYEE ACKNOWLEDGMENTS

A. REPRESENTATIONS I certify that answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contains here and in the Application for Leased Employees with Infiniti Resource Management (IRM) as may be necessary in arriving at a final employment decision. I understand that the Application is not, and is not intended to be a Contract of Employment.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. Omitting material information may also be grounds for discharge. I understand that I am also required to abide by all Rules and Regulations of IRM and the Company to which I am assigned. I acknowledge that I have read and had ample opportunity to understand the contents of the employee handbook.

Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice and that the first 90 days of employment is on a probationary basis.

B. IRM'S DRUG AND ALCOHOL POLICY I have been told and understand that my employer has a policy that employees under the influence of alcohol, illegal drugs or un-prescribed chemical substances during working hours will be subject to disciplinary action which could include termination.

I agree that under appropriate circumstances, particularly if I am involved in an accident during working hours, I may be required and will submit to a test administered by a qualified authority that will determine if alcohol, illegal drugs or un-prescribed chemical substances are present. I understand that positive results of this test can affect my eligibility for Worker' Compensation benefits.

I do hereby authorize my employer or representative of my employer to obtain medical reports, records, or tests, which indicate the presence of alcohol, illegal drugs, or un-prescribed chemical substances in my body.

I acknowledge that if an injury caused by my refusal to use safety appliance or observe a safety rule required by FL statute 440.09, my compensation shall be reduced by twenty-five percent (25).

I agree that a Photostat of this authorization be accepted if necessary. This policy has been read to me and I fully understand it.

C. LEASED EMPLOYEE NOTICE I, the undersigned employee, acknowledge by my signature that I have been informed that I am a leased employee of IRM leased to _____ (CLIENT). I further understand that either IRM or I can terminate our employment relationship at any time, as I am an At-Will employee. I also acknowledge that while I am a leased employee of IRM if, IRM does not receive payment from the client for services which I perform as a leased-employee, IRM will pay me the applicable minimum wage (or the legally required overtime pay in a work week in which I have worked overtime) for any such pay period, and I agree to this method of compensation. I hereby authorize IRM to deduct from my final paycheck any monies owed by me to either IRM or in the event of my separation of employment.

IRM does not cover any loss or damage to any employee's property, and all employees shall defend, indemnify, and hold IRM harmless for any and all fines, penalties and assessments including attorney fees, incurred by IRM as a result of any violations of and Federal, State, or Local Law, Regulation or Ordinance relating to health and safety with respect to premises owned or controlled by client and to which IRM employees are assigned.

As a leased employee, I have read and understand that upon conclusion of each job assignment, regardless of the duration of the assignment I must contact IRM for reassignment. If I have been terminated for misconduct or if I am uncooperative, argumentative, or exhibit any other negative behavior at the time of reassignment this will eliminate me from the opportunity for reassignment. Failure to contact IRM the next business day (Monday-Friday 8:30 a.m. - 5:00 p.m. EST) may result in a denial of unemployment benefits.

D. EQUAL OPPORTUNITY AND HARASSMENT I also acknowledge that if at any time during my employment (or during the application for employment process) I am subjected to any type of discrimination because of race, sex, age, religion, color, national origin, disability, marital status, or if I am subjected to any type of harassment, including sexual harassment, I agree to immediately contact IRM, 3014 US Highway 301 N., Suite 1000, Tampa, FL 33619 or at (813) 664-1664 in order to obtain assistance in the resolution of such matters.

I acknowledge that I have read section A. Representations, B. IRM's Drug and Alcohol Policy, C. Leased Employee Notice, and D. Equal Opportunity and Harassment.

Signature _____

Date _____

PLEASE RETURN THIS PAGE TO IRM-PAYROLL FAX # (813) 279-6004

EMPLOYEE SAFE WORKING PRACTICES AGREEMENT

As a condition of employment, I _____
(please print full name)

do hereby agree to comply with the following safe working practices:

1. I agree to follow established departmental safety procedures.
2. I agree to wear all personal protective equipment (PPE) required to wear.
3. I agree to report any work-related accident or injury to my supervisor as soon as it occurs, but no later than the end of my shift regardless if medical treatment is sought.
4. If I need treatment for a work-related injury, I agree to:
 - a. Notify my SUPERVISOR of the need for treatment.
 - b. Only go to an EMPLOYER directed physician for necessary treatment.
 - c. Have a post-accident drug screen completed within 24 hours of the injury at the designated location my EMPLOYER has provided.

I understand that a failure on my part to follow the above procedures could result in denial of workers' compensation benefits and disciplinary action up to and including termination.

I understand that according to Florida Statute 440.09(5) if I am injured while failing to wear the proper Personal Protective Equipment (PPE) provided to me by my employer it will result in a 25% reduction in my compensation benefits.

I also understand that according to the rules and regulations for the State of Florida Workers' Compensation Law, my compensation benefits could be reduced for any injury, which occurs because of a failure to follow established safety procedures.

Employee Signature

Date

Witness Signature

Date



EMPLOYEE DIRECT DEPOSIT APPLICATION

Employee Instructions:

1. Complete the employee required information section.
2. Complete the direct deposit data.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the original to your employer.

EMPLOYEE - Required Information	
<small>Please Print</small>	
Employee Name	_____
Social Security No.	___ ___ / ___ ___ / ___ ___
Preferred Language-	English or Spanish (circle)

Employer Instructions:

1. Complete the Employer Information.
2. Return this original form to IRM office.

EMPLOYER - Required Information	
<small>Please Print</small>	
Client Name	_____
Client Number	_____
Federal EIN -	_____

Complete for Direct Deposit	
I would like my wages/salary deposited to the following bank account(s):	
<input type="checkbox"/> Checking Bank Name - _____ Attach a voided check or bank letter. Please no deposit tickets.	<input type="checkbox"/> Savings Bank Name - _____ Attach a voided check or bank letter. Please no deposit tickets.
<input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____% of Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____.00	<input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____% of Net Pay <input type="checkbox"/> Specific Dollar Amount \$ _____.00 <input type="checkbox"/> Remainder Balance <input type="checkbox"/> Cancel My Direct Deposit

I hereby authorize my Infiniti Resource Management, LLC (hereinafter IRM), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by IRM to my account. In the event that IRM deposits funds erroneously into my account, I authorize IRM to debit my account for an amount not to exceed the original amount of the erroneous credit. You will incur a \$0.30 processing fee per transaction. If the account information given to IRM is not accurate and the prenote file is rejected you will incur a \$5.00 fee and a \$30.00 fee if the funds get returned.

This authorization is to remain in full force and in effect until BANK and IRM have received written notice from me of its termination in such time and in such manner as to afford IRM and BANK a reasonable opportunity to act on it.

Employee Signature _____ Date ___/___/___ **Return this form to your employer.**

Entered By _____
 Fee Setup By _____

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Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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		Employee's Email Address		Employee's Telephone Number	
<p>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.</p>		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. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , 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)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: 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.

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 IRM LLC		Employer's Business or Organization Address, City or Town, State, ZIP Code 3014 US 301 N #1000, TAMPA, FL 33619		

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



NEW EMPLOYEE INFORMATION

FOR MANAGER USE ONLY

COMPANY NAME: (PLEASE PRINT) _____

EMPLOYEE NAME: (PLEASE PRINT) _____

EMPLOYEE START DATE: _____ **FULL-TIME** **PART-TIME**

PAY FREQUENCY **WEEKLY** **BI WEEKLY** **SEMI MONTHLY** **MONTHLY**

LOCATION: _____

DEPARTMENT: _____

POSITION (JOB FUNCTION): _____

WAGE TYPE	
HOURLY RATE: _____	OR
ANNUAL SALARY: _____	OR
COMMISSION: YES <input type="checkbox"/> NO <input type="checkbox"/>	

CLIENT AUTHORIZED NAME: (PLEASE PRINT) _____

CLIENT SIGNATURE: _____

PLEASE RETURN THE FOLLOWING NEW HIRE DOCUMENTS TO IRM

BY FAX 813-279-6004 OR BY EMAIL TO YOUR PROCESSOR

- W4
- EMPLOYEE ACKNOWLEDGMENT
- SAFETY FORM
- DIRECT DEPOSIT FORM
- I-9
- NEW EMPLOYEE INFORMATION

