

EMPLOYEE ENROLLMENT CHECKLIST – FISCAL AGENT

☐ New Hire

☐ Re-Hire

Employee: _____

Gender (check one): ☐ M ☐ F

Effective Hire Date: _____

Employer (Prog #): _____

Pay Rate: _____

County: _____

Employee Email: _____

IMPORTANT: Effective 10/1/12 all new employees must wait to begin work until their criminal background check (BC) is cleared by the MN Dept of Human Services. No hours can be recorded on the timesheet on any day prior to the employee receiving written verification of their BC clearance. Written clearance to work may come from Dungarvin or MN DHS or both.

THE CUT OFF FOR SUBMITTING PACKETS IS NOON WEDNESDAY BEFORE THE PAY PERIOD END

Employee is covered under worker's compensation: ☐ Yes or ☐ No (check which applies)

If no, check which exclusion rule applies:

- ☐ Wages for all employees under this employer never exceed \$1000 gross per calendar quarter
- ☐ Employee is parent, spouse or child of the employer

If neither of these exclusions apply worker's compensation insurance **must** be provided by law

****BEFORE SUBMITTING TO DUNGARVIN****

All new employees must have their supervisor/the employer sign under Section 2, Employer Review on Form I-9 Employee Eligibility and Verification. All required information concerning employee identification must be filled in section 2 or the employee must submit copies of the identification

- ☐ Application
- ☐ W-4
- ☐ Employment Eligibility and Verification Form I-9
- ☐ Declaration of Tax Liability
- ☐ Paycheck Distribution Enrollment Form
- ☐ ADP Total Pay card enrollment form (complete only if declining direct deposit)
- ☐ Criminal Background Check Bubble Form- check is required for ALL employees effective 10/1/12 bubble form must be **Complete and filled out correctly** in order to process
- ☐ Authorization to Submit Criminal Background Check
- ☐ Fair Credit Reporting Act (for employee to keep)
- ☐ How to access your pay information (Keep this for future reference- Dungarvin does not send paper pay stubs)

*****Double-underlined forms are the only forms required for re-hire.**

*****Any employee who does not work in more than six months will be automatically terminated unless an exception request is made prior to their termination. Terminated employees can be re-hired by resubmitting the hiring packet. *****

For Dungarvin Fiscal Service Use Only

Job Code: _____

Job Title: _____

APPLICATION FOR EMPLOYMENT

with _____ Household Employer

(Please Print; Use Reverse Side if Additional Space is Needed)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home Number: () _____ Daytime Number: () _____

POSITION FOR WHICH APPLICATION IS BEING MADE AND HOURS AVAILABLE TO WORK

Position(s) Applied for: _____

Date Available for Employment: _____

PERSONAL INFORMATION

Are you at least 18 years of age? ☐ Yes ☐ No Do you have a valid current driver's license? ☐ Yes ☐ No

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No (Proof will be required upon employment.)

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain briefly: _____

EDUCATION

NAME	LOCATION CITY, STATE	DID YOU GRADUATE?	DATE OF GRADUATION	DEGREE OR AREA OF STUDY
High School:				
College:				
Other:				

Do you have any specific license or certificates pertinent to this position? ☐ Yes ☐ No
Type of License and Number: _____

Have you ever been disciplined or asked to leave a position? ☐ Yes ☐ No If yes, explain briefly: _____

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APPLICATION FOR EMPLOYMENT
PAGE 2 OF 3

EMPLOYMENT HISTORY

May we contact your present employer? ☐ Yes ☐ No If not, please explain: _____

List below present and past employers, beginning with the most recent.

Employer:		Dates: From: _____ To: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Address: _____ Street City State Zip Code			
Job Title:	Hourly Rate/Salary: Start: _____ Final: _____		
Supervisor: _____		Phone: (____) _____	
Job Duties and Responsibilities:			
Reason for Leaving:			
Employer:		Dates: From: _____ To: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Address: _____ Street City State Zip Code			
Job Title:	Hourly Rate/Salary: Start: _____ Final: _____		
Supervisor: _____		Phone: (____) _____	
Job Duties and Responsibilities:			
Reason for Leaving:			

I authorize this Household Employer to contact present and previous employers, references, and to investigate any statements contained in this application

I understand that any misrepresentation or omission of material fact on this application form, or in the course of the application process, may prevent me from being hired, or if hired, is cause for immediate termination of employment.

I attest I received a copy of the Notice of Employee Polygraph Protection act on page 3 of this application.

Signature of Applicant

Date

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

Separate here and give Form W-4 to your employer. Keep the top part for your records.

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2012			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►		Date ►			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
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	Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR	AND
1. U.S. Passport or U.S. Passport Card	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, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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, gender, height, eye color, and address
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	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
	For persons under age 18 who are unable to present a document listed above:
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	10. School record or report card
	11. Clinic, doctor, or hospital record
	12. Day-care or nursery school record

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Declaration of Tax Liability

Program Number and Employer: _____ Employee: _____

Please answer questions:

Is the employee related to the person receiving services? (Check one) ☐ Yes ☐ No If yes, how? _____

Do you want a background check conducted for this employee? (Check one) ☐ Yes ☐ No

Employee wage: _____ Number of Average Scheduled Hours per week: _____

Do you anticipate that the employee will earn more than \$1800 per calendar year? (Check one) ☐ Yes or ☐ No

Signature: _____ Date: _____

For Dungarvin Fiscal Service Use Only

Company is XXXX to EE	EE is XXXX to Company	FICA	FUTA	SUTA
				Pay when total gross wages >\$1000 in a calendar qtr. Once \$1K is met, all wages paid during year is reportable.
Self		Taxable	Exempt	Exempt
Parent	Child	Exempt if <21 yrs old Taxable if >21 yrs old	Exempt if <21 yrs old Taxable if >21 yrs old	Exempt if <18 yrs old Taxable if >18 yrs old
Spouse	Spouse	Exempt	Exempt	Exempt
Child	Parent	Exempt ** see below	Exempt	Exempt if owners own parent Taxable if owners parent in-law (spouses parent)
Other _____	Other _____	Exempt or Taxable when wages >\$1800/yr	Exempt or Taxable when wages >\$1000/qtr up to \$7K in wages for all non-exempt ees	Exempt or Taxable when wages >\$1000/qtr up to \$7K in wages for all non-exempt ees

Signature _____
Dungarvin Fiscal Services Representative

Date _____

PAYCHECK DISTRIBUTION ENROLLMENT / CHANGE FORM

Employee Name: _____

Employee Number: _____ Dungarvin Company (State): _____

**If you wish to enroll in the ADP TotalPay card,
please fill out the ADP Total Pay Card Enrollment form.**

Dungarvin pays employees electronically to ensure timely payment of wages. Employees will also receive pay stub information electronically, through an internet web site or an interactive voice response system. Please note that new enrollments or changes in designations **will be effective on the next available pay date after the payroll department receives a completed authorization form.**

☐ I wish to enroll in Direct Deposit of my net pay.

Employee Signature _____

Paycheck Distribution Enrollment / Change

Attach a voided check (for checking accounts) or spec sheet from the bank (for saving accounts) to this form.

You may choose up to 3 accounts for Direct Deposit. Enter all of the information for each account into which you want direct deposit. If all of your net pay is to be deposited in one account, please enter "ALL" in the Amount of Deposit column. You may deposit a fixed amount into one or more accounts with the remaining balance entered into another account. Enter the fixed dollar amount for the appropriate account(s) and "BAL" in the Amount of Deposit column for the remaining account. **Please note: If your net pay is less than your specified fixed dollar amount, your entire deposit will be deposited into the account you designated as "BAL."**

Complete the following information: the type of change, the financial institution name, type of account (checking, savings or ADP TotalPay Card-TP Card), the routing number, account number, and amount of deposit.

Type of Change	Type of Account	Financial Institution Name	Routing Number	Account Number	Amount of Deposit
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				

I understand that failure to provide a voided check or spec sheet or any illegible information on this form may result in an unsuccessful direct deposit and a delay in payment. I authorize Dungarvin and the financial institution(s) above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any entries made in error. This authority will remain in effect until I cancel it or change it in writing.

Employee Signature: _____

Date: _____

For NCO Use Only
N-HR-28, Eff.: 3/9/12

P5-12e
Effective: 05/10/12
Dungarvin Fiscal Services

ADP TOTAL PAY CARD ENROLLMENT FORM

Employee Name: _____

Employee Number: _____ Dungarvin Company (State): _____

Dungarvin pays employees electronically to ensure timely payment of wages. Employees will also receive pay stub information electronically through an internet web site or an interactive voice response system. Please note that new enrollments or changes in designations will be **effective on the next available pay date after the payroll department receives a completed authorization form.**

☐ I wish to enroll in the ADP TotalPay Card program for deposit of my net pay. (Complete A, B & C below.)

Employee Signature _____

ADP Total Pay Card Enrollment

(For Dungarvin use only – TPC account#: _____ Entered in ADP? ☐ N ☐ Y, _____ date)

A. SSN: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Email address: _____

B. I am requesting: ☐ full deposit of my pay check onto the ADP Total Pay Card
☐ partial deposit \$ _____ (amount per check.) (This option is only available if the rest of your pay check is direct deposited into your checking or savings account.)

NOTE: Before your pay check can be deposited onto your Total Pay Card, you need to activate your card. Please activate your card within the 48 hours that follow your receipt of the card. If you cannot or have problems activating your card, please contact the NCO Payroll Department at (800)967-2791.

If you lose your card or if it is stolen, it is your responsibility to contact Total Pay card with a lost/stolen report. The contact information is included in the packet of information that comes with your card.

C. Authorization

By accepting and using my TotalPay Card, I agree to be bound by the terms and conditions outlined in the TotalPay Card Cardholder Agreement that I will receive upon enrollment. I authorize ADP to credit any amounts owed to me, as instructed by my employer, by initiating credit entries to my TotalPay Card. I authorize ADP to debit my card to rectify an error for any amount not to exceed the original amount of the erroneous credit. This authority will remain in effect until I cancel it or change it in writing. I agree that I have received a summary of the TotalPay Cardholder fees. I further understand that I will receive the Terms and Conditions to be sent to me with my card.

Employee Signature: _____

Date: _____

For NCO Use Only
N-HR-27, Eff.: 3/9/12

P5-26b
Effective: 05/10/12
Dungarvin Fiscal Services

PRIVACY NOTICE Your privacy rights are outlined in a separate notice entitled "Background Study Privacy Notice" (dated 09/01/2003). It is available from the agency who is initiating this study of you, or by calling 651-431-8500 (voice) or 651-282-6832 (TTY)

Instructions: Fill in all data below. One letter or number per box. For each letter or number shade in corresponding box below.

[illegible]

GENDER	
<input type="checkbox"/>	FEMALE
<input type="checkbox"/>	MALE

SIGNATURE:

[illegible][illegible][illegible]

I do not have a Minnesota License or ID:

Below is my MN Identification Number

[illegible]

AUTHORIZATION TO SUBMIT BACKGROUND CHECK

Privacy Notice:

MINNESOTA DEPARTMENT OF HUMAN SERVICES LICENSED FACILITIES EDUCATIONAL PROGRAMS, TEMPORARY EMPLOYMENT AGENCIES, PROFESSIONAL SERVICES AGENCIES

BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. Purpose and intended use of the information: Minnesota Statutes, chapter 245C, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals providing direct contact services to people receiving services from facilities and agencies licensed by DHS. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
2. Whether you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
4. Known consequences that will arise from refusing to supply the requested information: Only items identified as 'optional' may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.

5. Identification of other agencies or entities authorized to receive this information; The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

9/03

Authorization for Submission and Release of Criminal Background Check

I have read and understand the preceding privacy Notice. I agree to submit my personal information for the purposes of conducting a background check. I acknowledge I have received a "Summary of Your Rights Under the Fair Credit Reporting Act."

Name (Print)

Name (Signature)

Date

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word 'National' or initials 'N.A.' appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word 'Federal' or initials 'F.S.B.' appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words 'Federal Credit Union' appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-26381-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

FOR the Employee to Keep

How to Access Your Pay Information

ON-LINE

Step 1: Register. You will need to register one time before being able to view your pay statements online. Step-by-step detailed directions on how to register are available, if you need them, from your supervisor or local HR department.

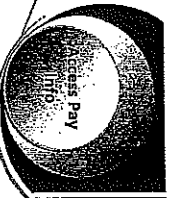
1. Go to <https://pay.add.com> and click on Register Now.
2. On the following welcome screen, click on Register Now.
3. Enter Dunganville in the Registration Pass Code box and click Next.
4. Enter your name, last 4 digits of your social security number, and date of birth. Your name must be entered EXACTLY as it is on record with the payroll department. Click on Next.
5. Enter your personal email address. We recommend using a personal email address for receipt of notifications such as your login and password information. If you need to sign up for a personal email address, we recommend using yahoo.com or hotmail.com. Phone number is optional. Click on Next.
 - a. If you do not have a personal email address or cannot immediately sign up for one, you can use passwordless@dunganville.com until you set up your own. Please note that you will not be able to receive email notifications if you choose this email and that it should only be used temporarily.
6. Enter your place of birth and birth month and day.
7. Select two security questions and enter your answers, then click on Next.

IMPORTANT: The security questions and answers are used if you forget your log in credentials, so be sure to choose information that you will remember. You should make a note of your answers and keep them in a safe place.
8. Your User ID will display on the next screen. Your User ID will be first initial last name@dunganville.com, i.e. j.smith@dunganville.com.
9. Create your password and click on Submit. Your password is case sensitive.
10. Select Pay Statements and click Log On.

Step 2: Log in. Once you have registered, do the following to access your pay information:

1. Go to <https://pay.add.com>.
2. Click on Login.
3. Enter your User ID and password that were created during your registration process.
4. Click on OK.
5. Click on the pay date of the check you wish to see.

(continued on back)



6. To view your W-2, click on the circle next to W-2. (This feature won't be available until January 2011.)

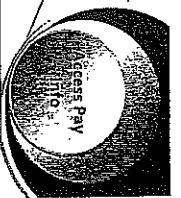
You will be able to access the current pay period up to 48 hours in advance of the actual pay date.

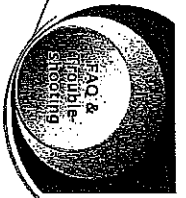
BY PHONE

You can also receive your net pay by calling into a phone system.

1. Call: 1-877-894-5681.
2. Select 1 for English; 2 for Spanish.
3. Enter our six-digit Client ID #: 071002.
4. Enter your Social Security number.
5. Enter your PIN. If you are using the system for the first time, you will be asked to set up a digital PIN (6 digit number). You will need to confirm your date of birth and current zip code when you first register.

You will be able to access the current pay period up to 24 hours in advance of the actual pay date.





HOW DO I?	ACTION
How do I log onto to view my iPayStatements?	If you are logging on for the first time, you must register first. See the "How to Access Your Pay Information" document. Once registered, do the following to log on to view your iPayStatements. 1. Go to https://ipay.adp.com 2. Click Login 3. Enter your User ID and password 4. Click OK
How do I access my iPayStatements if I forgot my password?	To reset your password, do the following: 1. Go to https://ipay.adp.com 2. Click Forgot Your Password? 3. Enter your User ID 4. Follow the instructions to answer security questions you set up during registration. If you do not know the answers to these questions, contact the Corporate Payroll office. 5. Create a new password 6. Click Continue
How do I access my iPayStatements if I forgot my User ID?	To view your User ID, do the following: 1. Go to https://ipay.adp.com 2. Click Forgot Your User ID? 3. Follow the instructions to answer security questions you set up during registration. RESULT: Your User ID is displayed. If not, contact the Corporate Payroll office. 4. Click Continue
How do I know my information is secure?	As soon as you log in, your connection to your iPayStatements is secure. If you leave your computer unattended or you forget to log off before exiting the site, you will automatically be logged off after 20 minutes. Once you are logged in, your information is protected with SSL technology. SSL is used to encrypt your personal information such as your User ID, password, and salary and wage information. To further ensure your information is secure and confidential, do the following: • If you are logged in and need to walk away for any reason, click Log Off. When you log off, your secure connection will be terminated. To view your information again, you will need to log on again (re-enter your User ID and password). • Select a password that would be difficult for others to guess.

HOW DO I?	ACTION
How do I set up my password correctly?	• Passwords must be from 8 to 20 characters in length and include at least 1 alpha (upper or lowercase) and at least 1 numeric character. NOTE: Special characters - !@#\$ can be used and your password is case sensitive.
Can my password expire?	Your password must be changed every six months.
What happens if I respond incorrectly to the challenge questions?	You will need to contact the Corporate Payroll office to reset your password.
You are a new employee who will use iPayStatements, but you are unable to register.	You must wait until your first pay date has passed before you can register to use iPayStatements. For example, if you receive a paper paycheck on Thursday afternoon, but the funds are not available until Friday (the pay date), you must wait until Friday to access iPayStatements for the first time.
After 20 minutes, the site times out.	To protect your privacy, iPayStatements has a 20-minute idle time limit. After 20 minutes, you will be logged off of iPayStatements and you will have to log in again to access the site.
Can I receive an e-mail when my latest pay statement is available?	Yes. To set up this option, log into iPayStatements and click Change Your Notifications Options.
You receive your email notification after payday.	If you elect to have an automatic email notification sent to you when your current earnings statement is available, it is possible that you may receive this notification after payday. This does not affect your direct deposit.
When you try to view your pay information, a File Download message window is displayed indicating you should open the file or save it to a disk.	You need the latest version of Adobe® Reader® to view your wage and salary information. • Click Cancel to close the File Download message window. • On the iPayStatements home page, click the Adobe Reader link to download the latest version of Adobe Reader.
Some parts of the site don't seem to be working.	Blocking all pop-ups may prevent important features in iPayStatements from working. ADP recommends that you turn off any pop-up blockers while using iPayStatements. For more information about pop-up blockers, refer to the iPayStatements online help.

