

Florida New Hire Form



EMPLOYEE PROFILE AND INFORMATION

Section 1: To Be Completed by the Employee

Today's Date:		Social Security Number:	
Last Name:	First Name:	Middle:	
Home Street Address			Apt No.:
City:	State:	Zip Code:	
County:	Date of Birth:		
Telephone Number:	Email Address:		
Driver's License No.:	State of License:		
Emergency Contact:	Relationship:		
Home Telephone No.:	Alternate Telephone No.:		

The following information is voluntary and will be used for the sole purpose of EEOC filing.

Race/Ethnic Group: White Black/African American Hispanic/Latino Two or More Races
 Native Hawaiian or Other Pacific Islander Native American or Alaskan Native Asian

Sex: Male Female

Section 2: To Be Completed by the Client

Client Name:	Original Date of Hire:		
Employee Department:	Location:		
Employee Title:	WC #:	Benefit Class:	
Rate of Pay:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	<input type="checkbox"/> Commission <input type="checkbox"/> Piece Rate <input type="checkbox"/> On-Call <input type="checkbox"/> Seasonal
Std. Hours:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	FLSA Status: <input type="checkbox"/> Non-exempt <input type="checkbox"/> Exempt
Supervisor/Reports to:			
<input type="checkbox"/> Owner/Officer <input type="checkbox"/> Shareholder			
If Rehired, Date of Rehire:			

Client Signature: _____ Date: _____

EMPLOYEE ACKNOWLEDGMENT

I hereby acknowledge my current employer (Client Company) has entered into an employee leasing contract with Synuity, a professional employer organization. I acknowledge by my signature below that I have been informed that I will be a leased employee of Synuity, and its affiliates, assigned to the Client.

As a leased employee, I agree that my relationship with Synuity is that of an employee-at-will. My job status does not guarantee employment for any specific length of time. My employment with Synuity is entered into voluntarily and both I and Synuity are free to end the employment relationship at any time, for any reason, with or without cause or advance notice. I further understand that the reference to employment-at-will does not change my employment status with the Client as it existed before the agreement with Synuity. The Client and/or my immediate supervisor will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment.

I agree that while I am a leased employee of Synuity, if Synuity does not receive payment from the Client for services which I perform as a leased employee, Synuity will still pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. I understand and agree that Synuity has no obligation to pay me any other compensation or benefit unless Synuity has specifically, in a written agreement with me, adopted the Client's obligation to pay me such compensation or benefit. I understand that the Client to which I am assigned at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am a exempt employee even if Synuity is not paid by the Client to which I am assigned. I understand and agree that Synuity does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where payment for such items has not been received by Synuity from the Client to which I am assigned.

I also agree that if at any time during my employment I have any questions about the administrative services being provided to me as a leased employee (e.g., the accuracy of my payroll check, the scope or availability of benefits, including FMLA, or workers' compensation matters), or if I am subjected to any type of discrimination or harassment, including discrimination or harassment because of race, color, sex, religion, national origin, disability, handicap, age, marital status, or if I am subjected to retaliation because I have in good faith reported such discrimination or harassment, I have an affirmative responsibility to report this action and I will immediately contact the Human Resources Department of Synuity at 1.888.944.2667.

The Co-Employment Relationship

Synuity is hired to provide human resource management services for clients and employees through a co-employment relationship. The following conditions exist between Synuity, the Client, and the employee:

1. The employee is an administrative employee of Synuity but is under the direct supervision and control of the Client.
2. The employment is of mutual consent and is considered a relationship at will and does not constitute a contract of employment. Synuity, the Client, or the employee can terminate the employment relationship at any time with or without notice or cause.
3. Employee agrees to abide by the employment policies and standards of conduct set by Synuity and the Client.
4. New employees understand that from his/her hire date with Client he/she will be on probation for 90 days of employment. (The probation period may be waived for an employee who has been working at the Client worksite for more than 90 days.)
5. Employee agrees to comply with any drug testing policy which Synuity may adopt and specifically agrees to any post-accident drug testing in any situation where allowed by law. Employee will be given a copy of any drug testing policy adopted by Synuity.
6. Employee understands that, as a condition of hire or continued employment, he/she may be required to undergo a background investigation, including but not limited to, criminal, credit, or motor vehicle history, upon proper written authorization in compliance with the Fair Credit Reporting Act.

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I certify that I have been advised that, if I am injured on the job, regardless of how minor the injury may seem, I must report the injury immediately to my supervisor and that my benefits under workers' compensation law may be affected or denied if I fail to report the injury. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such statutes which may result from suits against customers or clients of Synuity or against Synuity, (it's parent, affiliates, and subsidiaries) based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of Synuity or against Synuity, (it's parent, affiliates, and subsidiaries) for damages based upon injuries which are covered under such workers' compensation statutes.

I certify that I have read, understand, and agree to the acknowledgments, conditions, and requirements contained in the above sections. I understand that if my employment ends for any reason, I must contact Synuity within seventy-two (72) hours for possible reassignment and that my unemployment benefits may be denied if I fail to do so. I understand that any false or misleading answers or omissions with regard to any aspect of the hiring process is sufficient reason for Synuity to withhold or withdraw an offer of employment or, if I am employed, to take disciplinary action, up to and including termination of employment. I understand and agree that my answers and any information provided during the hiring process may be researched and verified by Synuity and, to the extent allowed by law, I hereby release Synuity, its officers, employees, agents, and all related parties from any and all claims, causes of action, and damages alleged to have been caused by or relating in any way to such investigation or inquiry conducted by Synuity, (it's parent, affiliates, and subsidiaries).

I understand that my signature below does not alter any pre-existing agreement, which I may have had with the Client to which I have been assigned as a leased employee. However, there is no contract of employment which exists between me and Synuity and I understand that Synuity is not responsible for and accepts no liability under any pre-existing agreement which I may have had.

Employee Signature: _____ Date: _____



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	

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>	
<p><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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
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**



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

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 (Family Name)	First Name (Given Name)	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 (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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 (mm/dd/yyyy)	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 (Street Number and Name)		City or Town	State	ZIP Code

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

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

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 (if any) (mm/dd/yyyy)
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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 (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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 		<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, gender, 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, gender, 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 		<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

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

Refer to the instructions for more information about acceptable receipts.

Direct Deposit Authorization



General Information

Client Name:	Date:
Employee Name:	SSN:
Department:	Position:

I authorize and request Synuity to make the following payroll deductions each pay period:

Account 1

I Would Like to:

- Set Up a New Direct Deposit Account
- Change My Existing Direct Deposit Account
- Cancel My Direct Deposit

Type of Account:

- Checking Account*
- Savings Account
- Pay Card Account

Type of Deposit:

- Full Deposit: Direct deposit my entire net paycheck
- Partial Deposit: Direct deposit the amount of \$ _____ (no percentages)

Account Information:

Name of Institution: _____
Account Number: _____ ABA/Routing Number: _____

Account 2

I Would Like to:

- Set Up a New Direct Deposit Account
- Change My Existing Direct Deposit Account
- Cancel My Direct Deposit

Type of Account:

- Checking Account*
- Savings Account
- Pay Card Account

Type of Deposit:

- Full Deposit: Direct deposit my entire net paycheck
- Partial Deposit: Direct deposit the amount of \$ _____ (no percentages)

Account Information:

Name of Institution: _____
Account Number: _____ ABA/Routing Number: _____

The authority is to remain in effect until Synuity receives written notification from me of its termination in such time and in such manner as to afford Synuity and the Financial Institution a reasonable opportunity to act accordingly.

Employee Signature: _____ Date: _____

Note: Please allow 3 (three) payroll cycles for account processing.

For Checking Accounts - Please attach a copy of a "void" check. Deposit Slips are not acceptable.

For Savings Account - Please attach a direct deposit form provided by your financial institution,

For Pay Cards - Please attach a copy of your enrollment form.