



Employee Enrollment Package

Client Name: _____

Employee Name: _____

Employee Telephone: _____

Employee Email: _____

☐Phoenix Payroll Solutions ☐Phoenix Payroll Solutions II ☐Phoenix Payroll Solutions III

An Equal Opportunity Employer

We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability/handicap or marital status.

If you need a reasonable accommodation in completing this package, please inform us.

Phoenix Payroll Solutions, Phoenix Payroll Solutions II, Phoenix Payroll Solutions III (hereinafter referred as Phoenix) are part of the Phoenix Payroll Solutions group of companies that is a co-employer providing services to its Client Company/Worksite Employer and the Client Company's worksite employees. As a co-employer, Phoenix is the employer of record for payroll, tax reporting, benefits, workers' compensation insurance, claims management and other administrative functions. The Client Company/Worksite Employer is responsible for the day to day direction, control and oversight of the business if the Client Company/Worksite Employer and the worksite employees.

NOTE: This Enrollment Package must not be completed until a potential employee has received a conditional offer of employment from the Client Company/Worksite Employer.

**THIS COMPLETED PACKAGE MUST BE
SUBMITTED TO PHOENIX PRIOR TO THE
EMPLOYEE BEGINNING WORK**

IMPORTANT—CLIENT COMPANY/WORKSITE EMPLOYER PLEASE NOTE

Federal law requires that work site employers must complete and maintain a fully completed Employment Eligibility Verification Form (Form I-9) for every employee.

Phoenix is providing this form as well as instructions and assistance in the proper completion and maintenance of I-9 forms. Phoenix does not collect Form I-9.

Additional instructions and forms can be obtained at <http://www.uscis.gov/files/form/i-9.pdf>

SECTION 1- EMPLOYMENT QUESTIONNAIRE**Client Name:** _____

Full Employee Name _____

SSN# (For Payroll Purposes) _____ Telephone: _____

Email Address: _____ Date of Birth: _____

Present Mailing

Address: _____
Number & Street Unit # City State Zip County

Emergency Contact Name: _____ Emergency Contact Email: _____

Relationship: _____ Telephone: (____) _____

Type of Work Desired (Describe) _____ Part Time ☐ Full Time ☐Are you 18 years of age or older? ☐ Yes ☐ No If under 18, please state your age _____
(If you are under 18, employment is subject to verification that you are of legal minimum age and can furnish any required work permit.)Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ☐ No ☐Have you been employed through Phoenix previously? Yes ☐ No ☐

If yes, when? _____ Position _____

Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, pled guilty to a crime, had adjudication withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? ☐ Yes ☐ No
If yes, give details concerning the type of crime, the date of the conviction or plea, the penalty imposed, and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary). _____

Have you been arrested and charged with any misdemeanor or felony not disclosed above for which you are out on bail or free on your own recognizance pending disposition or trial (do not include minor traffic infractions for which no court appearance is necessary)?

☐ Yes ☐ No

If yes, give the date(s) and details of the arrest or charge and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary). _____

Have you ever been a defendant in a civil action for an intentional tort (e.g., intentional assault and/or battery, etc.)? Yes ☐ No ☐

If yes, give the nature of the intentional tort, or the disposition of the action, and any other circumstances you deem relevant to a full understanding of what occurred. _____

NOTE: Answering "Yes" to the three previous questions is not an automatic bar to employment. Factors such as age at the time of the offense, seriousness, and nature of the violation, relatedness to the job sought, and evidence of rehabilitation will be taken into account. However, please be advised that a misstatement or omission in answering these questions may be grounds for disciplinary action, including discharge

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING BELOW

The facts set forth in my enrollment are true and complete. I authorize the investigation of all statements contained in this application and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information. I understand that false statements, omissions or misleading statements on this application shall be considered sufficient cause for refusal to hire or dismissal and I agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading statements. I hereby authorize investigation of my employment history, including the contacting of the employers listed previously on my application.

Employee Signature: _____ Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

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.

2026**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		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 .
City or town, state, and ZIP code		
(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.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

SECTION 3— ACKNOWLEDGE & AGREEMENT

I, the undersigned employee, in consideration of my hiring by Phoenix Payroll Solutions as an at-will leased employee, acknowledge and agree to the following:

1. **Employment Agreement.** I agree that this EMPLOYMENT AGREEMENT ("Agreement") is entered into between Phoenix, a Professional Employer Organization (hereinafter referred to as "PEO"), and the undersigned and identified leased employee ("Employee") pursuant to a Client Service Agreement between PEO and the worksite employer in which PEO and my worksite employer have agreed to act as co-employers. This Agreement only pertains to Employee's employment with PEO. CO-EMPLOYMENT. Employee's continued employment is as a co-employee of PEO and my worksite employer. A co-employee is an employee with two employers: the worksite employer and a Professional Employer Organization (PEO). The co-employment relationship allows PEO to provide certain benefits and services to my worksite employer and its employees, including but not limited to, administration of payroll, unemployment benefit administration, workers' compensation and other employee benefits. My worksite employer retains the rights and responsibilities of, including but not limited to, daily management and control, control of employee's activities, employee's job requirements, employee's rate and method of pay and worksite safety.
2. **At-Will Employment.** I agree that I have been hired as an at-will employee of PEO, which is an Employee Leasing Company and there is no contract of employment which exists between me and the Client Company to which I have been assigned, nor between Phoenix and me. I understand and agree that I may be terminated or I may terminate my employment at any time for any reason, or no reason as I am an at-will employee.
3. **Accident Reporting and Workers' Compensation.** I agree to immediately report any and all work-related injuries and accidents to my worksite employer and to PEO. I agree that any work related injuries which may be sustained by me are covered solely and exclusively by the state workers' compensation law and workers' compensation insurance provided by PEO. To the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against PEO for damages based upon injuries that are covered under workers' compensation law. I also agree that if I am injured, unless any other leave program is applicable, I will accept any modified/light duty assignment found to be within the scope of my physical capabilities as determined by the workers' compensation treating physician. I agree to any drug or alcohol testing policy, which PEO may adopt; specifically I agree to post-accident drug testing in any situation allowed by law.
4. **Worksite employer Paid Leave Policies, Family and Medical Leave Act (FMLA) and Other Benefits.** I agree that in the event that my worksite employer maintains policies providing paid leave benefits such as vacation, sick leave, PTO, or severance pay, my worksite employer is solely responsible for paying any accrued benefits under such policies during employment and at the time of termination. PEO does not provide, and has no policy providing, vacation or other paid leave benefits. To the extent paid leave benefits are paid through PEO's payroll to Employee, it is solely as a payroll service on behalf of worksite employer. Similarly, to the extent my worksite employer provides other benefits pursuant to policies to which PEO is not a party, such as stock options, bonuses, profit sharing, retirement benefits, and any other benefits, my worksite employer is solely responsible for providing the benefits prescribed by those policies. My worksite employer is the primary employer responsible for giving required FMLA notices, determining Employees' eligibility for FMLA, providing FMLA leave, and maintenance of health benefits. My worksite employer is responsible for the restoration of employees returning from FMLA leave to their positions according to law. PEO will cooperate fully with my worksite employer in the administration of FMLA under applicable law.
5. **Anti-Discrimination, Anti-Harassment and Retaliation.** I understand that PEO and my worksite employer expressly prohibit discrimination, harassment, and retaliation based on race, color, sex, religion, marital status, veteran status, national origin, disability, age, or any other protected category. Improper interference with the ability of my worksite employer's employees to perform their job duties is also prohibited. Nor will PEO or my worksite employer tolerate any actual or attempted reprisals or retaliation against an employee who raises a valid concern that this policy has been violated. PEO and my worksite employer take all allegations of discrimination, harassment, and retaliation very seriously and are firmly committed to ensuring a workplace free of those discriminatory activities. Anyone engaging in discrimination, harassment, or retaliation is subject to disciplinary action up to and including discharge. If I observe such prohibited activity, I agree to contact an appropriate person at the worksite employer to which have been assigned and report such conduct. If I believe that management is involved in the prohibited acts, or for any other reason cannot contact a person at my worksite employer, I agree to contact PEO's Human Resources Department at (941) 235-8063. I understand that PEO does not directly control the workplace at my worksite employer and is not in a position to end or remediate any discrimination, harassment or retaliation which may occur and that PEO will attempt to facilitate a resolution; the responsibility for responding to such inappropriate conduct rests with my worksite employer.
6. **Non-Payment of PEO by Worksite employer.** I understand and agree that while I am assigned to my worksite employer and am a leased employee of PEO, if PEO does not receive payment from the worksite employer for services which I perform as a leased employee; PEO will still pay me the applicable minimum wage (or the legally required minimum salary or overtime pay) for any such pay period. I understand that the worksite employer to which I am assigned 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 an exempt employee even if PEO is not paid by the worksite employer.
7. **Drug and Alcohol Free Workplace.** I understand and agree that PEO prohibits the unlawful possession, consumption, distribution or unauthorized use of alcohol or illegal or illegally obtained drugs in the workplace or while conducting work elsewhere. I understand and agree that employees are not permitted to work while under the influence of alcohol or drugs. I understand and agree that I may be required to submit to drug and/or alcohol testing in accord with PEO's policy, including post-accident or injury and reasonable suspicion testing. I understand that violation of this policy, including my refusal to cooperate with testing procedures, may result in immediate discharge.
8. **Worksite Injury.** I specifically agree to post-accident drug/alcohol testing for any work injury, regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances. I shall comply with the provisions of Florida Statute 440 concerning claims for worker's compensation benefits. If I provide false, misleading, or incomplete information to obtain workers' compensation benefits, I may be denied such benefits.
9. **Introductory Period.** All new employees (whether full or part-time) are in an introductory status during their initial 90 days of employment. At any time during this period, either you or your co-employer may decide to terminate your employment for any reason allowed by law. Completion of the introductory period will not result in any employment contract for any specific term, nor will it confer any additional employment right upon any employee.
10. **Existing Agreements.** I understand and agree that my co-employment with PEO does not in any way alter, amend or diminish any contractual agreement with my worksite employer regarding terms of my employment or any compensation agreement, non-competition agreement, non-solicit agreement or confidentiality agreement and that such agreements will not be affected by the arrangement with PEO. My obligations and the obligations of my worksite employer remain intact.

Employee Print Name: _____

Date: _____

Employee Signature: _____

Date: _____

SECTION 4- POST CONDITIONAL OFFER MEDICAL QUESTIONNAIRE

THIS QUESTIONNAIRE MUST NOT BE ANSWERED UNLESS THE APPLICANT HAS ACCEPTED A CONDITIONAL OFFER OF EMPLOYMENT AND HAS NOT COMMENCED EMPLOYMENT

Client Company: _____

Employee Name: _____

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS PAGE:

Applicable state and federal laws prohibit discrimination based on disability or prior filing of a claim for workers' compensation or taking medical leave to which you were entitled.

This Post Conditional Offer Medical Questionnaire will be maintained in a file separate from your employment file.

Please complete the questions on this page with respect to your ability to perform the key functions of the job for which you are being hired (or for which you were hired before joining Phoenix).

You do not need to include health information that is not related to your employment and your particular job or that which does not affect your ability to perform your job or one similar to it.

YES NO

1. Have you ever received treatment for a back, neck or knee condition or head injury?
2. Do you now or have you ever suffered from aches or pains of the back?
3. Have you ever had any surgery?
4. Has any injury or illness ever prevented you from gainful employment?
5. Have you ever had an injury on the job?
6. Have you ever received a disability rating for any reason?
7. Have you ever received compensation or medical benefits under workers' compensation?
8. Do you have any limitation(s) which may affect your ability to safely or effectively perform the position which you have been offered?

Explain fully any YES answer (using additional paper if necessary)

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. A Notice of Injury must be submitted by Phoenix to the insurance carrier within seven (7) days, as required by law.

I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions may result in a denial of benefits and/or the termination of my employment. I also understand that my answers may be verified by investigation.

Employee Signature: _____ **Date:** _____

SECTION 5- EEO INFORMATION**COMPLETED BY EITHER THE EMPLOYEE VOLUNTARILY OR BY EMPLOYER OBSERVATION****Employee Name:** _____

Governmental agencies such as the U.S. Equal Employment Opportunity Commission require that certain employers keep information related to their hiring and employment practices for individuals protected under anti-discrimination laws. Your completion of this section will assist us in complying with our reporting requirements. We adhere to a policy of providing equal employment opportunities without regard to race, color, sex, religion, national origin, age, disability/handicap, marital status and any other classification protected under applicable federal, state or local law.

If the employee declines to self-identify, employer or observer identification MUST be performed.

Employee EEO Completion: ☐ Employee prefers not to participate in this surveySex: Male ☐ Female ☐Ethnicity: ☐ White ☐ Black/African American ☐ Native Hawaiian or other Pacific Islander ☐ Asian
☐ Hispanic/Latino ☐ American Indian or Alaskan Native ☐ Two or more races**Employer EEO Completion:**This data is completed based upon the observation of _____
Manager Date

Employer—Please select Job Category (if you need assistance in determining the proper category, please contact the HR Department at Phoenix Payroll Solutions or visit the EEOC website at <http://www.eeoc.gov/employers/eeo1survey/jobclassguide.cfm> for guidance

☐ Executive/Sr. Official ☐ Manager ☐ Professional ☐ Technician ☐ Sales Worker
☐ Administrative Support ☐ Craft Worker ☐ Operator ☐ Laborer or Helper ☐ Service Worker**SECTION 6 - EMPLOYEE PAY SETUP-TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR/MANAGER****Client Company:** _____**Client Location:** _____ **Dept. Name or Number:** _____**Original Date of Hire:** _____ **Job Title:** _____**Workers' Comp Class Code:** _____ **Employee ID:** _____

*If you are unsure of the proper Class Code, please
Contact your Payroll Specialist for assistance*

Pay Cycle: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly
Pay Type: ☐ Full-time ☐ Part-time**Employee Classification**

Classification

**If you need assistance in
determining the proper
classification of an
employee as Exempt or
Non-Exempt, please
contact the Human
Resources Department
of Phoenix Payroll
Solutions**

☐ **Exempt** ☐ Hourly ☐ Salary
Rate of Pay \$ _____ per _____
☐ **Non-Exempt** ☐ Hourly ☐ Salary (Accurate Time Records Must Be Maintained)
Rate of Pay \$ _____ per _____
Tipped Employee: ☐ No ☐ Yes
Shift Pay: ☐ No ☐ Yes Rate of Pay \$ _____ per _____
Piece Work: ☐ No ☐ Yes Rate of Pay \$ _____ per _____
Commissions: ☐ No ☐ Yes Rate of Pay \$ _____ per _____
Other: _____Supervisor, Manager or
Authorized Representative _____
Signature_____
Date

PHOENIX

Payroll Solutions

Direct Deposit/Paycard

Authorization

Employee Information

Employee Name: _____

Social Security Number: _____

Employer: _____

Please Check One:

☐

New/Replace existing account on file

☐

Add to existing account on file

☐

Cancel/Stop

Complete for DIRECT DEPOSIT

Account 1

Account 2

Bank Name: _____

Bank Name: _____

Routing Number: _____

Routing Number: _____

Account Number: _____

Account Number: _____

☐

Checking

☐

Savings

☐

Entire Net Pay

☐

Checking

☐

Savings

☐

Entire Net Pay

☐

Percentage of Net Pay _____%

☐

Percentage of Net Pay _____%

☐

Specific Dollar Amount \$ _____

☐

Specific Dollar Amount \$ _____

Please attach a voided check for verification of bank data. All returned direct deposits without proper documentation are subject to a \$40 return fee.

Complete for RAPID PAYCARD

I authorize Phoenix Payroll Solutions to deposit my wages on to my Rapid Paycard. I agree to the terms and conditions of the Rapid PayCard Program including the monthly service/transaction fees.

I wish to deposit (select one):

☐

Entire Net Pay

☐

Percentage of Net Pay _____%

☐

Specific Dollar Amount \$ _____

Please print the address where the Rapid PayCard should be mailed:

Street Address: _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Date of Birth _____

Employee Authorization

I hereby authorize Phoenix Payroll Solutions to deposit my earnings directly into my checking and/or savings account(s) as indicated above and agree that such credit to these accounts constitutes payment and receipt by me. Phoenix Payroll Solutions reserves the right to recall funds sent in error and to interrupt or discontinue direct deposits and issue live checks to any and all employees at any time for any reason. I am always responsible for verifying that funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from this account. I am aware that this authority will remain in full effect until Phoenix Payroll Solutions receives thirty (30) days prior written notification from me of change or termination. Phoenix Payroll Solutions does not offer early direct deposit services. Direct deposits are processed and funded to be available on your scheduled payday. The receiving banks have until 5 pm to make those funds available.

Employee Signature _____ Date _____

By signing above, I am agreeing that I am either the accountholder or have authority of the accountholder to authorize Phoenix Payroll Solutions to make direct deposits into the above account(s).

PHOENIX USE ONLY

Received by: _____

Processed by: _____

Date: _____

Date: _____