



or her own expense to review this Agreement; and that Employee has availed himself or herself of this opportunity to the extent, if any, that Employee wished to do so.

The terms of this Agreement are severable. The invalidity or unenforceability of any provision within this Agreement shall not affect the application of any other provision, provided that the essential terms and conditions of this Agreement for each party remain valid, binding and enforceable. Further, consistent with the purposes of this Agreement, any otherwise invalid provision of this Agreement may be reformed and, as reformed, enforced by any party to this Agreement.

This Agreement may be executed in counterparts, each of which shall be deemed to be an original. Such counterparts, when taken together, shall constitute but one Agreement.

Failure or delay on the part of either party to exercise any right, remedy, power or privilege under this Agreement shall not operate as a waiver of any other right, remedy, power or privilege. A waiver, to be effective, must be in writing and must be signed by the party making the waiver. A written waiver of a default shall not operate as a waiver of any other default or of the same type of default on a future occasion.

Neither party shall assign or transfer this Agreement or any interest herein without the prior written consent of the other party.

The rights and remedies provided in this Agreement shall be the sole and exclusive rights of the parties against one another relating to the subject matter of this Agreement.

The section captions contained in this Agreement are for convenience only and do not constitute a part of its terms and provisions.

**The parties to this Agreement hereby certify, represent and warrant that they have carefully read this Agreement, that they fully understand its final and binding effect, and that they agree to all of its terms and conditions.**

**Employee**

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Crunch Care, Inc.**

\_\_\_\_\_  
Stacie Steelman, President/CEO

I have read and understand the terms of the Crunch Care Inc, Employee Handbook.

---

Employee Signature Date

---

Crunch Care Representative Signature Date

# Child Care Competency Examination

Circle the correct answer for each question. Answer key and verification form located at the end of exam.

1. You have just returned home from a long assignment and are looking forward to eating dinner and going to bed. You remember that your agency booked you for a child care case for Bright Horizons at 8 a.m. tomorrow morning. You know that you need to call the family to introduce yourself and get directions. After eating dinner you go online and map the directions to the house. You decide that since you know the way to the house there is no need to call the family.

**True      False**

2. You have been assigned to a case where you will be caring for two children. The case is supposed to start at 7:30 a.m. As you are on your way you realize that you need to stop at the cleaners to pick up a uniform. This stop is on the way and will only make you ten minutes late. You are sure the mother won't mind as it is right on your way.

**True      False**

3. While you are speaking with the parents during the introductory phone call, the mother asks about your child care experience. You tell her:
- a) "I really prefer taking care of seniors, but told the agency I would do them a favor since no one else was available to do the case."
- b) "I love children and am looking forward to playing with yours tomorrow. The last time I cared for a child we had such a nice day that she cried when I left."
- c) "I haven't done child care for a while but I am sure I will be ok with your 3 year old."

4. It is not that important to listen to the parents and ask questions during your orientation. You have children of your own and know how you want to do everything. When they leave you can do it your way.

**True      False**

5. When the parents return home be sure to have your coat on and be ready to rush out the door. Don't forget to have them pay you for your visit.

**True      False**

6. You are caring for two children ages 3 and 6. The doorbell rings but the client has not informed you that they were expecting anyone to come and visit, nor were you informed of an expected delivery. You should:
- a) Yell "Who is it?" through the door in order to determine if you should let them in
- b) Send the child you are caring for to the door
- c) Ignore the doorbell; you are not expecting any visitors (If the person persists call the client for direction and your agency)
- d) Tell the person at the door that you are alone with the children and are not able to open the door

7. When caring for children, you should let them play video games and watch television for as long as they want. You will only be there for one day and you want them to like you.

**True      False**

8. It is important that babies never sleep on their stomach even if they are more comfortable this way.

**True      False**

7. You are caring for a 6-month-old baby; the baby is napping. It is ok to use the family computer to check your e-mail or to use the telephone to call your family.

**True      False**

10. You are caring for a 9-month-old baby; she wakes up from her nap fussy and with a fever. You should:

- a) Let the baby cry in her crib; perhaps if she goes back to sleep she will feel better
- b) Give the baby Tylenol and rock her to soothe her
- c) Call the parents and your agency for directions while keeping the baby calm

11. You are caring for a 3-year-old boy who loves to play with blocks. After fifteen minutes of building with him he suddenly starts throwing the blocks. You should:

- a) Spank him and send him to his room
- b) Ignore him; he will stop on his own
- c) Use time out as directed by parent or divert his attention away from the blocks and introduce a new activity

12. You are caring for two children ages 2 and 4; it is time for lunch. Their mother told you to feed them macaroni and cheese or a peanut butter and jelly sandwich. The children refuse to eat what you prepare; they want cookies for lunch! You should:

- a) Send them to their rooms with no lunch
- b) Let them have the cookies as the mother will never find out and you want the children to be happy
- c) Explain that they first need to eat what their mother left for them and then they may have dessert

13. You are caring for a 5-month-old baby; the parent told you she does not turn over yet. You have her on the changing table but notice that there are no more diapers under the table. You pick up the baby and walk into the other room to get more diapers. You know it is never ok to leave her unattended even for a few minutes. It doesn't matter that the mother said she does not roll over yet.

**True      False**

14. You are caring for a 10-month-old baby who seems to be fussy. The parents did not tell you to bathe the child but you know through experience that a bath will calm the baby down. You should:

- a) Put the baby in the tub and proceed to bathe him
- b) Put them in their crib and ignore them
- c) Only once you have exhausted all the suggested techniques from the guardian and all common practices (singing, rocking, distracting with toys, etc), call the parents FIRST for permission before bathing the child

15. You are caring for two children ages 6 and 8. They have played video games for two hours. The parents told you that two hours of video games is the limit. You inform the children that they have reached their limit on the video games and they need to find another activity. They ask you "What do we do now?" You reply:

- a) "How should I know? Don't you have other games to play?"
- b) "If you are bored go take a nap."
- c) "Let's find a board game to play. Do you think you can beat me in a board game?"

16. You arrive at the home where you will be caring for a 10-month-old child. The mother informs you she will be working from home and you need to keep the baby occupied. The mother leaves the room and the baby is crying. You should:

- a) Let the baby crawl to the door where his mother is working and cry until the mother lets him in
- b) Knock on the door of the mother's office and tell her this is not working as the baby only wants to be with you
- c) Take the baby into another room and read a book or interest him in another activity to occupy him and take his mind off the fact that his mother is home

17. You are caring for a 3 year old. The parents told you they would be home by 5:00 p.m. It is now 5:15 and they are not home. It is OK to take the baby to the next door neighbor and leave her there until the parents pick her up.

**True      False**

18. You are on an assignment and the phone rings. It is your aunt that watches your children. She is taking your children for a ride and would like to stop over and visit with you and see where you are. You tell her that since the child you are caring for is the same age as your own daughter to bring her over and let them play for a while.

**True      False**

19. You are caring for a 6 year old who has a cold and cannot go to school. You have really enjoyed caring for and playing with this child. At the end of the day when the parents return the child tells them what a great day he had and he wants you to come back and play with him. The parents decide he is still unable to go to school tomorrow, so they ask if you will come back for the next two days. You:

- a) Tell them you would be happy to
- b) Tell them they have to call Bright Horizons
- c) Tell them that you will work out a deal with them, and do it on your own
- d) Tell them you are busy

20. You have just completed your first child care assignment for your agency. You have completed this child care module, passed the test, and have child care training. You were nervous and anxious all day and not very comfortable around the children. You are really glad that the day is over. You have never had any of these feelings while caring for seniors. You should:

- a) Not say anything to anyone because you need all the work you can get
- b) Tell your agency that you are ready for your next child care assignment because you think you will get used to it
- c) Acknowledge the fact that not everyone enjoys child care and tell your agency that you want to specialize in adult or senior care

21. You are caring for a 2 year old. You are playing on the floor when he falls and bumps his lip. It is swollen. You should:

- a) Put ice on it and tell him he'll feel better soon
- b) Scold him for being careless
- c) Call the employee and your agency just to give them a heads-up of the situation

# Bright Horizons Back-Up Care Training Module Test Verification

*(Please keep this verification in the caregiver's file for record)*

Date Test Taken:

---

Test Score

*(Passing score is 95% or higher.)*

---

Printed Name of Caregiver:

---

Signature of Caregiver:

---

I, \_\_\_\_\_ being duly authorized by \_\_\_\_\_ *(print name of test administrator and Provider/ Agency)* to administer and qualify this caregiver certify that the caretaker has successfully completed the Back-Up Child Care Training Module to staff care requests for Bright Horizons client employees.

Signature/Date:

---

Administrator's Title:

---



▶ **START HERE.** 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 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 (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	E-mail Address [ ][ ][ ][ ]@ [ ][ ][ ][ ] [ ][ ][ ][ ][ ]			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):**

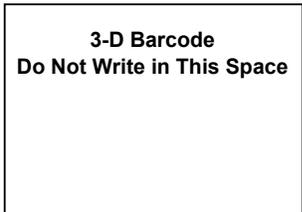
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**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.**

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



*Employer Completes Next Page*



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	--	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

# Form W-4 (2015)

**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 2015 expires February 16, 2016. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • 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>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> 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.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		▶ <b>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.</b>		<b>2015</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> 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"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$			
<b>7</b> I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b>			
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶				<b>Date</b> ▶	
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	

**DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF A  
CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT**

In connection with your application for employment, please be advised that we may procure a consumer report (background check) as part of the process of considering your candidacy as an employee. Please also be advised that we may conduct a reference check. This reference check is also known as an investigative report.

We will request that PFC Information Services, Inc. prepare the background check. PFC Information Services Inc.'s address is 6114 La Salle Ave., # 638, Oakland, CA 94611. The phone number is 510.336.9761. Please refer to the PFC Information Services website ([www.pfcinformation.com](http://www.pfcinformation.com)) for information regarding PFC's privacy policy and their policy of not releasing personal identifying information outside of the United States for the processing of background checks.

The consumer/investigative report may include, the following:

Verification of Social Security number, current and previous address, employment, education, character references, credit history, criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, workers' compensation records, court records, bankruptcies, liens and judgments, professional license, and any other public records.

The Fair Credit Reporting Act (FCRA) and the California Investigative Consumer Reporting Agencies Act (ICRA) give you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below you attest to the fact that you have authorized us to obtain a consumer report and/or investigative report concerning you in order to consider you for employment and that you have been provided with a summary of your rights under FCRA and ICRA.

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

To: Any registrar, dean, principal or other authorized person or school, (university, college, high school, vocational school or other); any former employer, any law enforcement agency, or any department or agency of a city, county, state or federal government, any person having knowledge of my conduct or activities; or any concerned credit bureau. I hereby authorize PFC Information Services, or authorized representative bearing this release or copy thereof, and requester listed below to conduct a background check including, but not limited to, educational records, workers' compensation records, court documents or other public records, driving records, criminal records, credit reports, and employment records. I authorize all persons who may have information relevant to this check to disclose this information to PFC Information Services, or its agent, and I hereby release all persons from liability on account of such disclosure. This release shall remain in effect for the future preparation of consumer reports, unless I revoke this authorization in writing, and send a copy of the revocation to PFC Information Services, Inc. I hereby further authorize that a photocopy or fax of this authorization can be considered as valid as an original. Should there be any questions as to the validity of this release, I can be contacted as indicated below:

**THIS SECTION IS TO BE COMPLETED BY THE APPLICANT**

SIGNATURE OF APPLICANT \_\_\_\_\_ (Date)

**PLEASE PRINT CLEARLY**

NAME (As listed on Driver's License) \_\_\_\_\_ (First) (Middle) (Last)

PERMANENT ADDRESS \_\_\_\_\_ (Street) (City) (County) (State) (Zip)

**PLEASE TELL US ABOUT OTHER NAMES & ADDRESS USED DURING LAST 10 YEARS**

\_\_\_\_\_  
(City) (State) (Zip) (Name Used) (Dates)  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

DRIVER'S LICENSE# \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

Note: Signature of applicant constitutes acknowledgement by the applicant that he/she is aware that an investigative report and/or consumer report may be ordered. The applicant may request a copy of the investigative and/or consumer report by checking the following box.

PFC Information Services, Inc. at 6114 La Salle Ave., #638, Oakland, CA 94611. Phone: 510.653.5061.

**THIS SECTION IS TO BE COMPLETED BY THE REQUESTER OF THE REPORT**

REQUESTER OF REPORT \_\_\_\_\_ COMPANY \_\_\_\_\_

**PLEASE PRINT CLEARLY Applicant's Date of Birth, Social Security # and Driver's License #.**

\_\_\_\_/\_\_\_\_/\_\_\_\_ (Date of Birth - Month/Day/Year) \_\_\_\_-\_\_\_\_-\_\_\_\_ (SSN) \_\_\_\_\_ (DMV #)

- 7 Yr. Criminal Checks
- Social Security Number Verification
- Driving Record (State)
- National Wants & Warrants
- National Criminal File
- National Sex Offender

**Locations for criminal checks (City/State)**

**Name(s) to be checked for criminal records**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

I, [employee] \_\_\_\_\_ : hereby

- authorize** my employer, \_\_\_\_\_ and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds
- revise** direct deposit bank account(s) as indicated below.
- cancel** direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

**Employee\* Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

	Remaining Balance to 1 <sup>st</sup> Account <input type="checkbox"/>	Use Percentage <input type="checkbox"/>				
Pay Order	Bank Name/Address/Phone	Acct. Type	Routing Number	Account Number	Amount	Pct.
<b>1</b>		Ckg <input type="checkbox"/>				
		Sav <input type="checkbox"/>				
<b>2</b>		Ckg <input type="checkbox"/>				
		Sav <input type="checkbox"/>				
<b>3</b>		Ckg <input type="checkbox"/>				
		Sav <input type="checkbox"/>				

**TOTAL:** \_\_\_\_\_

Please attach a voided check or deposit slip for each bank account to which funds will be deposited.

**NAME** \_\_\_\_\_ **0324**

\_\_\_\_\_ **20** \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$

\_\_\_\_\_ Dollars

Bank \_\_\_\_\_

Memo \_\_\_\_\_

⑆1 2 3 4 5 6 7 8 9⑆ 0 2 2 9 9 9 9 9 9 9 9 ⑆ 0 3 2 4

**Example Routing Number: 123456789 Example Account Number: 022999999999**

**Employers: Keep for your records.**

*For additional information, see Instructions: Additional Forms > Direct Deposit Authorization*

# NOTICE TO EMPLOYEE

*Labor Code section 2810.5*

## EMPLOYEE

Employee Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

## EMPLOYER

Legal Name of Hiring Employer: Crunch Care Inc

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  Yes  No

Other Names Hiring Employer is "doing business as" (if applicable):  
\_\_\_\_\_

Physical Address of Hiring Employer's Main Office:  
7336 Binnacle Drive, Carlsbad, CA 92011

Hiring Employer's Mailing Address (if different than above):  
\_\_\_\_\_

Hiring Employer's Telephone Number: 877-553-4231

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## WAGE INFORMATION

Rate(s) of Pay: \$17-22 per hour Overtime Rate(s) of Pay: time and a half, double time

Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission

Other (provide specifics): \_\_\_\_\_

Does a written agreement exist providing the rate(s) of pay? (check box)  Yes  No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  Yes  No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):  
\_\_\_\_\_

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: refer to web site payroll page

## WORKERS' COMPENSATION

Insurance Carrier's Name: State Fund

Address: 10105 Pacific Heights Blvd, San Diego CA 92121

Telephone Number: 888-782-8338

Policy No.: 9125257-15

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

## PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  1. requesting or using accrued sick days;
  2. attempting to exercise the right to use accrued paid sick days;
  3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT

*(Optional)*

Courtney Fidel

\_\_\_\_\_  
(PRINT NAME of Employer representative)

\_\_\_\_\_  
(PRINT NAME of Employee)

\_\_\_\_\_  
(SIGNATURE of Employer Representative)

\_\_\_\_\_  
(SIGNATURE of Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.