

APPLICATION

 3601 W. Commercial Blvd.
 Suite 12
 Ft. Lauderdale, FL 33309

 6625 Miami Lakes Drive
 Miami Lakes, FL 33014

 2001 Palm Beach Lakes Blvd.
 Suite 300H
 West Palm Bch., FL 33409

NAME (LAST)		FIRST	MIDDLE
STREET ADDRESS			
CITY		STATE	ZIP CODE
APT. NO.	HOME PHONE	CELL / ALT#	
EMAIL ADDRESS			
PERSON TO NOTIFY IN CASE OF EMERGENCY			PHONE

POSITION APPLYING FOR	DO YOU KNOW ANYONE LOOKING FOR WORK? NAME / PHONE #		
HOW DID YOU HEAR ABOUT TRANSHIRE?		DESIRED SALARY	
MAY WE CONTACT YOUR PRESENT EMPLOYER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SOCIAL SECURITY NO.
DATE AVAILABLE FOR WORK	CIRCLE DAYS AVAILABLE M T W T F S S		DAY HOURS
WILL YOU ACCEPT SAME DAY ASSIGNMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU AVAILABLE FOR LONG TERM ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU A STUDENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU HAVE USE OF AN AUTOMOBILE? YES <input type="checkbox"/> NO <input type="checkbox"/>

E D U C A T I O N	SCHOOL	CIRCLE YEARS ATTENDED	NAME AND LOCATION OF SCHOOL	COURSE OR MAJOR	GRADUATE?
	HIGH	1 2 3 4			<input type="checkbox"/> YES <input type="checkbox"/> NO
	COLLEGE	1 2 3 4			<input type="checkbox"/> YES <input type="checkbox"/> NO
	JUNIOR OR COMMUNITY COLLEGE	1 2 3 4			<input type="checkbox"/> YES <input type="checkbox"/> NO
	TRADE TECH OR COMPUTER TRAINING	1 2 3 4			<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYERS								
1. NAME AND ADDRESS OF COMPANY					MO	YR	MO	YR
					FROM		TO	
JOB TITLE AND DUTIES					<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT			
SUPERVISOR		PHONE NUMBER	LAST SALARY	REASON FOR LEAVING				
2. NAME AND ADDRESS OF COMPANY					MO	YR	MO	YR
					FROM		TO	
JOB TITLE AND DUTIES					<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT			
SUPERVISOR		PHONE NUMBER	LAST SALARY	REASON FOR LEAVING				
3. NAME AND ADDRESS OF COMPANY					MO	YR	MO	YR
					FROM		TO	
JOB TITLE AND DUTIES					<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT			
SUPERVISOR		PHONE NUMBER	LAST SALARY	REASON FOR LEAVING				
PERSONAL / WORK REFERENCE NAME:					PHONE			

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY	
<p>I authorize the references listed to provide TransHire any and all information concerning my previous employment and any pertinent information they may have on my performance. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to TransHire, as well as from the use or disclosure of such information by TransHire, employees or representatives. I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize this company to investigate my background inclusive of criminal records and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I also authorize this company to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I also understand and agree that I may be expected to work on a wide variety of job assignments in the South Florida Area and agree to accept assignments for which I am qualified as they become available. I also understand my failure to report to a job I have been accepted will indicate I have quit. I also agree to submit to drug screen upon request or as specified in TransHire's substance abuse policy. Upon completion of each assignment, I understand that I must call TransHire and speak to my counselor for reassignment. I understand that failure to contact TransHire, as required upon completion of each assignment, may result in denial of employment compensation benefits.</p>	TEST RESULTS
	FILE
	SPELLING
	TYPING
	CUSTOMER SERVICE
	ALPHA NUMERIC
	10 KEY
	MS WORD
	EXCEL
	P. POINT
LI	
VIDEO	
OTHER	

Form W-4 (2008)

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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <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. </td> </tr> </table>	{	<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	_____
{	<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. 				
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 \$1,500 of child or dependent care expenses for which you plan to claim a credit	F	_____		
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.				
	• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.				
	• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.	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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <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 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 (\$25,000 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. </td> </tr> </table>	{	<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 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 (\$25,000 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. 		
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div>
1 Type or print 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 \$ _____
7 I claim exemption from withholding for 2008, 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 (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)