



## **New Hire Checklist**

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

Phone: \_\_\_\_\_ License: \_\_\_\_\_

### **Verification & Forms:**

- \_\_\_\_\_ Resume
- \_\_\_\_\_ Application
- \_\_\_\_\_ Training Certificates
- \_\_\_\_\_ State License Verification
- \_\_\_\_\_ Professional License
- \_\_\_\_\_ CORI
- \_\_\_\_\_ OIG SEARCH
- \_\_\_\_\_ CPR
- \_\_\_\_\_ Chest X-ray
- \_\_\_\_\_ TB Results
- \_\_\_\_\_ Medical Physical
- \_\_\_\_\_ COVID-19 Vaccine Record/Test Result
- \_\_\_\_\_ Driver's License
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ SS Card
- \_\_\_\_\_ Passport
- \_\_\_\_\_ Resident Card or Work Authorization (**Green Card**)
- \_\_\_\_\_ Certificate Of Naturalization
- \_\_\_\_\_ I-9 Employment eligibility form completed
- \_\_\_\_\_ Federal W-4 form completed
- \_\_\_\_\_ Notice of Coverage Options provided
- \_\_\_\_\_ Emergency Contact Form completed
- \_\_\_\_\_ WSS Contract

APPLICATION FOR TEMPORARY HEALTHCARE PROFESSIONAL EMPLOYMENT



PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICANTS MAYBE TESTED FOR REQUISITE PROFESSIONAL SKILLS AND ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Name

\_\_\_\_\_  
Maiden Last First Middle

Date of Birth DATE: MM DD YYY Social Security No

Present Address

\_\_\_\_\_  
Number Street City State Zip

How long: \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ Days Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_ (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_  
Home Mobile/Cell Business/Work

Email: \_\_\_\_\_

Position applied for: RN ☐ LPN ☐ CNA ☐ HHA ☐ PCA ☐

Salary Desired: \_\_\_\_\_  
(Be Specific) Hourly Weekly Biweekly Monthly

Desired Location: Brighton ☐ Somerville ☐ Quincy ☐ Braintree ☐ Hingham ☐ Norwell ☐ Wellesley  
☐ Attleboro ☐

Days/Hours Available to work

No Pref. \_\_\_\_ Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun

How many hours can you work weekly? \_\_\_\_ Can you work nights? [ Yes/No]

\_\_\_\_  
Evening to Midnight Overnight

Employment desired: \_\_\_\_ FULL TIME ONLY \_\_\_\_ PART-TIME ONLY \_\_\_\_ FULL OR PART-TIME

When available for work? \_\_\_\_\_

# APPLICATION FOR TEMPORARY HEALTHCARE PROFESSIONAL EMPLOYMENT

**[OPTIONAL]** Please provide any additional information that was not covered either in your Cover Letter or Resume that you think will further qualify you for the position you are applying for.

## VETERAN STATUS

Have You Served In The Military? ☐ Yes ☐ No

Are You Veteran or National Reserved? ☐ Yes ☐ No [ If Yes, Which State

Specialty \_\_\_\_\_ Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Discharged  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Work Experience** Please list your work experience for the past five years being with your most recent job held. If you were self-employed, give firm name. Attach additional sheet if necessary.

Name of Employer

Address

City, State, Zip Code

Name of last  
supervisor

Employment  
Dates

Salary/Hrly.  
rate

From

Start

To

End

Your Last Job Title

Reason for leaving (state exactly)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were employed with this employer or company.



## APPLICATION FOR TEMPORARY HEALTHCARE PROFESSIONAL EMPLOYMENT

### PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

**References:** I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

**Temporary/Contract Employment:** If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

**SIGNED:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_





**FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **Startax T&G Business Group, Inc. d/b/a WonderStar HealthCare Staffing Agency** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish **Startax T&G Business Group, Inc. d/b/a WonderStar HealthCare Staffing Agency** or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## **Emergency Contact Form**

<b>Employee Name</b>	_____	<b>Address</b>	_____
<b>Phone Number</b>	_____		_____

### **Special Instructions:**

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Emergency Contacts:**

<b>Primary Contact in case of emergency:</b>			
<b>Name</b>	_____	<b>Relationship</b>	_____
<b>Address</b>	_____	<b>Phone Number</b>	_____
	_____	<b>Alternate Phone Number</b>	_____
<b>Secondary Contact in case of emergency:</b>			
<b>Name</b>	_____	<b>Relationship</b>	_____
<b>Address</b>	_____	<b>Phone Number</b>	_____
	_____	<b>Alternate Phone Number</b>	_____



**Employee's Withholding Certificate**

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.

OMB No. 1545-0074

**2024****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
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.)		

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](http://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](http://www.irs.gov/W4App) for 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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):

Multiply the number of qualifying children under age 17 by \$2,000 \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . . . \$ \_\_\_\_\_

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .

**3** \$ \_\_\_\_\_**Step 4**  
**(optional):**  
**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.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .

**4(b)** \$ \_\_\_\_\_

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . . .

**4(c)** \$ \_\_\_\_\_**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

WONDERSTAR HEALTHCARE, INC.  
89 N MAIN ST, STE B  
RANDOLPH, MA 02368

First date of  
employment

Employer identification  
number (EIN)

**85-3188618**



FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name .....  
Print home address .....

Social Security no. ....  
City ..... State ..... Zip .....

**Employee:**

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2" .....
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C. ....
3. Write the number of your qualified dependents. See Instruction D. ....
4. Add the number of exemptions which you have claimed above and write the total. ....
5. Additional withholding per pay period under agreement with employer \$ .....
  - A. ☐ Check if you will file as head of household on your tax return.
  - B. ☐ Check if you are blind.
  - C. ☐ Check if spouse is blind and not subject to withholding.
  - D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

**EMPLOYER: DO NOT withhold if Box D is checked.**

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date ..... Signed .....

**THIS FORM MAY BE REPRODUCED**

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

**D. Dependent(s).** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.



## Direct Deposit Authorization Form

Please print and complete ALL the information below.

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

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

City, State, Zip: \_\_\_\_\_

The diagram shows a check from John Jones, 124 Main Street, Anywhere, MA 02345. The check is dated and payable to the order of. The amount is \$\_\_\_\_\_. The word "EXAMPLE" is written across the center. The check number is 0259. Below the check, three callouts identify key numbers: the 9-digit routing number 123456789, the 17-digit account number 1234567891011, and the check number 0259 (noted as not to be included).

John Jones  
124 Main Street  
Anywhere, MA 02345

Date \_\_\_\_\_

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

**EXAMPLE**

123456789 1234567891011 0259

9 digit Routing Number      Account Number (1-17 digits)      Check Number (do not include)

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount: ☐ \$ \_\_\_\_\_ ☐ \_\_\_\_\_ % or ☐ Entire Paycheck

Type of Account:    Checking    Savings    (Circle One)

*Please attach a voided check for each bank account to which funds should be deposited.*

[Company Name] is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

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

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