



How to Become a Seaside Temp

1. Please read through these instructions completely before you start to fill out your application. Fill out all forms completely and accurately. It will be your responsibility to print these documents and bring them with you when you come to our office to register, do not e-mail or fax them.
2. There is no cost to the employee to sign up.
3. You will need (1.) Employee Application Packet (2.) I-9 (3.) Federal W4 (4.) Oregon W4
4. If there are questions that are not applicable, please type N/A in the answer section.
5. Please do not sign or date these forms until you get to our office.
6. If there are items on the "Skills Sheet" that you do not wish to do anymore, please do not put a check mark in the box next to the skill.
7. Only fill out the "Safety tips for the general labor/construction worker" form, if you are willing to do general labor or construction type work. Read each safety tip and if you understand the safety statement, print by hand your initials on each line.
8. On the "W-4" forms please make sure that your name appears on as it does on your social security card. Also, for the Feds, we will only keep page 1, the rest of the provided pages are for you and help with completing the form.
9. On the "I-9" form, please be sure to mark your citizenship status.
10. When coming to our office please follow the below steps:
 - a. Bring all completed forms with you; please do not sign or date the documents until you reach our office.
 - b. Bring two pieces of identification, the first piece must be valid picture ID (a driver's license, ID card, military ID, or other government issued picture ID), the second piece can be either an un-laminated Social Security Card, or an original or certified copy of your birth certificate. If you have a valid passport this would work for both pieces of ID. You must bring in your identification documents with you, photocopies will not be accepted.
 - c. If you are looking for clerical/administrative/office type work, we strongly suggest that you bring an up-to-date copy of your resume.
 - d. Plan to spend approximately an hour or more at our office.

Office Location

Seaside Office
1010 3rd Ave.
Seaside, OR 97138
(503) 738-9084 Phone
Open: Mon-Fri
8:00a.m.-5:00p.m.

*We stop taking applications at 3:30p.m.

Applications are taken on a walk-in basis you do not need an appointment.

SEASIDE TEMPS EMPLOYMENT APPLICATION

DATE:

DATE OF BIRTH:

NAME (LAST)

FIRST

MIDDLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

Social Security Number

HOME PHONE (circle one: cell/msg/emerg.)

2nd phone (circle one: cell/msg/emerg.)

Person to notify in case of emergency

PHONE

ADDRESS

CITY

STATE

ZIP

EDUCATION

Type of School

Name

Date

degree/major

High School

College

Bus. Or Trade

Professional School

PREVIOUS EMPLOYERS

Employer

Dates

SUPERVISOR

Address:

Phone:

TYPE OF WORK

REASON RESIGNED

Employer

Dates

SUPERVISOR

Address:

Phone:

TYPE OF WORK

REASON RESIGNED

Employer

Dates

SUPERVISOR

Address:

Phone:

TYPE OF WORK

REASON RESIGNED

Are you working for someone in particular or looking for general work?

SEASIDE TEMPS EMPLOYMENT APPLICATION PAGE 2

Do you have a drivers License? YES NO

What is the least amount per hour you will accept for pay? \$_____per hour

How far are you willing to travel for a work assignment? _____

Tell us about your transportation situation: (bus, bike, rides, etc.)

Are you available for same day assignments? Explain.

Have you ever been convicted of a felony? YES NO

IF you have been convicted of a felony, please tell us about it including the year and whether you have any restrictions place on you.

Do you have any limitations or restrictions? If yes, explain YES NO

Do you have any certifications or degrees? Explain.

Do you have Military Experience? YES NO if yes, explain

Once I have been placed, I would like to have my check:

- ☐ **MAILED-** to the address on this application
to be mailed out on Thursday
- ☐ **HELD-** at the **Seaside** office to be picked up by
me each Friday after 8am.

Direct Deposit Available (voided check or bank letter required)

What kind of work are you looking for?

WHAT DAYS/HOURS ARE YOU AVAILABLE FOR WORK?

Tell us how you heard about Seaside Temps.

ACKNOWLEDGEMENTS

I agree that I have been informed of the requirements of the work for which I am applying, and that the information on this application is correct and complete to the best of my knowledge. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I authorize you and all former employers, given by me as references, to answer all questions and to give all information in connection with this applications or in anyway concerning me. I understand that if accepted for employment, I will be working for you on your payroll, at your clients premises. I agree to immediately notify you at the conclusion of each assignment or as soon as I as I become available. If I fail to give such notice, you may assume that I am not available for reassignment, and am not ready, willing and able to work. I understand that any information I learn while working for a client is to be kept confidential. I agree to take a drug & alcohol test if I have a workman's comp injury while your employee. I agree, if employed by you, that if I make claims against you for personal injuries, upon your request I shall submit to examinations by physicians of your selection. I will hold you harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application. I hereby acknowledge that my employment is "at will", that I may resign at any time and the company may terminate my employment at any time, with or without cause.

APPLICANTS SIGNATURE

DATE

I hereby acknowledge that I have been informed by Seaside Temps that certain clients may require them to obtain a criminal background check for the purpose of considering my application prior to placing me at their location for work, and I authorize Seaside Temps to carry out any required background or credit check. I also understand that certain clients may require a pre-employment drug screening when considering my application. I hereby authorize Seaside Temps to share and discuss the results of the background checks, credit checks, and drug screens with current clients I am working for or potential clients I am being considered to work for.

APPLICANTS SIGNATURE

DATE

Name: _____

Date: _____

Put a check next to the categories in which you have **formal training of on-the-job experience**. On the line following put how many months or years of experience you have had. If you have training but no experience, you can put a **"T"** on the line. Please be accurate.

<u>SKILLS</u>	<u>EXPERIENCE</u>	<u>SKILLS</u>	<u>EXPERIENCE</u>
<input type="checkbox"/> 10 Key	_____	<input type="checkbox"/> GENERAL OFFICE	_____
<input type="checkbox"/> ACCOUNTS PAYABLE	_____	<input type="checkbox"/> GRAPHIC ARTIST	_____
<input type="checkbox"/> ACCOUNTS RECEIVABLE	_____	<input type="checkbox"/> GUARD	_____
<input type="checkbox"/> ACCOUNTING/PAYROLL	_____	<input type="checkbox"/> HEAVY EQUIP. OPERATOR	_____
<input type="checkbox"/> AUTO DETAIL	_____	<input type="checkbox"/> HOST/HOSTESS	_____
<input type="checkbox"/> AUTO TECH	_____	<input type="checkbox"/> HOUSEKEEPER	_____
<input type="checkbox"/> BANK TELLER	_____	<input type="checkbox"/> HUMAN RESOURCES	_____
<input type="checkbox"/> BANKING	_____	<input type="checkbox"/> HVAC	_____
<input type="checkbox"/> BANQUET	_____	<input type="checkbox"/> INVENTORY	_____
<input type="checkbox"/> BARISTA	_____	<input type="checkbox"/> JACKHAMMER OPERATOR	_____
<input type="checkbox"/> BARTENDER	_____	<input type="checkbox"/> JANITORIAL	_____
<input type="checkbox"/> BILLING SPECIALIST	_____	<input type="checkbox"/> JOURNEYMAN	_____
<input type="checkbox"/> BLUE PRINT READING	_____	<input type="checkbox"/> LAB TECHNICIAN	_____
<input type="checkbox"/> BOOKKEEPER	_____	<input type="checkbox"/> LANDSCAPE	_____
<input type="checkbox"/> BUILDING MAINTENANCE	_____	<input type="checkbox"/> LAUNDRY	_____
<input type="checkbox"/> BUS PERSON	_____	<input type="checkbox"/> LEGAL	_____
<input type="checkbox"/> CABINETRY	_____	<input type="checkbox"/> MACHINE OPERATOR	_____
<input type="checkbox"/> CANNERY	_____	<input type="checkbox"/> MACHINIST	_____
<input type="checkbox"/> CARPENTER	_____	<input type="checkbox"/> MARKETING	_____
<input type="checkbox"/> CARPET LAYER	_____	<input type="checkbox"/> MECHANIC	_____
<input type="checkbox"/> CASHIER	_____	<input type="checkbox"/> MEDICAL ASSISTANT	_____
<input type="checkbox"/> COLLECTION	_____	<input type="checkbox"/> MEDICAL BILLING	_____
<input type="checkbox"/> CONCRETE WORKER	_____	<input type="checkbox"/> MEDICAL RECORDS	_____
<input type="checkbox"/> CONSTRUCTION	_____	<input type="checkbox"/> NURSING	_____
<input type="checkbox"/> COOK	_____	<input type="checkbox"/> OFFICE MANAGER	_____
<input type="checkbox"/> CPA	_____	<input type="checkbox"/> PAINTER	_____
<input type="checkbox"/> CUSTOMER SERVICE	_____	<input type="checkbox"/> PARALEGAL	_____
<input type="checkbox"/> DATA ENTRY	_____	<input type="checkbox"/> PARKING LOT ATTENDANT	_____
<input type="checkbox"/> DELIVERY	_____	<input type="checkbox"/> PLUMBER	_____
<input type="checkbox"/> DIESEL MECHANIC	_____	<input type="checkbox"/> PROPERTY MANAGEMENT	_____
<input type="checkbox"/> DISHWASHER	_____	<input type="checkbox"/> PUBLIC RELATIONS	_____
<input type="checkbox"/> DISPATCHER	_____	<input type="checkbox"/> REAL ESTATE	_____
<input type="checkbox"/> DRY WALL HANGER	_____	<input type="checkbox"/> RECEPTIONIST	_____
<input type="checkbox"/> DRY WALL TAPER	_____	<input type="checkbox"/> RETAIL/SALES	_____
<input type="checkbox"/> ELECTRICIAN	_____	<input type="checkbox"/> ROAD CONSTRUCTION	_____
<input type="checkbox"/> EXCAVATION	_____	<input type="checkbox"/> ROOFER	_____
<input type="checkbox"/> FARM HAND	_____	<input type="checkbox"/> SANITATION	_____
<input type="checkbox"/> FILE CLERK	_____	<input type="checkbox"/> SECURITY	_____
<input type="checkbox"/> FISHING	_____	<input type="checkbox"/> SHIPPING/RECEIVING	_____
<input type="checkbox"/> FLAGGING	_____	<input type="checkbox"/> STOCK ROOM	_____
<input type="checkbox"/> FOOD PREP	_____	<input type="checkbox"/> TILE/MASONRY	_____
<input type="checkbox"/> FORK LIFT OPERATOR	_____	<input type="checkbox"/> WAITSTAFF	_____
<input type="checkbox"/> FREIGHT HANDLER	_____	<input type="checkbox"/> WAREHOUSE	_____
<input type="checkbox"/> FURNITURE MOVER	_____	<input type="checkbox"/> WELDER	_____
<input type="checkbox"/> GENERAL LABOR	_____	<input type="checkbox"/> WOODWORKING	_____

Name: _____

Date: _____

SOFTWARE

EXPERIENCE

- ☐ ADOBE
- ☐ INTERNET
- ☐ LOTUS 1-2-3
- ☐ MACINTOSH
- ☐ MS ACCESS
- ☐ MS EXCELL
- ☐ MS OFFICE
- ☐ MS OUTLOOK
- ☐ MS POWERPOINT
- ☐ PAGEMAKER
- ☐ PRADOX
- ☐ PEACHTREE
- ☐ QUATRO PRO
- ☐ QUICK BOOKS
- ☐ QUICKEN
- ☐ WINDOWS
- ☐ OTHER:

- ☐ CDL CLASS DRIVERS LICENSE
- ☐ CAR INSURANCE
- ☐ CPR
- ☐ FOOD HANDLERS CARD
- ☐ FIRST AID TRAINING
- ☐ FOREIGN LANGUAGE (EXPLAIN)

Tell us anything else you think we should know. This would include skills or experience not listed here, tools that would enhance your employment opportunities, details you feel are important on your work experience, physical or mental limitations (ie. fear of heights, don't want to work around water, etc.) or goals.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Benefits:

OregonSaves is a simple, convenient, and voluntary way to save for retirement.

Your employer has registered with the OregonSaves program. You can set up your account or opt out at this time.

Save for retirement automatically through payroll deductions at work with the OregonSaves program. Your account is in your control and goes with you from job to job. Every little bit you save now can potentially make a difference in retirement.

30 days to decide:

Start saving

- **Set up your online account now**
 - Update your savings choices.
- **Set up your account later**
 - Your savings will start automatically based on the standard savings choices.

OR

Opt out

Opt out of OregonSaves to prevent contributing money from your paycheck.

Decide online at www.oregonsaves.com, by phone at 1-844-661-6777, or by filling out a form.

Standard savings choices:

30 days after receiving the invitation, **you will be enrolled in the program automatically** and start saving part of each paycheck into your own Roth Individual Retirement Account (IRA) (unless you opt out within the 30 day window).

- **5 percent of your gross pay (wages before taxes and other deductions) will be contributed to your Roth IRA**, with an **automatic annual 1 percent increase** until it reaches a maximum of 10 percent.
- You will be invested in the Capital Preservation Fund until 90 days after your first contribution; **after 90 days, you will be invested in an OregonSaves Target Retirement Fund based on your age.**
- **Your account will be a Roth IRA.** Contributions into a Roth IRA are made after-tax and are not taxable when you remove them from your account. Any earnings on those contributions could be tax free if you meet certain IRS criteria. You may withdraw your funds at any time.
- The only administrative charges for OregonSaves are in the form of an annual asset-based fee of approximately 0.25% and an annual asset management fee of \$18, which means you will pay approximately \$0.25 per year for every \$100 in your account, and \$1.50 a month. You will not get a bill. This cost is automatically taken out of your OregonSaves balance on a regular basis to help pay for the administration of the program. There are no fees while you are invested in the Capital Preservation Fund.

Set up your account and take charge of your savings:

- Verify your contact information.
- Accept the account documents.
- Add beneficiaries (who will inherit your Roth IRA in the event of your death).
- You can also:
 - Change your contribution rate
 - **Minimum = 1%**
 - **Maximum = 100% up to IRS limits for Roth IRAs**
 - Change your investment choices. Available options include:
 - Money Market Option: 100% invested in the State Street Institutional Liquid Reserves Fund (Ticker: SSIXX)
 - Target Date Retirement Funds, choose your fund based on your target retirement date: 100% invested in the State Street Target Retirement Funds (Ticker: SSFOX)
 - S&P 500 Index Option: 100% invested in the State Street Equity 500 Index Fund (Ticker: SSSYX)
 - Opt out of automatic annual contribution rate increase

Learn more from OregonSaves at www.oregonsaves.com:

- **The benefits of saving for retirement**
- **Roth IRA eligibility and contribution guidelines**
- **Financial wellness resources**
- **Your eligibility for the Saver's Credit offered by the IRS**

OregonSaves is overseen by the Oregon Retirement Savings Board. Sumday Administration, LLC ("Sumday") is the program administrator. Sumday and its affiliates are responsible for day-to-day program operations. Participants saving through OregonSaves beneficially own and have control over their Roth IRAs, as provided in the program offering set out at www.oregonsaves.com.

OregonSaves' Portfolios offer investment options selected by the Oregon Retirement Savings Board. For more information on OregonSaves' Portfolios go to saver.oregonsaves.com. Account balances in OregonSaves will vary with market conditions and are not guaranteed or insured by the Oregon Retirement Savings Board, the State of Oregon, the Federal Deposit Insurance Corporation, or any other organization.

OregonSaves is a completely voluntary retirement program. Saving through a Roth IRA will not be appropriate for all individuals. Employer facilitation of OregonSaves should not be considered an endorsement or recommendation by your employer of OregonSaves, Roth IRAs, or these investments. Roth IRAs are not exclusive to OregonSaves and can be obtained outside of the program and contributed to outside of payroll deduction. Contributing to an OregonSaves Roth IRA through payroll deduction offers some tax benefits and consequences. You should consult a tax or financial advisor if you have questions related to taxes or investments.

The OregonSaves mark and OregonSaves logo are registered trademarks of the Oregon Retirement Savings Board and may not be used without permission.

OregonSaves is a completely voluntary program. You can opt out at any time online, by phone, or by completing this form. If you do not opt out your employer will send payroll contributions to your OregonSaves account. Amounts you save in this account are always your money. Your account is in your control and goes with you from job to job in accordance with the OregonSaves Program terms. Every little bit you save now can potentially make a difference in retirement. To opt out of payroll contributions to OregonSaves for more than one employer you must submit a separate form for each employer.

1 Employee information (All fields required)

To verify your information, please provide either the last four digits of your Social Security number/taxpayer identification number, or your access code and date of birth. The Access Code can be found in the email or letter you received from OregonSaves.

Legal name (First) (M.I.)

Legal name (Last)

Address

City State ZIP code

Telephone number (In case we have a question) Last four digits of the Social Security or taxpayer identification number

Access Code Birth date (mm/dd/yyyy)

Contact us:
7 am to 7 pm Pacific Standard Time, M-F

Employer assistance:
1-844-661-1256

Employee assistance:
1-844-661-6777

Completed forms should be mailed to:
OregonSaves
PO Box 9895
Providence, RI 02940-8095

Overnight address:
OregonSaves
4400 Computer Drive
Westborough, MA 01581

www.OregonSaves.com

2 Opt-out reason

- | | |
|---|--|
| <input type="radio"/> I don't qualify for a Roth IRA due to my income | <input type="radio"/> I don't trust the financial markets |
| <input type="radio"/> I would prefer a Traditional IRA | <input type="radio"/> I'm not satisfied with the investment options |
| <input type="radio"/> I have my own retirement plan | <input type="radio"/> I'm not interested in contributing through this employer |
| <input type="radio"/> I can't afford to save at this time | <input type="radio"/> Other _____ |

3 Employer information

Seaside Temps LLC PO Box 155 Seaside OR 97138

Employer name

4 Signature

I do not wish to participate in the OregonSaves Program at this time. I understand that I can change my mind at any time and begin participating in OregonSaves at a later date, subject to and in accordance with the terms of the OregonSaves Program. If I decide to opt back in I can contact OregonSaves.

Signature of employee

____-____-____-____
Date (mm/dd/yyyy)