

Williamson County Election Workers:

Williamson County has contracted with Evins Personnel Consultants, Inc. to provide payroll processing services for election workers. Since 1967, Evins Personnel Consultants has been serving the area as a true full-service human-resources service company.

We are working with the Williamson County Elections Office to get election workers signed up and entered into our payroll system. In order to do that, everyone needs to complete the attached Employee Data Packet. This packet includes a short application, employee policies, W-4, and I-9. Direct Deposit forms are optional and available at your request. You can choose to be paid via direct deposit or a payroll check. All personal information is private and will be used for payroll purposes only.

As needed, the Employee Data Packet can also be requested by mail, email, or in person from either Evins Office between 7:30a.m.-5:00p.m., or, from the Williamson County Elections Office; 301 SE Inner Loop, Ste.104; Georgetown 78626, from 8:00a.m. – 5:00p.m. Requests by email need to be submitted to WILCOelections@HRnetConnection.com. Upon receipt of email we will respond with the application.

Evins Personnel Consultants - Round Rock
1106 South Mayes, Suite 215
Round Rock, TX 78664
512-320-8367

Evins Personnel Consultants - Austin
2013 West Anderson Lane
Austin, TX 78757
512-454-9561

PLEASE NOTE: Federal Regulations require all employers to complete the Form I-9 for every new employee hired after November 6, 1986. Please carefully review the form and required documentation. A complete listing of documents you can select from is found on Page 3 of the I-9 ("Lists of Acceptable Documents").

When you turn in your completed Employee Data Packet, please bring with you the document(s). You will need to present one selection from "List A" or a combination of one item from "List B" and one item from "List C". Commonly used forms of ID are a valid Driver's License ("List B") and a Social Security Card ("List C"). Oftentimes, a U.S. passport or U.S. passport card ("List A") is selected. **All documents must be unexpired.**

The document(s) you provide has/have to be viewed by designated Williamson County Elections Office staff or Evins Personnel Consultants, Inc., staff when you turn in your Employee Data Packet so that staff can fill out Page2 of the I-9 form.

The Elections Office and Evins will be working to add several hundred election personnel to be part of this payroll process and this will help make a smoother transition.

If you have any questions about obtaining or turning in an Employee Data Packet, please call an Evins Personnel Consultants, Inc. office at 512-320-8367 or 512-454-9561.

Thank you,

Evins Personnel Consultants, Inc.





Evins Personnel Consultants, Inc and Williamson County Application



Last Name (Please print)	First Name	Initial	Home Phone	Cell Phone
Address		City	State	Zip Code
Email Address				

WILLIAMSON COUNTY ELECTIONS WORKERS

(1) I request that Evins withhold any deductions from my salary that are required by law to be deducted by employers. Any paycheck not picked up will be sent to me by regular mail. I request that if my check is lost in the mail, I authorize the stop payment fee to be withheld from my replacement check.

(2) I will not, while on assignment through Evins, accept responsibility for cash, checks, or keys, or be responsible for an unattended worksite, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the express prior written permission of Evins. Should I be asked to do so, Williamson County will notify Evins immediately for authorization.

(3) I will not, while on assignment through Evins, operate my vehicle as part of my assigned duties nor will I operate a client's vehicle as a part of my assigned duties. Should I be asked to do so, Williamson County will notify Evins immediately for authorization.

If a dispute arises out of or relates to my application for employment, any employment received through Evins (or its divisions and/or affiliates), my separation from employment through Evins (or its divisions and/or affiliates), or the breach of the relationship between myself and Evins (or its division and/or affiliates); and, if the dispute cannot be settled through negotiation, the parties, both Evins (or its divisions and/or affiliates) and myself, agree first to try in good faith to settle the dispute by mediation. If agreement cannot be reached through mediation, any unresolved issues will be submitted for final binding arbitration.

I acknowledge and understand that by signing this agreement I am giving up the right to a jury trial on all of the claims covered by this Agreement in exchange for the benefit of a speedy, impartial, mutually-binding procedure for resolving disputes.

Employee Acknowledgment of Workers' Compensation Network
I have received information that informs me how to get health care under my employer's workers' compensation insurance. If I am hurt on the job and live in a service area described in this packet, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
3. Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
4. I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Name of Employer: _____ Evins Temporaries _____

Name of Network: *WORKWELL, TX*

Signature of Applicant: _____ Date: _____

Policies and Procedures Checklist

<input type="checkbox"/>	I understand that I am an employee of Evins Personnel and only I or Evins can terminate my employment. When an assignment ends I must report to Evins office for my next job assignment with 8 hours. Unemployment benefits may be denied for failure to do so.	<input type="checkbox"/>	Evins Personnel is held harmless from any and all liability that may arise from either my driving a vehicle or traveling via any mode of transportation to and from work sites.
<input type="checkbox"/>	I understand and will comply with Evins and Williamson County safety rules and regulations explained to me in training. Any accident will result in a complete investigation by Evins to ascertain liability.		I have read and fully understand the above statements regarding Evins' Personnel policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.
		Applicant Signature _____	Date _____

Form W-4 Department of the Treasury Internal Revenue Service	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 <div style="font-size: 2em; font-weight: bold;">2020</div>
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Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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, when to use the online estimator, and privacy.

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 most accurate withholding for this step (and Steps 3–4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld <input type="checkbox"/> TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.
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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 Dependents	If your 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 and 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		Employer identification number (EIN)



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 [][] - [][] - [][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space
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Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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



most common.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



VOLUNTARY/OPTIONAL –

EEO APPLICANT DATA

This information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity agencies and will not be considered as part of the application for employment.

Gender (Please Check one)	Female <input type="checkbox"/>	Male <input type="checkbox"/>
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Race / Ethnic Classification	<p><input type="checkbox"/> WHITE. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> BLACK. A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> HISPANIC OR LATINO. A person having origins of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.</p> <p><input type="checkbox"/> ASIAN OR PACIFIC ISLANDER. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE. A person having origins in any of the original peoples of North America.</p> <p><input type="checkbox"/> I choose to not self-identify race / ethnic classification.</p>
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Print Name: _____

Signature: _____

Date: _____



Evins Personnel Consultants, Inc and Williamson County Application



OPTIONAL - AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

COMPANY NAME	EVINS PERSONNEL CONSULTANTS/EVINS TEMPORARIES
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I (we) authorize above named company to credit my (our) account with the depository named below. If the company erroneously deposits funds into my (our) account, I authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

This authorization will remain in effect until the company has received written notification from me (or either of us) that it is to be terminated in sufficient time and manner for the company to act on it. I understand that deposits made to a joint account will be accessible by any person named on the account. I also understand that any rejected deposits from my bank are no fault of the Evins Personnel Consultants, Inc. Payroll Department and will terminate my Authorization Agreement of Direct Deposit of Payroll. I have read and agree to the attached information regarding direct deposits.

NAME(S)				
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
SIGNATURE				DATE

Primary: 100% of paycheck or remaining balance of secondary account(s).

DEPOSITORY NAME (FINANCIAL INSTITUTION)	<input type="checkbox"/> BANK <input type="checkbox"/> CREDIT UNION	<input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> OTHER	Dollar/Percentage Amount
ROUTING/ABA NUMBER	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	Account Number

Secondary: Complete if there are additional accounts to deposit your paycheck.

DEPOSITORY NAME (FINANCIAL INSTITUTION)	<input type="checkbox"/> BANK <input type="checkbox"/> CREDIT UNION	<input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> OTHER	Dollar/Percentage Amount
ROUTING/ABA NUMBER	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	Account Number

DEPOSITORY NAME (FINANCIAL INSTITUTION)	<input type="checkbox"/> BANK <input type="checkbox"/> CREDIT UNION	<input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> OTHER	Dollar/Percentage Amount
ROUTING/ABA NUMBER	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	Account Number

DEPOSITORY NAME (FINANCIAL INSTITUTION)	<input type="checkbox"/> BANK <input type="checkbox"/> CREDIT UNION	<input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> OTHER	Dollar/Percentage Amount
ROUTING/ABA NUMBER	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	Account Number

One of the following must be included to verify your direct deposit enrollment:

A voided check with your name imprinted (no starter checks)

Or

A bank letter/verification with the signature of your bank representative

****Please note deposit slips are not authorized****

Please contact our Evins Payroll Specialist for any questions regarding this form. Once completed, return this form and required back-up by email to Evinspayroll@HRnetConnection.com