

### 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](mailto:WILCOelections@HRnetConnection.com). Upon receipt of email we will respond with the application.

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

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

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**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.

**To turn in Employee Data Packet:** The completed packet with your I9 documentation can be turned in prior to your required training class to Evins Personnel Consultants at either office listed above or to the Williamson County Elections Office, 301 SE Inner Loop, Ste 104, Georgetown.

On your own time, you may bring it to your training class in Round Rock. Evins Personnel will be on hand one hour prior to class and will stay after if necessary for anyone. Your training class will begin on time.

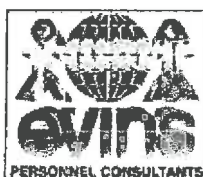
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The Elections Office and Evins will be working to add several hundred election personnel to be part of this payroll process and this will help make a smoother transition.

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.



2018



# 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 _____	



Evins Personnel Consultants, Inc and Williamson County Application



**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"/> <b>WHITE.</b> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> <b>BLACK.</b> A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> <b>HISPANIC OR LATINO.</b> A person having origins of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.</p> <p><input type="checkbox"/> <b>ASIAN OR PACIFIC ISLANDER.</b> 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"/> <b>AMERICAN INDIAN OR ALASKAN NATIVE.</b> 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: \_\_\_\_\_

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household *please note:*

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

#### Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		<b>2018</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. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages)			<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 2018, 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>8</b> Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			<b>9</b> First date of employment	<b>10</b> Employer identification number (EIN)

This is a worksheet for your use only—  
It does not need to be turned in.

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$	
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	9		
10	Add lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	10		

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	1	
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	
3	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet	3	

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5				
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



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)	
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<p>QR Code - Section 1 Do Not Write In This Space</p>	

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





## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<b>OR</b>		
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li data-cs="3" data-kind="parent" style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li><li data-kind="ghost"></li><li data-kind="ghost"></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**



# 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](mailto:Evinspayroll@HRnetConnection.com)