

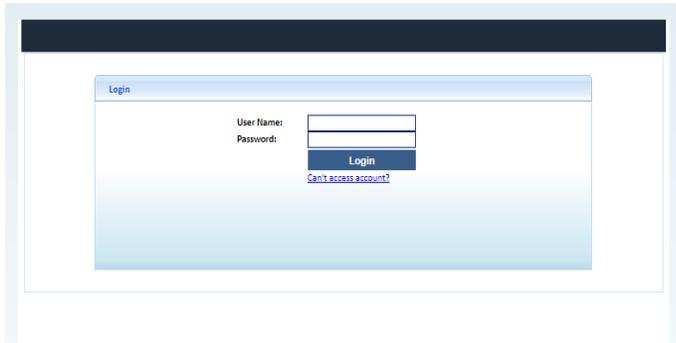
Paramount Staffing – Employee Portal Instructions

Mississippi Required Documents

Follow these steps to complete the required documents:

Webiste: <https://www.paramountstaffing.com/>

From the main page, click “Employee Login”; this will direct you to the following screen to login.



Home Page of the Employee Screen

To Complete the required documents, click eDocuments icon. The below screen will open.

Begin by clicking: Employee: Start Wizard

Home | Personal Info | Pay History | **eDocuments** | Log Off

Welcome Rux Right

EDocuments

Employee: Start Wizard

Employee Signature	Name	Status	Date Submitted	Date Completed	PDF Date
<input type="checkbox"/> Employee Signature	Biometric Policy Acknowledgment	Input			
<input type="checkbox"/> Employee Signature	Direct Deposit	Input			
<input type="checkbox"/> Employee Signature	Employee Policy and Procedures Acknowledgement	Input			
<input type="checkbox"/> Employee Signature	Employee Safety Code of Conduct English	Input			
<input type="checkbox"/> Employee Signature	Gender Self Identification	Input			
<input type="checkbox"/> Employee Signature	I9 Form	Input			
<input type="checkbox"/> Employee Signature	Notice of Health Exchange With Plan	Input			
<input type="checkbox"/> Employee Signature	W4 Form	Input			
<input type="checkbox"/> Employee Signature	W4 Illinois	Input			
<input type="checkbox"/> Employee Signature	Work Opportunity Tax Credit Edoc	Input			

Employee: Sign selected documents Username: Pass Code: **Enable Employer's Signature**

A new screen will open with the first document that needs to be completed. Once you acknowledge and fill in any required fields on the form, scroll to the bottom of the form and click Next. If the next document does not appear there may be missing information on the current document that need to be entered. There will be an error messages as shown below as to what is missing.

Missing information Error Message –

If when you click next on a document and the next form does not appear, scroll down and look for any errors that may be preventing you to continue.

- Invalid social security number. Please enter valid social security number.
- Fill atleast one bank information.
- An active bank of type remaining amount is required.
- Please click the signature.

Direct Deposit

If you wish to have you payroll check direct deposited into your personal checking account, fill out the required fields on this form. Otherwise you may elect to sign up for a Rapid Pay Card with your Branch to receive your pay. Call Branch for details for the Rapid Pay Card.

Direct Deposit

Direct Deposit Request

NOTE: TO USE THIS SERVICE YOU MUST HAVE AN ACTIVE ACCOUNT IN YOUR NAME AT A BANK OR CREDIT UNION.

Instructions:

- Complete and sign the authorization agreement information section.
- Complete the direct deposit section.
- You may be required to provide a voided check to the Paramount Staffing LLC. Deposit slips are Not acceptable.
- Direct deposit will take effect the following week from the date this form is properly submitted.

Employee's Authorization Agreement

Name:

Social security number:

I hereby authorize Paramount Staffing LLC to deposit any amounts owed to me by initiating credit entries to my account at the financial institution listed below. Further, I authorize the bank to accept and to credit any entries indicated by Paramount Staffing LLC to my account. In the event Paramount Staffing LLC should deposit funds into my account by error, I authorize Paramount Staffing LLC to debit my account for an amount not to exceed the original amount of the erroneous credit. This authority is to remain in full force and effect until Paramount Staffing LLC has received written notification from me of its termination in a manner and time that affords Paramount Staffing LLC and the bank a reasonable opportunity to act on it.

TO SELECT A SINGLE DEPOSIT ACCOUNT, ENTER THE AMOUNT TYPE AS 'REMAINING AMOUNT' AND THE SEQUENCE AS '1'

Account Type	Bank Name	Routing No	Account No	Amount Type	Amount Per Check	Sequence
--[Select]--	<input type="text"/>	<input type="text"/>	<input type="text"/>	--[Select]--	<input type="text"/>	<input type="text"/>
--[Select]--	<input type="text"/>	<input type="text"/>	<input type="text"/>	--[Select]--	<input type="text"/>	<input type="text"/>
--[Select]--	<input type="text"/>	<input type="text"/>	<input type="text"/>	--[Select]--	<input type="text"/>	<input type="text"/>
--[Select]--	<input type="text"/>	<input type="text"/>	<input type="text"/>	--[Select]--	<input type="text"/>	<input type="text"/>
--[Select]--	<input type="text"/>	<input type="text"/>	<input type="text"/>	--[Select]--	<input type="text"/>	<input type="text"/>

If you're skipping the direct deposit, scroll to the bottom of the page and click Next.

Employee Policies and Procedures: Do not skip this form

Employee Handbook can be found in the Paramount Staffing portal under the eDocuments tab once the acknowledgement has been completed.

Click the below outlined check box and click next.



I have read and understand the Paramount Staffing Employee Policy and Procedures Handbook.

<input type="checkbox"/> <i>By clicking on the check box, you are signing this document.</i>	Rux Right	03/25/2020
Employee Signature	Employee Name	Date

Previous

(3 of 11)

Next

Skip

Safety Code of Conduct:

Read the below form and scroll to the bottom to click next. (Signature will be collected at the end)

Paramount Staffing -- Safety Code of Conduct

As an employee of Paramount Staffing I agree to read, understand and abide by the following **Safety Codes of Conduct**. The purpose of this outline is to review & inform you of your responsibility to complete each job or task with your personal safety in mind at work. Injury prevention takes a team effort and this is part of Paramount's effort to communicate our expectations, but we also realize it takes your personal commitment to stay injury-free.

This listing is not meant to identify every risk or indicate every job function you may or may not perform.

I certify that I will:

1. Follow safety rules and procedures established at the client facility.
2. Always inspect, wear and use personal protective equipment as required by the client.
3. Never perform any job I have not been trained or authorized to perform.
4. Lift properly to prevent strain injuries. This includes asking for assistance when needed, not over-reaching for product, pushing or pulling in a manner that doesn't cause harm and use mechanical means (such as a pallet jack) to help move loads.
5. Never cross the conveyor system except at designated areas.
6. Always wear your seatbelt on a forklift and keep your hands, arms, leg and feet inside the unit.
7. Keep an eye on the path ahead of me to watch for any trip hazard.
8. Read and comply with warning signs posted in the facility that will alert me to unsafe areas.
9. Use a box cutter provided only by the client in a safe manner by cutting in a direction away from my body, arms or hands. Request a new one should it become damage or dull.
10. Ask for assistance in the handling or movement of pallets. Never try to lift or move a pallet stacked above your chest level.
11. Keep my hands and fingers away from pinch points.

USCIS Form I-9:

Complete this form in its entirety. **Every** field required by the applicant **must** be filled out, if a field does not apply to you, type N/A in that perspective field.

If you need assistance and have access, please click the below link for additional tips on filling out this form. Or reach out to your Paramount Staffing Branch for assistance.

<https://www.uscis.gov/i-9>

Once you have all fields entered, scroll to the bottom and click next. If the next form does not appear, scroll back down to see if there are errors at the bottom of the I-9 form screen and correct any errors listed and attempt to click next.



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):

<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 this 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: ?

QR Code - Section 1
Do Not Write in This Space

Notice of Health Exchange and Plan:

This page will show available plans, please read through and click next. You'll not need to change anything on this form. Read, scroll and click next.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

ID: 799-770-818

Stop Share

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution (see wall

W4 – Employee Withholding Form:

Ensure Step numbers 1, 3 and 5 are completed

- In Step 1, employee will provide status and personal information. **REQUIRED**
- In Step 2, this is where the employee decides if they want to disclose additional jobs for them or a spouse.
- In Step 3, this is for dependent deductions calculations. **REQUIRED** if applicable
- In Step 4, this is where the employee will enter any additional deductions or extra withholding as a dollar amount. There is a tax table that can be used on Page 4 of the document.
- In Step 5, employee signs and dates form. **REQUIRED.**

Here is a link to FAQs for the new form <https://www.irs.gov/newsroom/faqs-on-the-2020-form-w-4>.

Form W-4		Employee's Withholding Certificate		GMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay</p> <p>▶ Give Form W-4 to your employer.</p> <p>▶ Your withholding is subject to review by the IRS.</p>		2020
Step 1: Enter Personal Information	(a) Your first name and middle initial Rux	Last name Right	(b) Your social security number 000-34-5678	
	Address 123 Rex Wright Way City or town, state, and ZIP code Chicago IL 60133		▶ 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 www.ssa.gov	
<p>(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.)</p>				
<p>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.</p>				
Step 2: Multiple Jobs or Spouse Works	<p>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.</p> <p>(a) Use the estimator www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or</p> <p>(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"/></p> <p>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.</p>			
<p>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.)</p>				
Step 3: Claim Dependents	<p>If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000. ▶ \$ <input type="text"/></p> <p>Multiply the number of other dependents by \$500. ▶ \$ <input type="text"/></p> <p>Add the amounts above and enter the total here. 3 \$ <input type="text"/></p>			
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) \$ <input type="text"/>			
	(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) \$ <input type="text"/>			
(c) Extra withholding. Enter any additional tax you want withheld each pay period. 4(c) \$ <input type="text"/>				
<p>I claim exemption from withholding for 2020, and I certify that I meet both of the following conditions for exemption.</p> <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. <p>If you meet both conditions, select "Exempt" here <input type="checkbox"/></p> <p>Withholding Adjustment for Non-Resident Alien Employees, select "Non-Resident Alien" here <input type="checkbox"/></p>				
Step 5: Sign Here	<p>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>▶ Employee's signature (This form is not valid unless you sign it.) <input type="text"/> ▶ Date <input type="text" value="03/25/2020"/></p>			
Employers Only	Employer's name and address Paramount Staffing LLC 1828 Army Trail Rd Hanover Park IL 60133	First date of employment <input type="text"/>	Employer identification number (EIN) 825232212	
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q		Form W-4 (2020)

Work Opportunity Tax Credit Program:

To complete this form and receive the confirmation code to enter below, click the “WOTC” link and a new page will open as shown in the next step from ADP.

Work Opportunity Tax Credit Program

Paramount Staffing LLC participates in the federal government's Work Opportunity Tax Credit (WOTC), Welfare to Work, and other federal and state tax credit programs. The WOTC Tax Credit Questionnaire is a key part of our participation. Clicking the link below (WOTC) and then clicking the Continue button is the next step in the application process. By doing so, you will enter into the WOTC questionnaire.

The questions will normally take about 3 to 4 minutes to complete. You will know you have completed the questionnaire when you receive a confirmation number on the screen at the end. The confirmation number will need to be entered into the spaces below. Once you have responded to the WOTC questionnaire and entered your confirmation number, you will then move on to the next phase of the application process. Thank you for your participation!

CLICK THE LINK BELOW TO ENTER THE WOTC QUESTIONNAIRE AND CONTINUE COMPLETING YOUR APPLICATION:



PLEASE ENTER THE CONFIRMATION NUMBER BELOW ONCE YOU'VE COMPLETED THE WOTC QUESTIONNAIRE:

ADP – Tax Credit Questionnaire

Follow this screen by entering all the required information. Once you have completed, the last page will give you a code you must enter in the above WOTC form. This code must be entered as shown on the last page of the ADP questionnaire. **This is case sensitive!**



Tax Credits

English

Help

Welcome



Welcome

This company participates in the United States federal government's Work Opportunity Tax Credit program as well as other federal and state tax credit programs. The information you supply will be used by or on behalf of this company to complete its federal and state tax returns and may assist members of targeted groups in securing employment. Your responses to the questions are voluntary and will be confidential to this company's management and third party service providers, federal, state and local agencies, and other third parties as necessary to determine eligibility.

Please answer all of the questions. The interview takes about 3 to 4 minutes to complete. Thank you!

Continue

ADP – Tax Credit Questionnaire: Continued. Please enter all fields and click continue through all the pages.

ADP Tax Credits English Help

22%

Welcome

Personal Information

Personal Information

* Social Security Number
.....

* Confirm Social Security Number
.....

* First Name Middle Initial * Last Name
RUX RIGHT

Telephone
.....

Email Address
.....

By checking this box, I grant ADP permission to send me automated text messages at the phone number provided or emails at the email address provided for the purpose of requesting documents needed for this employer's participation in the Work Opportunity Tax Credit program. I understand that I am not required to provide this consent, and message data rates may apply. To unsubscribe from receiving these text messages, text back STOP, CANCEL or UNSUBSCRIBE

i OOPS! It looks like you did not enter a telephone number or email address. It is important that you provide this information if available.

Continue

Once completed the confirmation code will be given. Return to the previous Paramount Staffing Portal screen with the WOTC form. This is the code you'll enter on the WOTC form.

ADP Tax Credits English Help

100%

Thank you for completing the Tax Credit Questionnaire. Your confirmation code is JOBS.

After entering the code in the WOTC screen, scroll to the bottom and click next.

Once completed with all of the documents, the signature page will appear. By clicking the check box by the below arrow, it will choose all documents listed below that require a signature. Sign your full name as best as you can in the given box. No abbreviations will be allowed.

Once done with signing, click finish.

Tip: Left Click your mouse button, hold down to sign.

Edocument list requiring employee signature:

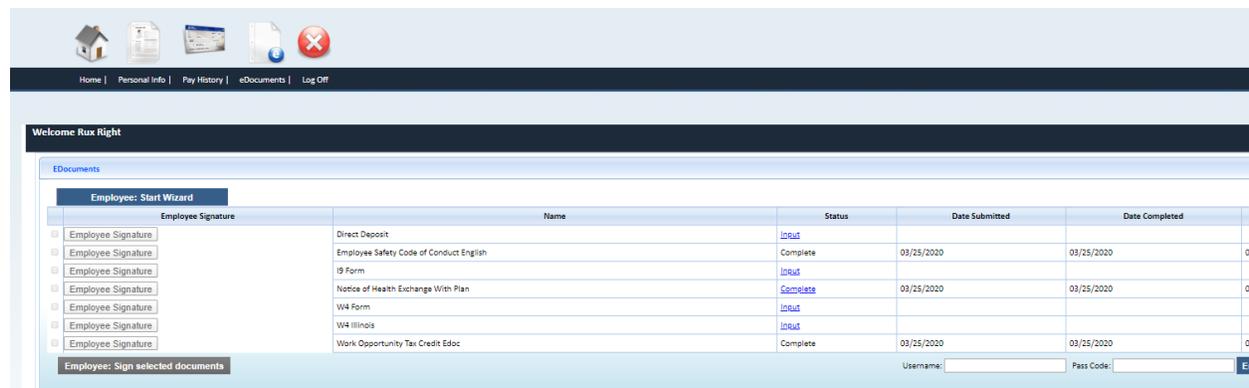
<input checked="" type="checkbox"/>	Name	Status	Date Submitted	Date Completed
<input checked="" type="checkbox"/>	Biometric Policy Acknowledgment	Pending Signature	03/25/2020	
<input checked="" type="checkbox"/>	Employee Policy and Procedures Acknowledgement	Pending Signature	03/25/2020	
<input checked="" type="checkbox"/>	Employee Safety Code of Conduct English	Pending Signature	03/25/2020	
<input checked="" type="checkbox"/>	Gender Self Identification	Pending Signature	03/25/2020	
<input checked="" type="checkbox"/>	Work Opportunity Tax Credit Edoc	Pending Signature	03/25/2020	

Please sign below and click **Finish** button to save your signature.



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Once you click finish, the page will route you to the below eDocument screen in the Paramount Staffing Portal.



Welcome Rox Right

EDocuments

Employee: Start Wizard

Employee Signature	Name	Status	Date Submitted	Date Completed
<input type="checkbox"/> Employee Signature	Direct Deposit	In Progress		
<input type="checkbox"/> Employee Signature	Employee Safety Code of Conduct English	Complete	03/25/2020	03/25/2020
<input type="checkbox"/> Employee Signature	I9 Form	In Progress		
<input type="checkbox"/> Employee Signature	Notice of Health Exchange With Plan	Complete	03/25/2020	03/25/2020
<input type="checkbox"/> Employee Signature	W4 Form	In Progress		
<input type="checkbox"/> Employee Signature	W4 Illinois	In Progress		
<input type="checkbox"/> Employee Signature	Work Opportunity Tax Credit Edoc	Complete	03/25/2020	03/25/2020

Employee: Sign selected documents

Username: Pass Code:

Please notify your Branch once you have completed all these forms to receive your next steps in the hiring process.