



NNA, INC
Application

Name: _____
Last First M.I.

Address: _____
Street Address Apt #

City State Zip Code

Phone: _____
Home Number Work Number/Other

Social Security Number: _____ - _____ - _____

FOR OFFICE USE ONLY

- COPY OF FORM W-4
- COPY OF FORM W-9
- COPY OF STATE WITHHOLDING STATE _____
- COPY ON INS I-9 FORM
- PHOTOCOPY OF THE FOLLOWING:
 - ___ DRIVER'S LICENSE
 - ___ BIRTH CERTIFICATE
 - ___ SOCIAL SECURITY
 - ___ DRIVING RECORD
 - ___ AUTOMOBILE INSURANCE POLICY
- PROOF OF INSURANCE EXPIRATION DATE: _____

Name: _____
Last First M.I.

LIST ALL PREVIOUS ADDRESSES FOR THE LAST THREE YEARS

_____ HOW LONG? _____
Street City State & Zip

_____ HOW LONG? _____
Street City State & Zip

_____ HOW LONG? _____
Street City State & Zip

HEIGHT: _____ WEIGHT: _____ DATE OF BIRTH: _____

IN CASE OF EMERGENCY NOTIFY: _____

Name

Address

Phone

POSITION/ROUTE APPLIED FOR: _____

ARE YOU CURRENTLY EMPLOYED: _____

IF SO, WHAT ARE YOUR CURRENT WORK HOURS: START _____ FINISH: _____

IF NOT, HOW LONG SINCE LAST EMPLOYED? _____

HOW WERE YOU REFERRED: _____

GENERAL

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

EDUCATION

CIRCLE THE HIGHEST GRADE:

GRADE SCHOOL: 1 2 3 4 5 6 7 8 **HIGH SCHOOL:** 9 10 11 12 **COLLEGE:** 1 2 3 4

LAST SCHOOL ATTENDED: _____

School Name

Address

PHYSICAL HISTORY

HOW MUCH TIME WAS LOST FROM WORK THE PAST 3 YEARS FOR ILLNESS?

HAVE YOU EVER RECEIVED WORKMANS COMPENSATION? _____

IF SO, WHEN? _____

EMPLOYMENT DATA

CURRENT/LAST EMPLOYER:

COMPANY NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

SALARY: \$ _____ **PREVIOUS EMPLOYER:**

COMPANY NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

SALARY: \$ _____

PREVIOUS EMPLOYER:

COMPANY NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____

SALARY: \$ _____

EXPERIENCE AND QUALIFICATIONS (DRIVER)

DRIVER LICENSE

LICENSE # _____ STATE _____

TYPE: _____ EXPIRATION DATE: _____

- A. HAVE YOU EVER BEEN DENIED A LICENSE PERMIT, OR PRIVILEGE TO OPERATE MOTOR VEHICLES? YES _____ NO _____
- B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____
-

ADDITIONAL INFORMATION

APPLICANTS SIGNATURE: _____

DATE: _____

Request for Taxpayer

Give Form to the requester. Do not send to the IRS.

Identification Number and Certification

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes: **4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) Exempt payee code (if any) _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. code (if any) _____ Exemption from FATCA reporting _____

Other (see instructions) _____ (Applies to accounts maintained outside the U.S.) _____

5 Address (number, street, and apt. or suite no.) Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other – – entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

or

Employer identification number										
			-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ⁽²⁾	Date ⁽²⁾

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Referral Bonus Program

Please complete appropriate section and return to payroll administrator:

Did someone refer you to this job: Y_____ N_____

REFERRED CANDIDATE
NAME:
POSITION:

REFERRING SUBCONTRACTOR/EMPLOYEE
NAME:
DATE REFERRED:

Bonus Requirements

Hired Employee must complete 1 year of subcontract/employment. The employee referring the candidate must also remained employed with the organization. Referral Bonus information is subject to change.

Employee Signature _____ Date _____

Supervisors Approval _____ Date _____

***** Authorized Personnel *****

BONUS DATE:
BONUS AMOUNT FOR REFERRING EMPLOYEE: