141 3rd St West Suit # 3
Dickinson, ND 58601
Phone: 701-300-1259

Employment Application

Today's Date:_____

Applicant Information

Name: (First, M.I, Last) _____

Address:

Street Address: _____ Apartment/ Unit #_____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Position applied for: _____ Desired Salary: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Are you a citizen of the United States? Yes___ No___

If no, are you authorized to work in the United States? Yes___ No___

Have you ever worked for this company? Yes___ No___ If yes, when? _____

Have you ever been convicted of a felony? Yes___ No___ If yes explain: _____

Education

Highest Education level:

_____

List Skills, Experiences and Certifications:

_____

Previous Employment

Company: ____________________ Phone: ____________

Address: ______________________________________

Job Title: ______________ Starting Salary: ________ Ending Salary: ________

Responsibilities: ______________________________

Starting Date: ________ Ending Date: ________ Reason for leaving: ____________

Supervisor: ______________ Supervisor Phone: ____________

Can we contact this employer: Yes ______No ______

Company: ____________________ Phone: ____________

Address: ______________________________________

Job Title: ______________ Starting Salary: ________ Ending Salary: ________

Responsibilities: ______________________________

Starting Date: ________ Ending Date: ________ Reason for leaving: ____________

Supervisor: ______________ Supervisor Phone: ____________

Can we contact this employer: Yes ______No ______

Company: ____________________ Phone: ____________

Address: ______________________________________

Job Title: ______________ Starting Salary: ________ Ending Salary: ________

Responsibilities: ______________________________

Starting Date: ________ Ending Date: ________ Reason for leaving: ____________

Supervisor: ______________ Supervisor Phone: ____________

Can we contact this employer: Yes ______No ______

Military Service

Branch: ____________________ From: ________ To: ________

Ranke at Discharge: ______________ Type of Discharge: ____________

Of other than honorable, explain: ______________________

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that the false or misleading information in my application or interview may result in my release.

SIGNATURE: ______________________________ Date: ____________

Drug/Alcohol Testing

Consent Form

Company Name: _____

Applicant/Employee Name: _____

On occasions some customers will require a drug screening. This consent form will only be applicable under customer's request, or reasonable suspicion of being under the influence of drugs or alcohol while on duty. In the case of being under a prescription this should be notified to your immediate supervisor if it impairs your ability to operate a motor vehicle or perform your job duties in a safe matter to you and other employees. I hereby agree to submit to a drug or alcohol test by furnishing a sample of my urine, breath, and/or blood for analysis. I have been fully informed of the reason for this test and I understand what I am being tested for and the procedure involved. I am fully aware that the results of this test will be forwarded on to my potential employer or current employer and will become part of my record. I understand that if at any time I refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, my application for employment may be immediately withdrawn from consideration or I may be subject to immediate termination.

Signature of Applicant _____ Date _____

Company Representative _____ Date _____

Safety

It is the responsibility of each employee to conduct all tasks in a safe and efficient manner complying with all local, state and federal safety and health regulations and program standards, and with any special safety concerns for use in a particular area or with a client.

Although most safety regulations are consistent throughout each department and program, each employee has the responsibility to identity and familiarize her/himself with the emergency plan for his/her working area. Each facility shall have posted an emergency plan detailing procedures in handling emergencies such as fire weather-related events and medical crises.

It is the responsibility of the employee to complete an Accident and Incident Report for each safety and health infraction that occurs by an employee or that the employee witnesses. Failure to report such an infraction may result in employee disciplinary action, up to and including termination.

I understand Superior Staffing Corp takes their responsibility as my employer very seriously, and that they have gone to great lengths to provide a safe work environment. If I am Injured on the job, Superior Staffing Corp will deal promptly with legitimate claims and has understand that Superior Staffing Corp has extensive experience investigating claims and will fight fraudulent claims with all available resources.

If I sustain an injury on the job, I will inform the client and Superior Staffing Corp immediately, who will then coordinate with the client and myself, ensuring proper procedures for treatment and reporting of the accident.

I understand that the duties in job assignments vary by position and/or Superior Staffing Corp clients. I agree to notify Superior Staffing Corp immediately if I am requested to perform work which I am unable to perform due to a disability, so that we may discuss the options for reasonable accommodations.

I, _____ have read and understand the above Safety policy.

Print name: _____

Signature: _____

Date: _____

Superior Staffing Corp

It is understood that overtime (OT) will be paid when working for **one Customer** over 40 hours in a one week pay period. It is understood, there may be an occasion where an employee will work more than 40 hours with **two or more Customers**. On these occasions, overtime will **NOT** be paid.

By signing below, the employee acknowledges they read and understand the above disclosure, and agree to the terms above.

_____

Employee 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

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**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*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at *www.irs.gov/W4App*.

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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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 Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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	First date of employment	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 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			**Additional Information**		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.		

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.	First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
SPEARS, COLLEEN - OFFICE MANAGER		

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
SUPERIOR STAFFING CORP	**141 3RD ST W, SUITE 3, DICKINSON, ND 58601**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Authorization for Direct Deposit – Employee Form

This authorizes Superior Staffing Corp (the "Company") to send credit entries (and appropiate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the account to post all such entries.

Account #1

Type (check one): ___Checking ___Savings

Employee Bank Name: _____

Bank Routing #:_____

Account #: _____

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature: _____

Printed Name: _____

Administative Staff: _____

Date: _____

IMPORTANT: This document must be signed by employees for automatic deposit of paychecks and retained on file by the employer. Employee must attach a voided check for their bank account to help verify their account number and bank routing number.