
APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge and authorize P's & Q's to verify their accuracy and to obtain reference information on my work performance. I hereby release P's & Q's from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should a temporary assignment be extended to me and accepted that I will fully adhere to the policies, rules and regulations listed and discussed during Training and Orientation. However, I further understand that neither the policies, rules, and regulations or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand that it is my responsibility to notify P's & Q's Childcare Staffing of my availability on a weekly basis at a minimum or at the end of an assignment, and if I do not, I will be considered unavailable for work.

Signature of Applicant _____ Date: _____

Name (Printed) _____

Signature of Witness _____ Date: _____

Name (Printed) _____



EXHIBIT A

Benefits waiver for Substitute Teacher Aides

Agreement and Waiver

In consideration of my assignment to a Client center by Agency, I agree that I operate solely as an independent contractor Substitute Teacher Aide of Agency. Per Department of Labor, "Independent contractors, by definition, are self-employed and because they are not employees, independent contractors are not covered by employment, labor, and related tax laws." Therefore, I understand that I am not eligible for benefits. Further, I understand and agree that I am not eligible for or entitled to participate in any benefit plan, policy or practice offered by Client to any of Client's direct Substitute Teacher Aides, regardless of the length of my assignment to Client, and regardless of whether I am held to be a common-law Substitute Teacher Aide of Client for any purpose.

I acknowledge and agree that this waiver applies to any and all Client centers at which I elect to work.

Therefore, with full knowledge and understanding, I hereby expressly waive any claim or right that I may have, now or in the future, to such benefits, and agree not to, at any time, make any claim for such benefits.

SUBSTITUTE TEACHER AIDE

Signature

Name

Date

WITNESS

Signature

Name

Date

Request for Taxpayer Identification Number and Certification

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

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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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.

Social security number									
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 ▶

Date ▶

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.



Permanent Placement Agreement

I, _____, acknowledge by signing this agreement, that
PRINT NAME

in my relationship with P's & Q's Child Care Staffing, that I am acting as an independent sub-contract agent. I also acknowledge that as an independent sub-contractor I may come in contact with businesses which may be in need of permanent employees. I understand that clients that retain the company's sub-contractors are required to pay a fee for retaining sub-contractor on a permanent basis.

I acknowledge that I have read and agree to the following terms regarding my accepting any permanent employment by a client of the company:

1. If I accept a permanent assignment I intend to work for the client for a term of at least six (6) months.
2. I will inform P's & Q's Child Care Staffing immediately upon acceptance of a permanent position with any client of P's & Q's Child Care Staffing.
3. If I should discontinue services from the company, I will not accept a permanent or part time position with a client of the company for a period of ninety (90) days, unless:
4. If I do accept permanent or part time work from a client within ninety (90) days of leaving the agency, I agree to report such acceptance to the company.

PRINT NAME

SIGNATURE

Date



INDEPENDENT CONTRACTOR FORM

We want to be sure that you fully understand that you are working as an independent contractor and that you will be self-employed. You are not an employee of P's & Q's Child Care Staffing. As an independent contractor you have the ability to:

1. You are to call in your availability on either Sunday (between 4:00 pm & 5:00 pm) or 6:00 am Monday morning on the teacher line (770-926-0822 ext. 2). Understand that if you do not call in with your availability you may not work.
2. You may decline to accept a daily assignment for any reason.
3. You may choose schools in specific areas based on your desire to commute or need for a bus line.
4. As an independent contractor / day worker you are not entitled to any benefits as outlined in Exhibit A (attached).
5. As an independent contractor / day worker you are not to disclose any confidential or proprietary information as outlined in Exhibit B (attached).

As an independent contractor you acknowledge:

1. The school at which you work will determine the age group that you work with.
2. The primary teacher in the classroom will be responsible for directing your work, observe your interaction with the children and schedule your time throughout the day.
3. The director of the school, based on a teacher review, will determine future use of you at the school. If performance is determined to be an issue the school will advise us not to send you to the school again.

You should keep records of all payments made to you so that you will be able to accurately report your earnings for the year. Your taxes will be determined by this income just as your income on jobs was taxed. However, you are entitled to certain business deductions, just as any other business owner. The IRS offers free information regarding these deductions. Take advantage of it.

You should set aside a portion of your income each month so that you will have money available to meet your tax obligation. The current tax rate is 15.3%. This figure represents 12.4% which is the social security portion and 2.9% which is the Medicare portion. If you earn less than \$25,000 per year from self-employment and have business expenses of \$2,000 or less, you may be able to use the new Schedule C-EZ. These taxes are similar to the social security and Medicare taxes withheld from the pay of wage earners. Your self-employment taxes should be figured on Schedule SE. Then report the tax on line 47 of Form 1040 and attach Schedule SE to Form 1040. A 1099 instead of a W-2 form will be mailed to you if earned more than \$600 during the year. Please note, you must notify us immediately of any address change. A 1099 will be mailed to the address listed on your application unless notified immediately of address change.

P'S & Q'S STAFFING INC. DOES NOT PROVIDE EMPLOYMENT VERIFICATION LETTERS.

We appreciate the professional service you will provide and wish you continued success.

Applicant Signature

Date

P's & Q's Childcare Staffing

Date



Teacher Orientation ACKNOWLEDGMENT AND SIGNATURE PAGE

Please read, initial each statement and sign at the bottom that your responses are true.

- ___ I have not made any false statements concerning qualifications requirements.
- ___ I am free of any known communicable disease.
- ___ I will immediately report any suspected case of child abuse, neglect or deprivation, misconduct, communicable disease or serious injury to the director or owner of center as well as P's & Q's. I will prepare a written report that will be dated and submitted at any time such abuses are suspected.
- ___ I have never been shown by credible evidence, e.g. a court or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by oral or written statement to this effect obtained at the time of application.
- ___ I am not suffering from any physical handicap or mental health disorder which would interfere with my ability to perform adequately the job duties for the care and supervision of the children enrolled in a facility.
- ___ I have successfully completed orientation with P's & Q's Child Care Staffing and fully understand my responsibilities in all of these matters. I hereby agree to follow these required procedures.
- ___ I will notify P's & Q's should the center request additional work.
- ___ I will arrive at all assignments with my Blue Folder, which has been provided to me by P's & Q's during training and orientation.
- ___ I will not accept an assignment if I am not in possession of my Blue Folder. I understand P's & Q's will not be able to provide center (via fax and/or email) with any documents, which are required by the State, to be present in a childcare facility.
- ___ I understand I am expected to dress appropriately for each assignment and comply with the dress code requirements as follows: khaki pants, white polo style shirt and closed toe shoes (tennis shoes are recommended). I understand I will be sent home upon arrival to the job site and will not be compensated if dressed inappropriately.
- ___ I understand there will be a \$5.00 fee to replace my Blue Folder.
- ___ I understand P's & Q's does not provide employment verification letters.

SIGNATURE

DATE

With full knowledge and understanding, please initial beside each subject that you have read and agree to the following policies, procedures and expectations:

- | | |
|--|--------------------------------------|
| ___ Policies and Procedures | ___ Permanent hire |
| ___ What to expect from day care temping | ___ How to call in your availability |
| ___ Dress code | ___ Grounds for dismissal |
| ___ Discipline | ___ Long-term assignments |
| ___ Upon your arrival | ___ References |
| ___ Lunch | |

SIGNATURE

DATE