



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

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 <input type="text"/>		Employee's Email Address		Employee's Telephone Number	
<p>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.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<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 (Enter USCIS or A-Number.)					
<input type="checkbox"/> 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)	<p>Additional Information</p> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
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)					

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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name IRM LLC	Employer's Business or Organization Address, City or Town, State, ZIP Code 3014 US HWY 301 N #1000, TAMPA, FL 33619
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LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

GENERAL INFORMATION

Applicant's Name: _____ Email: _____
 Date of Birth: _____ Employee Cell Phone: _____
 Emergency Contact: _____ Relationship: _____
 Contact's Work Phone: _____ Contact's Cell Phone: _____

EEO Voluntary Self Identification (circle one)

Completion of this information is voluntary and will not affect your opportunity for employment, or terms or conditions of employment.

1. Gender: Male or Female
2. Ethnicity: Are you Hispanic or Latino?
3. Race:
 - White
 - Black
 - American Indian/Alaskan Native
 - Asian
 - South or Central American (maintains tribal affiliation or community attachment)
 - Pakistan, Philippine Islands, Thailand or Vietnam
 - Native Hawaiian or Pacific Islander
 - Two or More Races



Form W-4 Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Certificate</h3> <p>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.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2024</h1>
Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____ Address _____ City or town, state, and ZIP code _____	(b) Social security number _____ 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 .
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)	

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 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here \$ _____	3	\$
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)	\$
	(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)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

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 IRM, LLC 3014 US HWY 301 N. • SUITE 1000 • TAMPA, FL 33619	First date of employment	Employer identification number (EIN)
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PLEASE RETURN THIS PAGE TO IRM-PAYROLL FAX # (813) 279-6004

EMPLOYEE ACKNOWLEDGMENTS

A. REPRESENTATIONS I certify that answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contains here and in the Application for Leased Employees with Infiniti Resource Management (IRM) as may be necessary in arriving at a final employment decision. I understand that the Application is not, and is not intended to be a Contract of Employment.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. Omitting material information may also be grounds for discharge. I understand that I am also required to abide by all Rules and Regulations of IRM and the Company to which I am assigned. I acknowledge that I have read and had ample opportunity to understand the contents of the employee handbook.

Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice and that the first 90 days of employment is on a probationary basis.

B. IRM'S DRUG AND ALCOHOL POLICY I have been told and understand that my employer has a policy that employees under the influence of alcohol, illegal drugs or un-prescribed chemical substances during working hours will be subject to disciplinary action which could include termination.

I agree that under appropriate circumstances, particularly if I am involved in an accident during working hours, I may be required and will submit to a test administered by a qualified authority that will determine if alcohol, illegal drugs or un-prescribed chemical substances are present. I understand that positive results of this test can affect my eligibility for Worker' Compensation benefits.

I do hereby authorize my employer or representative of my employer to obtain medical reports, records, or tests, which indicate the presence of alcohol, illegal drugs, or un-prescribed chemical substances in my body.

I acknowledge that if an injury caused by my refusal to use safety appliance or observe a safety rule required by FL statute 440.09, my compensation shall be reduced by twenty-five percent (25).

I agree that a Photostat of this authorization be accepted if necessary. This policy has been read to me and I fully understand it.

C. LEASED EMPLOYEE NOTICE I, the undersigned employee, acknowledge by my signature that I have been informed that I am a leased employee of IRM leased to _____(CLIENT). I further understand that either IRM or I can terminate our employment relationship at any time, as I am an At-Will employee. I also acknowledge that while I am a leased employee of IRM if, IRM does not receive payment from the client for services which I perform as a leased-employee, IRM will pay me the applicable minimum wage (or the legally required overtime pay in a work week in which I have worked overtime) for any such pay period, and I agree to this method of compensation. I hereby authorize IRM to deduct from my final paycheck any monies owed by me to either IRM or in the event of my separation of employment.

IRM does not cover any loss or damage to any employee's property, and all employees shall defend, indemnify, and hold IRM harmless for any and all fines, penalties and assessments including attorney fees, incurred by IRM as a result of any violations of and Federal, State, or Local Law, Regulation or Ordinance relating to health and safety with respect to premises owned or controlled by client and to which IRM employees are assigned.

As a leased employee, I have read and understand that upon conclusion of each job assignment, regardless of the duration of the assignment I must contact IRM for reassignment. If I have been terminated for misconduct or if I am uncooperative, argumentative, or exhibit any other negative behavior at the time of reassignment this will eliminate me from the opportunity for reassignment. Failure to contact IRM the next business day (Monday-Friday 8:30 a.m. - 5:00 p.m. EST) may result in a denial of unemployment benefits.

D. EQUAL OPPORTUNITY AND HARASSMENT I also acknowledge that if at any time during my employment (or during the application for employment process) I am subjected to any type of discrimination because of race, sex, age, religion, color, national origin, disability, marital status, or if I am subjected to any type of harassment, including sexual harassment, I agree to immediately contact IRM, 3014 US Highway 301 N., Suite 1000, Tampa, FL 33619 or at (813) 664-1664 in order to obtain assistance in the resolution of such matters.

I acknowledge that I have read section A. Representations, B. IRM's Drug and Alcohol Policy, C. Leased Employee Notice, and D. Equal Opportunity and Harassment.

Signature _____ **Date** _____

PLEASE RETURN THIS PAGE TO IRM-PAYROLL FAX # (813) 279-6004



Benefits Information

If you are interested in any of the benefits below, please contact our Benefit Department at 813-664-1664 or benefits@irmpeo.com

****To be eligible for benefits you must be working full-time (25 hours a week or more)**

- | | |
|--|--|
| <input type="checkbox"/> Dental | <input type="checkbox"/> Limited Medical Plans |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Pet Insurance |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Accident Coverage |
| <input type="checkbox"/> Legal Insurance | <input type="checkbox"/> ID Theft |

Other IRM Services*

- | | |
|---|---|
| <input type="checkbox"/> <i>Debit Cards</i> | <input type="checkbox"/> <i>Direct Deposit of your Paycheck</i> |
|---|---|

****Please see your manager for the enrollment forms***

EMPLOYEE SAFE WORKING PRACTICES AGREEMENT

As a condition of employment, I _____
(please print full name)

do hereby agree to comply with the following safe working practices:

1. I agree to follow established departmental safety procedures.
2. I agree to wear all personal protective equipment (PPE) required to wear.
3. I agree to report any work-related accident or injury to my supervisor as soon as it occurs, but no later than the end of my shift regardless if medical treatment is sought.
4. If I need treatment for a work-related injury, I agree to:
 - a. Notify my SUPERVISOR of the need for treatment.
 - b. Only go to an EMPLOYER directed physician for necessary treatment.
 - c. Have a post-accident drug screen completed within 24 hours of the injury at the designated location my EMPLOYER has provided.

I understand that a failure on my part to follow the above procedures could result in denial of workers' compensation benefits and disciplinary action up to and including termination.

I understand that according to Florida Statute 440.09(5) if I am injured while failing to wear the proper Personal Protective Equipment (PPE) provided to me by my employer it will result in a 25% reduction in my compensation benefits.

I also understand that according to the rules and regulations for the State of Florida Workers' Compensation Law, my compensation benefits could be reduced for any injury, which occurs because of a failure to follow established safety procedures.

Employee Signature

Date

Witness Signature

Date