



2621 SE 15th Street • Oklahoma City, OK 73129 • 405.677.9633 • sales@presortfirstclass.com

Thank you for your interest in working at Presort First Class!

Here are some of the benefits we offer:



Paid Time Off

Years 1-2: Earn up to 80 hours
Years 3-4: Earn up to 120 hours
Years 5-8: Earn up to 160 hours
Years 9+: Earn up to 200 hours

Paid Maternity Leave
Paid Bereavement Leave
Paid Jury Duty Leave



401(k) Retirement Plan

Presort First Class will match up to 5% of your contributions.*

*After eligibility criteria met



Group Benefits

Health (100% Paid)
Dental • Vision • Life
And additional options



Paid Holidays

Memorial Day
Independence Day
Labor Day
Thanksgiving
Christmas
New Years



Other Perks

Annual Raises[^]
Appreciation Events
Company Bonus[^]

[^]Raises/Bonuses not guaranteed



Dear Prospective Employee,

All applicants must submit documentation that establishes identity and employment authorization with their application. All documents must be UNEXPIRED.

Applicants may present one document from List A
OR
 a combination of one document from List B
AND
 one document from List C.

LIST A	OR	LIST B	AND	LIST C
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 		<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 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 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
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Native American tribal document
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. U.S. Citizen ID Card (Form I-197)
<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for	Full-Time YES <input type="checkbox"/> NO <input type="checkbox"/>		Part-Time YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any relatives or friends working for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

ADDITIONAL
<p><i>Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, describe in full.)</i></p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
<p>Do you have any physical limitations that would prevent you from standing in one place for extended periods of time or lifting and carrying loads of up to 25 pounds? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If yes, describe in full.)</i></p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Veterans Preference	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments:		

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 false or misleading information in my application or interview may result in my release.

Signature	Date
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The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.



Dear Prospective Employee,

PLEASE READ

In 2009 the government initiated the American Recovery and Reinvestment Act, better known as the Stimulus Package. You are being asked for the following information to determine if your potential employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are applying with may be able to obtain certain valuable tax credits based upon your answers to the questions on the front and back attached document. Please take your time and answer the questions carefully, completely, and accurately. This information is requested voluntarily. You are not required to complete this questionnaire; however, the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may currently be receiving. Your assistance is appreciated.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

Paycom Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by client. Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs or DMV of any state as to my eligibility for federal or state tax credit programs.

Print Name:	First _____	Last _____	Social Security Number (last 4 digits only) XXX-XX-
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1. Are you at least age 16, but under age 40? If YES, enter your date of birth Yes No
2. Have you ever worked for this employer before? If Yes, enter last date of employment Yes No
3. Are you in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation? Yes No
4. Are you a Veteran of the U.S. Armed Forces? If NO, go to Question 5 Yes No
 If YES, are you a member of a family that received SNAP (Food stamps) benefits for at least a 3-month period during the past 15 months before you were hired? Yes No
 If YES, enter name of *primary recipient* _____ and
 city and state where benefits were received _____.
 OR, are you a veteran entitled to compensation for a service-connected disability? Yes No
 If Yes, were you discharged or released from active duty within a year before you were hired? Yes No
 OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes No
5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? Yes No
 OR, received SNAP for at least a 3 month period within the last 5 months but you are no longer receiving them? Yes No
 If YES to either question, enter name of *primary recipient* _____
 city and state where benefits were received _____.
6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a state? Yes No
 OR, by an Employment Network under the Ticket to Work Program? Yes No
 OR, by the Department of Veterans Affairs? Yes No
7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes No
 OR, are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ending within 2 years before you were hired? Yes No
 OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes No
 If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes No
 If YES to any question, enter name of *primary recipient* _____
 city and state where benefits were received _____.
8. In the past 12 months, have you had a felony conviction, work release, or prison release? Yes No
 If YES, enter date of conviction and date of release _____
 Was it a Federal or a State conviction? (check one)
9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes No
10. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes No
 Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes No

Employer use only

Please send this Questionnaire, both pages of the 8850, and any available supporting documentation to:

Paycom, ATTN: Tax credit Dept.
 7501 W Memorial Rd, MS#150
 Oklahoma City, OK 73142

Certification for tax credits is not guaranteed.

Starting Wage \$ _____

Position Title _____

Hire Date _____

Start Date _____