

Please Call: _____

2044 14th Ave.
Suite # 20
Vero Beach, FL 32960 Phone:
(772) 203-5324
Info@tidelinestaffingeast.com



Employment Application

Last Name (Apellido)	First Name (Nombre)	Middle
Street Address (Direccion)		Zip Code (Codigo Postal)
City (Ciudad) Vero Beach	State (Estado) FI	Phone (Telefono)
Emergency Contact Name/Number (Contacto De Emergencia):		

I agree to conform to the rules and regulations of Tideline Staffing East LLC, and understand that my employment may be terminated at anytime by Tideline Staffing East LLC or me, with or without notice for any reason or not reason. If I am injured or become ill during work I will report accidents/illnesses to Tideline Staffing East LLC promptly. If I have a work related injuries or illness I may be tested for the presence of drugs or alcohol. Refusal to be tested will be reason for dismissal. I understand that I am applying for temporary work assignments with Tideline Staffing East LLC and not its customers. I understand my position is temp, non-permanent, seasonal staffing. I am at all times while on assignments employed by Tideline Staffing East LLC and not the customer. Upon completion of my assignment, I understand I must report to Tideline Staffing East LLC for Future work assignments to be considered ready to work.

Sexual and other Unlawful Harassment

We are committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes or comments based on individuals sex, race, ethnicity or any other legally protected characteristic will not be tolerated. Harassment in a form of employee misconduct that is damaging to another person, undermines the integrity of the employment relationship and is strictly prohibited.

Any Employee who wants to report an incident of harassment should promptly report the matter to his/her supervisor. Employees can raise concerns and make reports without fear.

Transportation and Equipment Fees

Tideline Staffing East LLC has the right to charge you for the following: Transportation to and from job sites (\$1.50 each way)

Equipment Fees if not returned by end of the day: Hard Hats (\$5), Safety Glasses (\$2), Vest (\$4), Shovels/ Brooms (\$10), Gloves (\$3)

Signature: _____ Date: _____

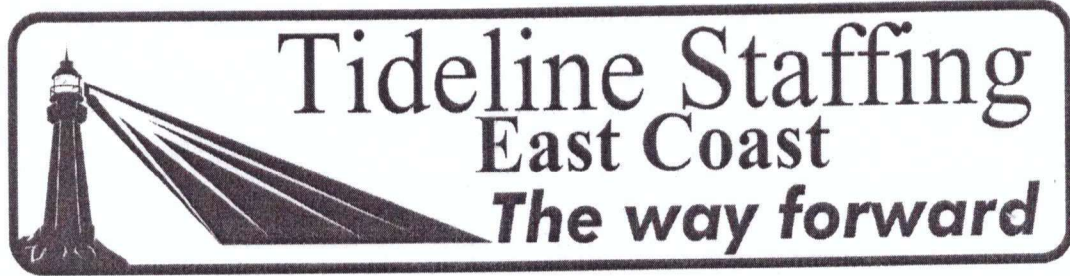
- Report any injury to your employer / supervisor immediately. You will be required to take a post accident drug test and fill out post accident paperwork.
- Report any observed unsafe condition to your employer / supervisor.
- The drinking of alcoholic beverages, the use of controlled substances, and / or the use of illegal substances is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work and will be terminated immediately.
- If you do not have current First Aid Training do not move or treat an injured person unless there is immediate peril, such as profuse bleeding or stoppage of breathing.
- Appropriate clothing and footwear must be worn on the job at all times.
- Where there exists the hazard of falling objects, an approved hard hat must be worn.
- You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
- You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, be maintained in good condition, and worn when required.

- Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
- The riding of equipment not designated for that purpose is prohibited at all times.
- Never remove or bypass safety devices.
- Do not approach operating machinery from the blind side; let the operator see you.
- Maintain a general condition of good housekeeping in all work areas at all times.
- Obey all traffic regulations when operating vehicles on public roadways.
- When operating or riding in a company vehicle or using your personal vehicle for business purposes, the vehicle's seat belt shall be worn.
- Be alert to hazards that could affect you and your co-employees.
- Obey safety signs and tags.
- Always perform your assigned task in a safe and proper manner, do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is a leading cause of injury.

Employee Agreement

- Although there is no way to identify every possible violation of standards of conduct, the following is a partial list of infractions which will result in corrective action up to and including termination of employment. NOTE PROVIDING THIS LIST DOES NOT CHANGE THE AT WILL NATURE OF YOUR EMPLOYMENT AND ANY EMPLOYEE MAY BE TERMINATED OR MAY RESIGN AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE.
- Any "no show / no call" for a scheduled assignment / job position. Not reporting to or completing a scheduled assignment / job position.
- Walking off the job during an assigned / scheduled shift. (Unless the job is hazardous to your health or the client asks you to do something that is illegal)
- Poor attendance or tardiness during a job assignment.
- Falsifying the employment application, timecard, personnel or any other company documents and records.
- Unauthorized possession of company or employee property, carrying weapons or explosives or violating criminal laws while on company premises.
- Uncooperative, disrespectful or insubordinate attitude toward co-workers, staff or clients.
- Sleeping on the job, use of illegal drugs or alcohol, carrying any type of firearm or weapon.
- Theft of money or property of any kind.
- Threatening, intimidating, coercing, harassing, using abusive or vulgar language, or interfering with the performance of other employees.
- Damaging, vandalizing, or destroying company or customer property due to careless or willful acts.
- Conduct which company feels reflects adversely on the employee or company.
- I understand and agree that violations outlined above are cause for immediate and justified termination of any employment with the company.

Name: _____ Signature: _____ Date: _____



EMPLOYEE DIRECT DEPOSIT/PAY CARD

To request Direct Deposit of your paycheck, read and complete the following authorization agreement:

Name: _____

Social Security #: _____

Email: _____

Direct Deposit slips will be emailed to you.

Circle One: Checking Savings Pay Card

Name of Bank: _____

Routing #: _____

Account #: _____

I authorize my employer; (Tideline Staffing East LLC) to deposit my net pay each payday directly into my account. In the event that the Company deposits funds erroneously into my account, I hereby authorize the Company to debit my account for an amount not to exceed the original amount of erroneous credit. Any dispute arising out of or in correction with this agreement, if not otherwise resolved, shall be determined by arbitration in Cleveland, Ohio, in accordance with the Rules of the American Arbitration Association, and it's the expressed desire of both parties that the prevailing party be awarded the costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business. This authorization will remain in full force and effect until the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and Bank a reasonable opportunity to act on it.

Employee Signature:

Date:

Employee's Withholding Certificate

OMB No. 1545-0074

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.

2025**Step 1:
Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

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) ☐ 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.)

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 (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

First date of
employmentEmployer 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 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		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)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.		
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		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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



**Supplement A,
Preparer and/or Translator Certification for Section 1**

Department of Homeland Security
U.S. Citizenship and Immigration Services

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



NOTIFICATION OF BENEFITS ELIGIBILITY

Welcome to Tideline Staffing East LLC! You are eligible to enroll in our insurance program. If you are interested in obtaining more information on health insurance, dental, or vision insurance. We will have a representative contact you.

If you are declining insurance, please note you will not be able to enroll again until the next open enrollment.

If you elect benefits, deductions will be taken from your paycheck prior to your effective date of coverage. Based on your hire date, your coverage will be effective approximately 10 days from your date of your first payroll deduction. Payroll deductions for your portion of the benefit cost will start the first pay period prior to your effective date of coverage. The amount of your deductions depends on the benefit choices you make. Once you see a payroll deduction in your check, you will receive your ID cards via email or text.

Your deductions are taken on a pre-tax basis. Since deductions are taken pre-tax you will only be able to make changes to your benefit elections during open enrollment including cancellation unless you have a qualifying event. Open enrollment occurs annually.

By signing below, you are acknowledging that you have been offered insurance and will have to enroll or decline.

Yes: __ _ No: __ _ Date: __ _

Name (Printed) __ _

Signature: __ _



He visto el vídeo de seguridad proporcionado por TLSE. Cumpliré con los procedimientos para mantener un ambiente de trabajo seguro. También me han proporcionado un casco para que lo use en el lugar de trabajo. El costo del casco es de \$5.00 dólares y será deducido de mi primer cheque de pago. Si se pierde o se daña, contrataré a TLSE para que me lo reemplace.

I have watched the safety video provided by TLSE. I will comply with procedures to maintain a safe work environment. They have also provided me with a helmet to wear in the workplace. The cost of the helmet is \$5.00 dollars and will be deducted from my first paycheck. If it is lost or damaged, I will contact them to replace it for me.

Mwen te gade videyo sekirite TLSE bay la. Mwen pral konfòme yo ak pwosedi yo pou kenbe yon anviwònman travay ki an sekirite. Yo te bay mwen tou yon chapo difisil pou mete sou sit travay la. Pri chapo a se \$5.00 dola epi yo pral dedui nan premye chèk mwen an. Si mwen pèdi oswa domaje mwen pral kontra TLSE pou yon ranplasman.

PRINTED NAME

SIGNATURE

DATE
