

California Enterprises Employment Inc.**4580 Pacific Blvd Ste. A Vernon Ca. 90058****Ph: (323) 559-7212 Mon-Fri 8:30am-4pm**

Name/Nombre:		Today's Date/Fecha de Hoy: / /		
		SS No/ Nu. SS:		
Address Include Zip-Code/Domicilio Incluya Zona-Postal:		Telephone/Telefono:		
Answer all Questions/Conteste todas las Preguntas:				
Do you have any physical condition which can limit your ability to perform the position which you are applying for?		Yes/Si		
Tiene Ud. Alguna condicion fisica que pueda limitar su habilidad para desempenar el empleo que solicita?		No/No		
Type of Position Desired: Tipo de empleo deseado:		Expected Salary/Salario que Espera:		
Have you ever been employed by: Yes/Si Ha sido empleado por: When/Cuando: California Enterprises Emp. No/No		Do you have family or friends working for: Yes/Si Tiene algunos parientes/amigos en nuestro empleo: No/No Who/Quien:		
Education/Educacion:				
Elementary/Primaria: Junior High/Secundaria:		College:University Yes/Si		
Yes/Si No/No Yes/Si No/No		Colegio/Universidad No/No		
		Vocational School Yes/Si Comercio/Vocacional No/No		
Employment History/Historia de Empleo				
Start Date/End Date Dia que empezo/Dia que Termino	Employer Name & Address Nombre y Direccion de Negocio	Type of Position Clase de Trabajo	Wage Salario	Reason for leaving Razon por la que dejo
Supervisor: Name & Telephone/Nombre del Supervisor y Telefono		Additional Comments/Observaciones Adicionales		
In case of Emergency Contact/ En Caso de Emergencia Notificar a:				
Name/Nombre:	Address/Domicilio:	Telephone/Telefono:	Relationship/Relacion:	
Name/Nombre:	Address/Domicilio:	Telephone/Telefono:	Relationship/Relacion:	
Do you have the right to reside and work in the United States?			Yes/Si	
Tiene Usted el derecho de residir y trabajar en los Estados Unidos?				
(Proof of Citizenship or legal status may be required for Employment)				
(Prueba de ciudadania o estado de inmigracion pueden ser requeridos para el empleo).			No/No	
I verify that the information in this application is true and correct to my knowledge, and I understand that if I am employed, any false information in this application is reason for dismissal. This application does not obligate/guarantee employment by this company./ Certifico que los hechos contenidos en esta solicitud son ciertos y completos hasta donde yo se y comprendo que, si me emplean, las declaraciones falsas en esta solicitud seran motivo para despido. El uso de este formulario no indica que hay puestos vacantes y no obliga a esta compania.				
Applicants Signature/Firma de Solicitante:		Today's Date/Fecha de Hoy:		

Employee's Withholding Certificate**2022**

- ▶ **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.**

**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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

**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); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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
Dependents**

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 and 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 employment	Employer identification number (EIN)
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Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page

