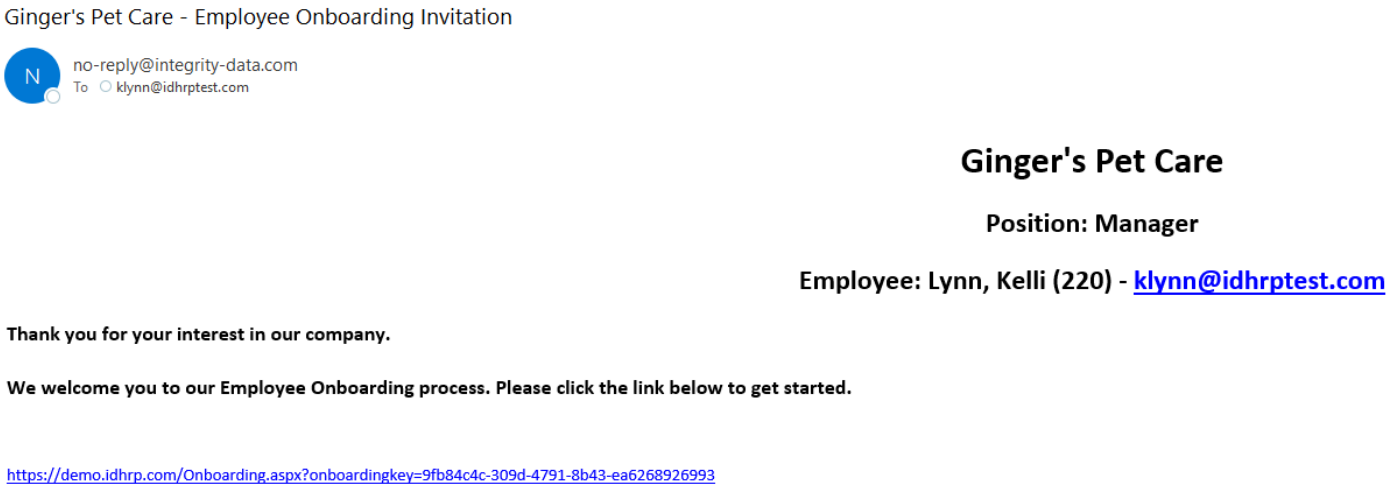
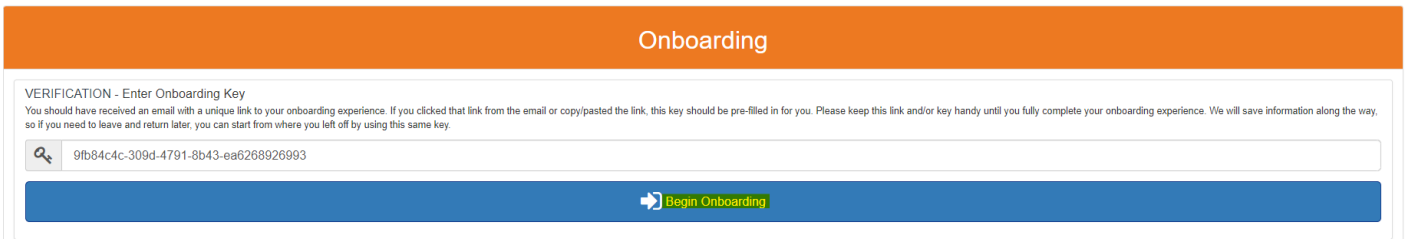
New Employee Onboarding Experience

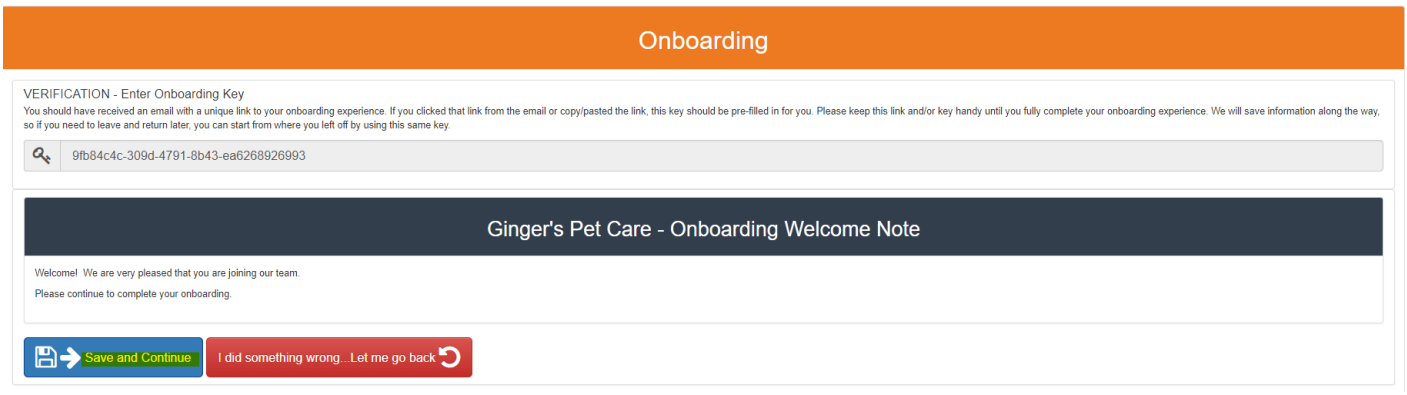
Listed below, are **examples** of the process of the New Employee Onboarding Experience

The new employee will receive the following email

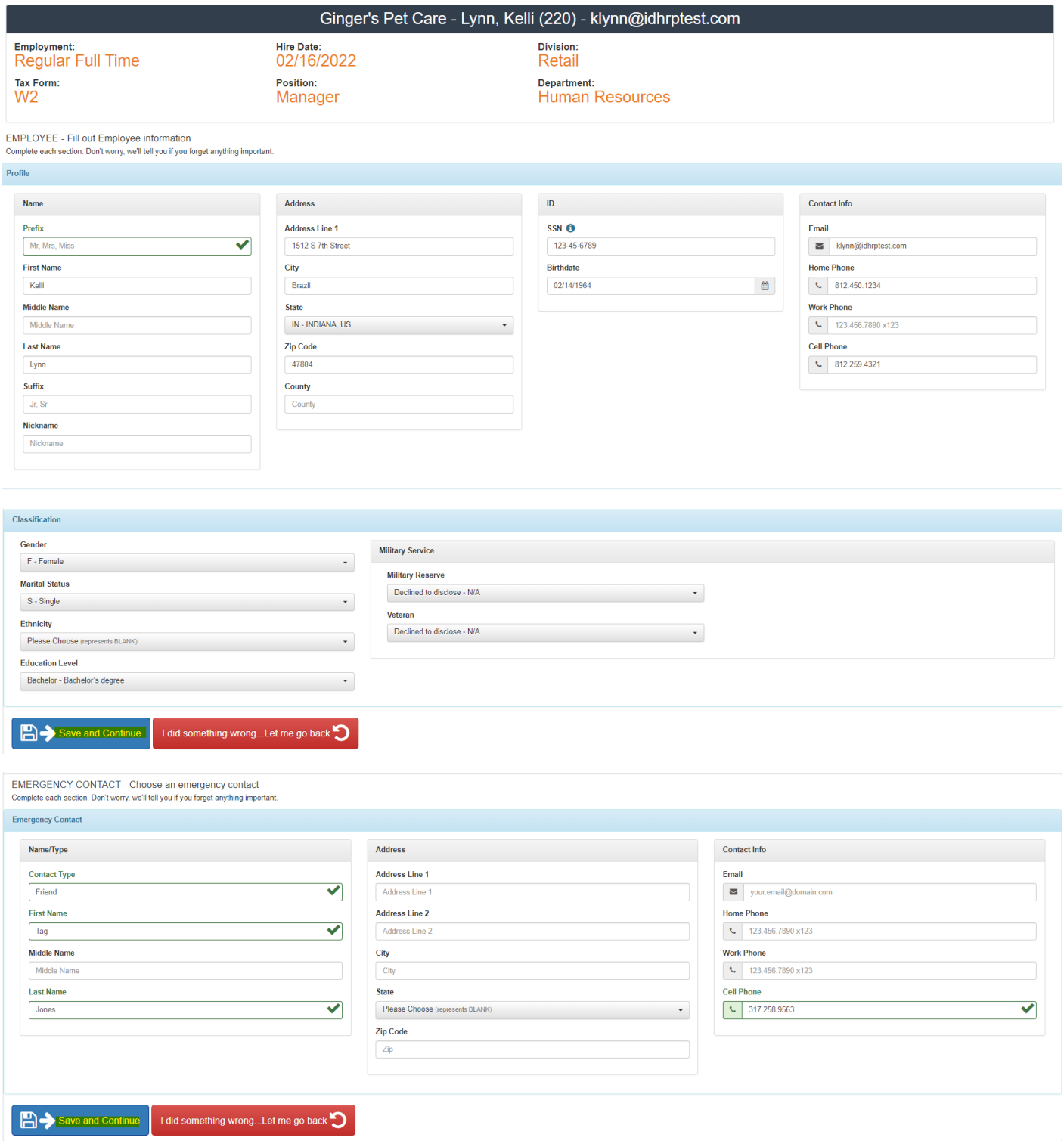


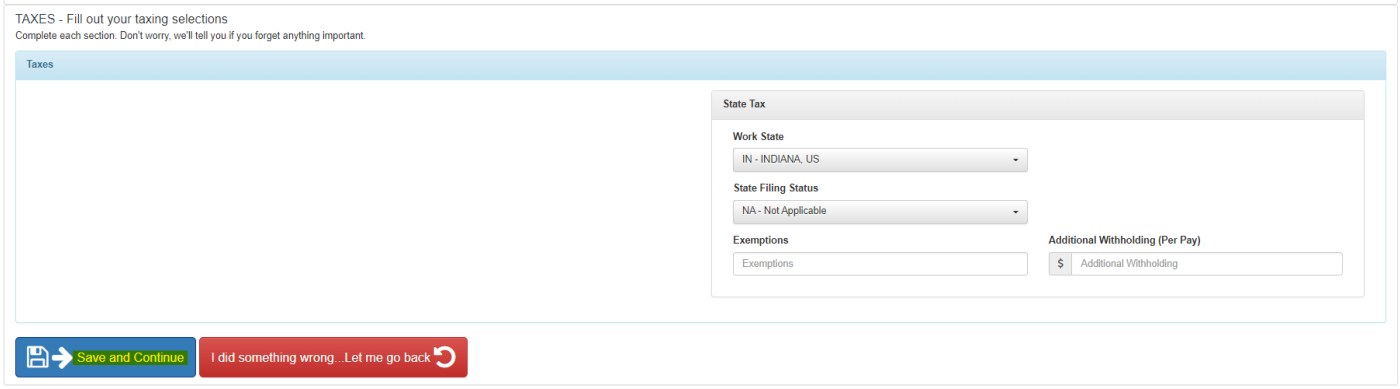
When you click on the link, you will be taken to your Onboarding, and you will click on Begin Onboarding

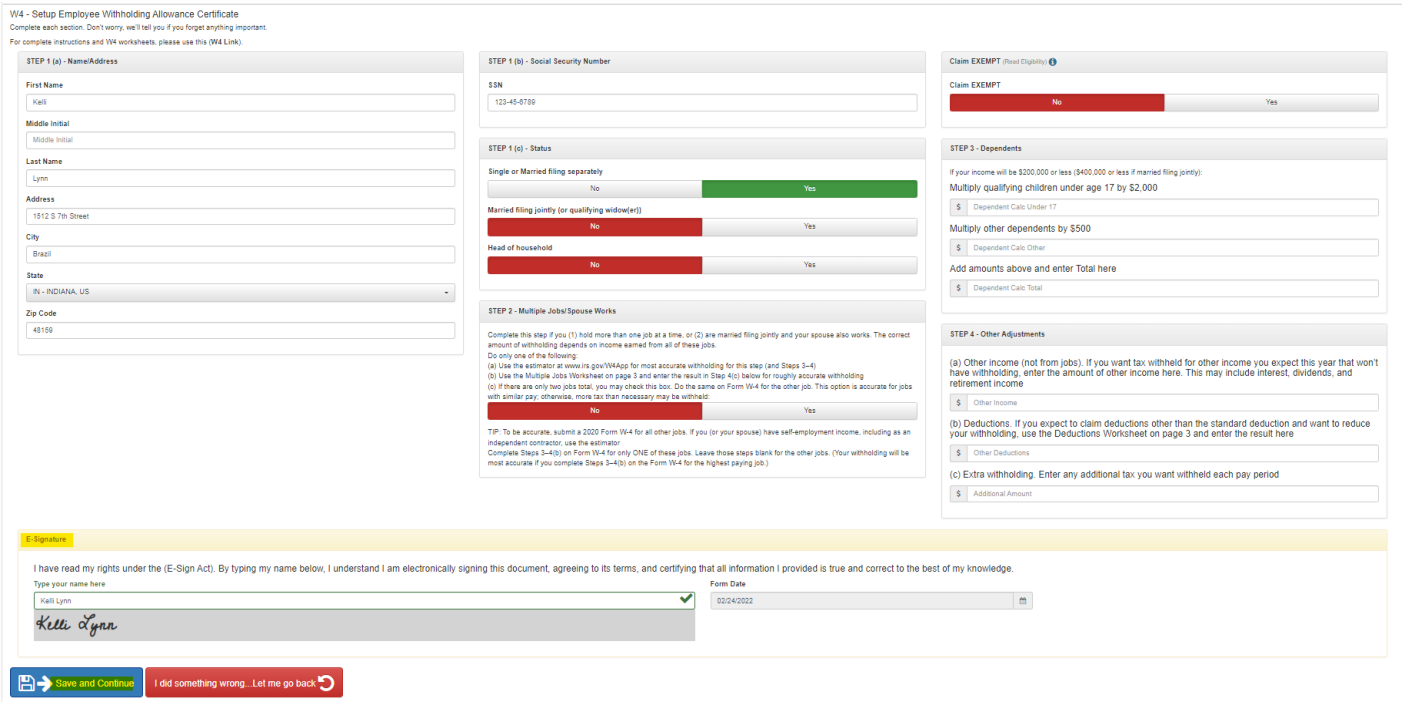


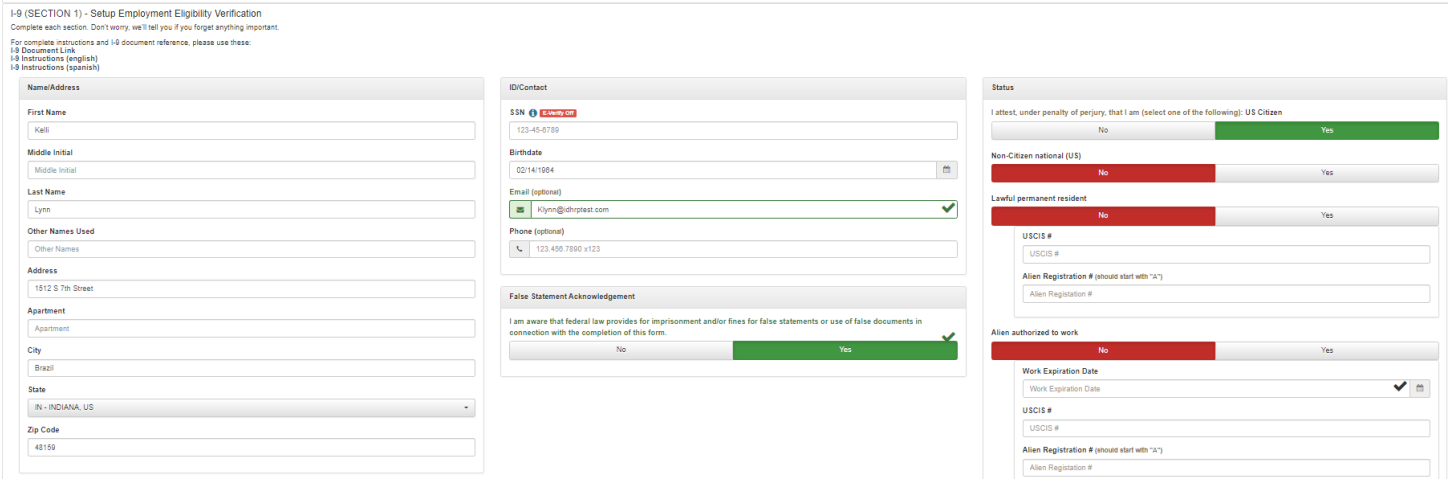


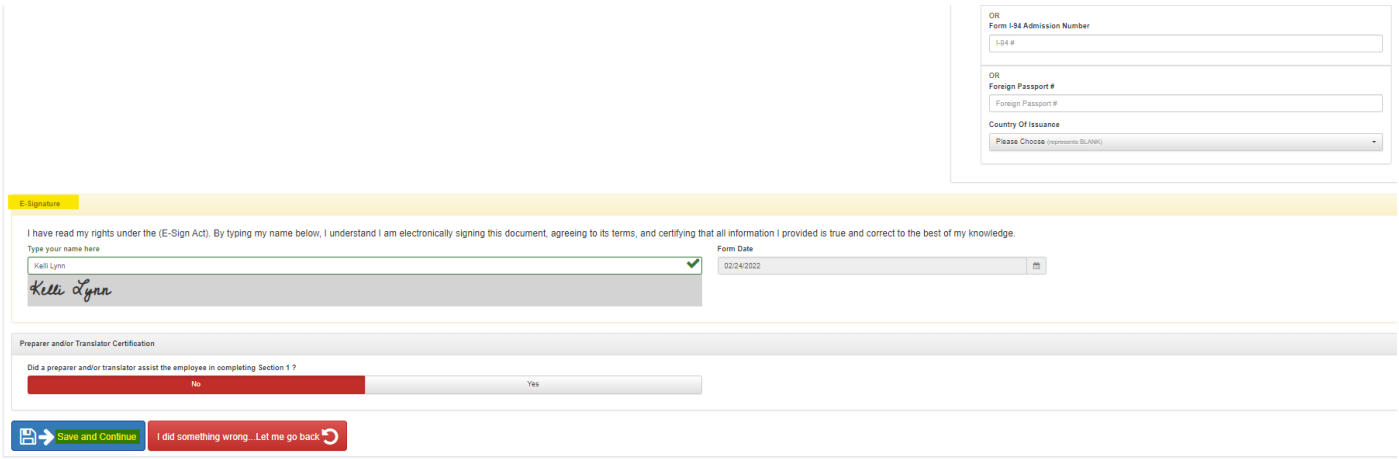
Your information will populate from your application, but you can update it, if needed

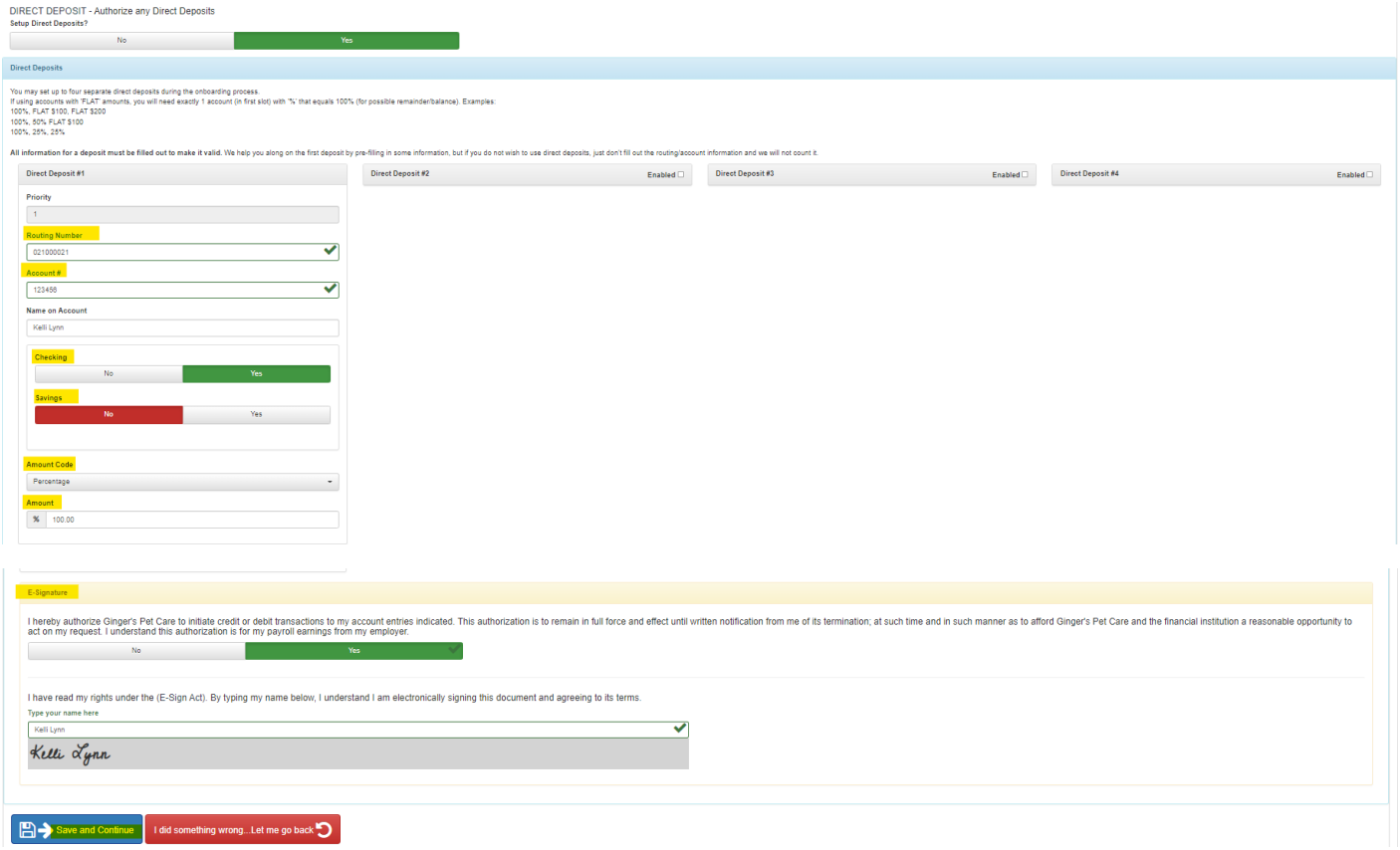


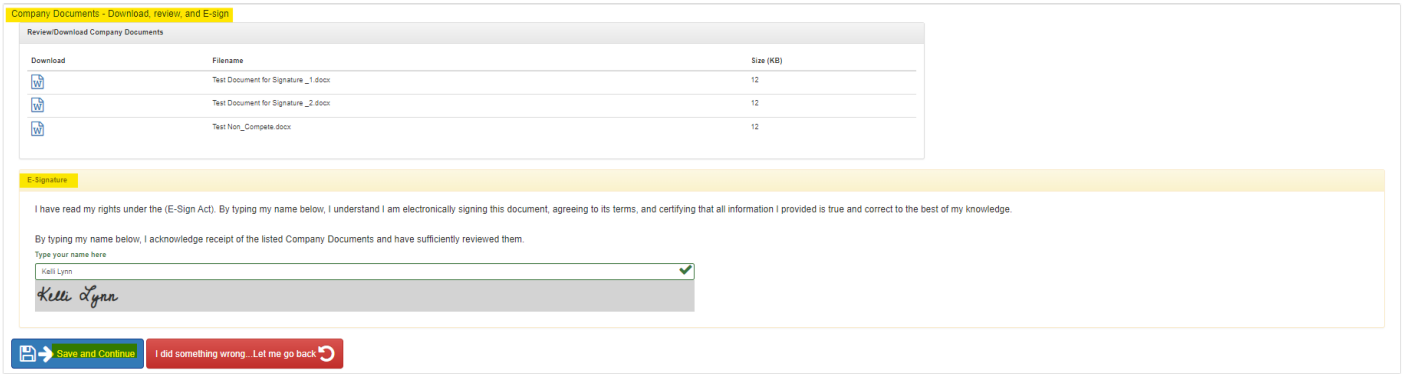

TAXES - Fill out your taxing selections
Complete each section. Don't worry, we'll tell you if you forget anything important.
Taxes
State Tax
Work State
IN - INDIANA, US
State Filing Status
NA - Not Applicable
Exemptions
Exemptions
Additional Withholding (Per Pay)
$
Additional Withholding
Save and Continue
I did something wrong...Let me go back

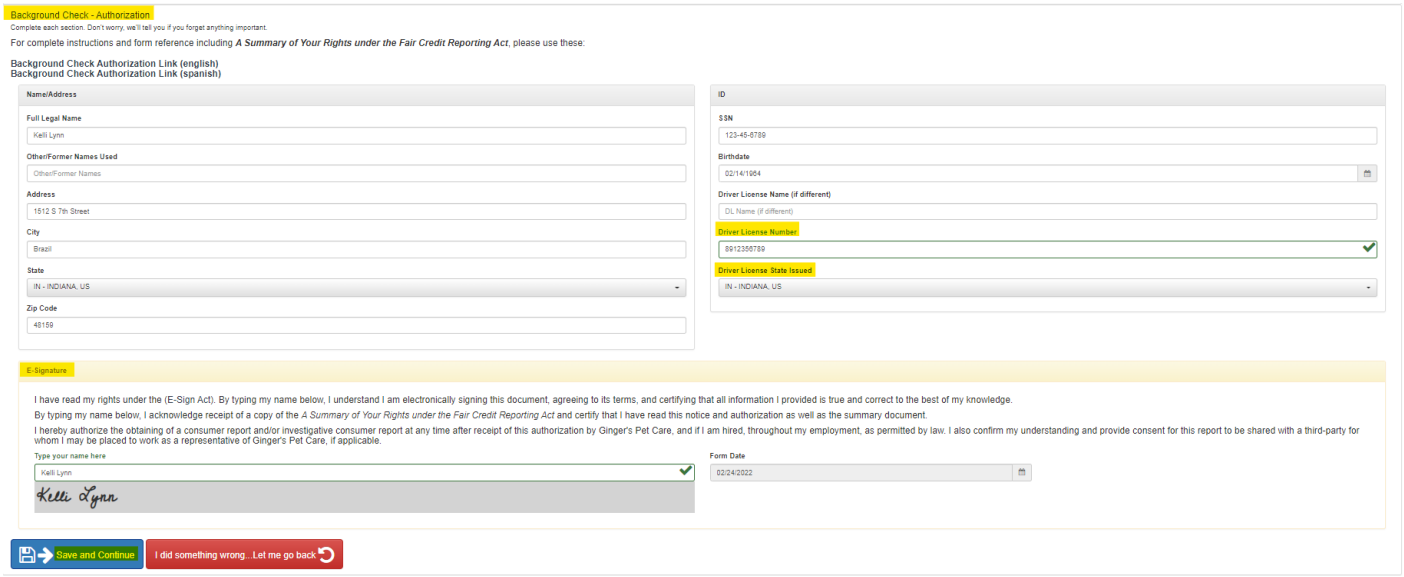

W4 - Setup Employee Withholding Allowance Certificate
Complete each section. Don't worry, we'll tell you if you forget anything important.
For complete instructions and W4 worksheets, please use this (W4 Link).
STEP 1 (a) - Name/Address
First Name
Kelli
Middle Initial
Middle Initial
Last Name
Lynn
Address
1512 S 7th Street
City
Brazil
State
IN - INDIANA, US
Zip Code
48159
STEP 1 (b) - Social Security Number
SSN
123-45-6789
STEP 1 (c) - Status
Single or Married filing separately
No
Yes
Married filing jointly (or qualifying widow(er))
No
Yes
Head of household
No
Yes
STEP 2 - Multiple Jobs/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)
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding
(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:
No
Yes
TIP: To be accurate, submit a 2020 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.)
Claim EXEMPT (Read Eligibility)
Claim EXEMPT
No
Yes
STEP 3 - Dependents
If your income will be $200,000 or less ($400,000 or less if married filing jointly):
Multiply qualifying children under age 17 by $2,000
$
Dependent Calc Under 17
Multiply other dependents by $500
$
Dependent Calc Other
Add amounts above and enter Total here
$
Dependent Calc Total
STEP 4 - 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
$
Other Income
(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
$
Other Deductions
(c) Extra withholding. Enter any additional tax you want withheld each pay period
$
Additional Amount
E-Signature
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document, agreeing to its terms, and certifying that all information I provided is true and correct to the best of my knowledge.
Type your name here
Kelli Lynn
Kelli Lynn
Form Date
02/24/2022
Save and Continue
I did something wrong...Let me go back

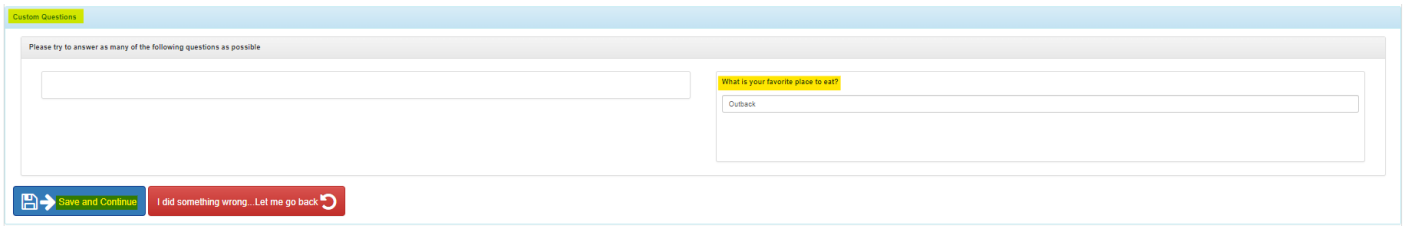

I-9 (SECTION 1) - Setup Employment Eligibility Verification
Complete each section. Don't worry, we'll tell you if you forget anything important.
For complete instructions and I-9 document reference, please use these:
I-9 Document Link
I-9 Instructions (english)
I-9 Instructions (spanish)
Name/Address
First Name
Kelli
Middle Initial
Middle Initial
Last Name
Lynn
Other Names Used
Other Names
Address
1512 S 7th Street
Apartment
Apartment
City
Brazil
State
IN - INDIANA, US
Zip Code
48159
ID/Contact
SSN
E-Verify Off
123-45-6789
Birthdate
02/14/1964
Email (optional)
Klynn@idhrptest.com
Phone (optional)
123.456.7890 x123
False Statement Acknowledgement
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.
No
Yes
Status
I attest, under penalty of perjury, that I am (select one of the following): US Citizen
No
Yes
Non-Citizen national (US)
No
Yes
Lawful permanent resident
No
Yes
USCIS #
USCIS #
Alien Registration # (should start with "A")
Alien Registation #
Alien authorized to work
No
Yes
Work Expiration Date
Work Expiration Date
USCIS #
USCIS #
Alien Registration # (should start with "A")
Alien Registation #

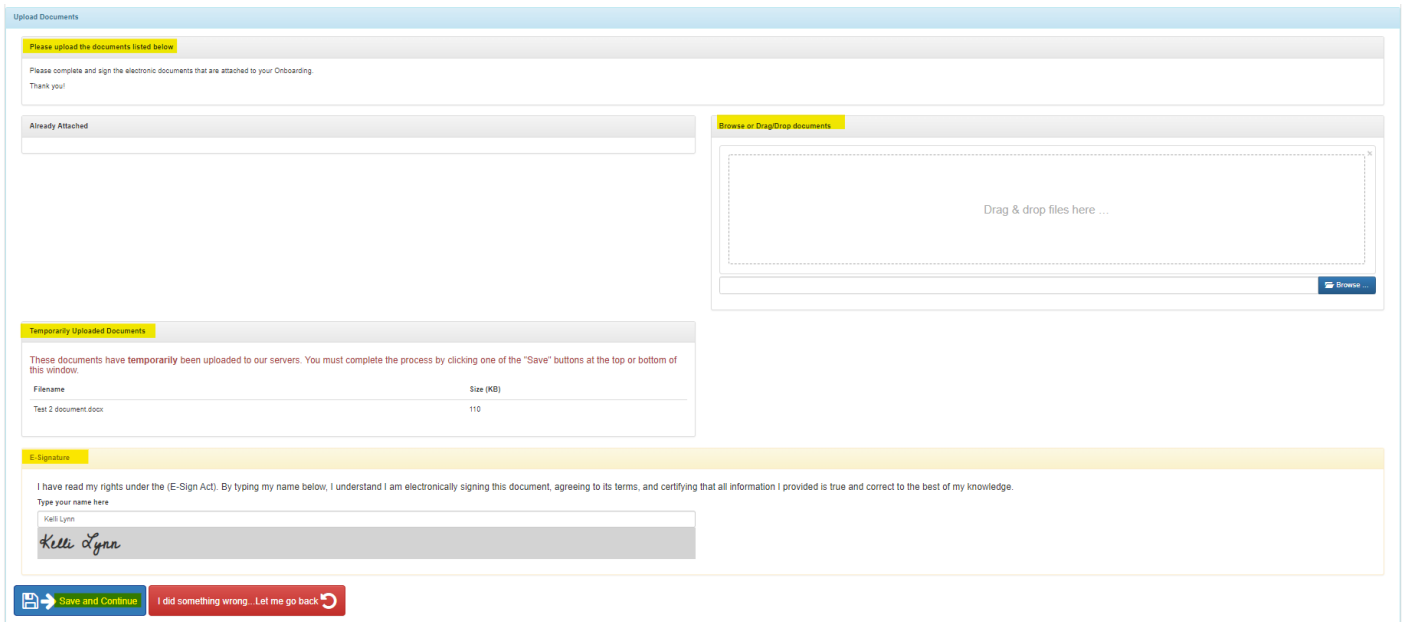

OR
Form I-94 Admission Number
I-94 #
OR
Foreign Passport #
Foreign Passport #
Country Of Issuance
Please Choose (represents BLANK)
E-Signature
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document, agreeing to its terms, and certifying that all information I provided is true and correct to the best of my knowledge.
Type your name here
Kelli Lynn
Form Date
02/24/2022
Preparer and/or Translator Certification
Did a preparer and/or translator assist the employee in completing Section 1 ?
No
Yes
Save and Continue
I did something wrong...Let me go back

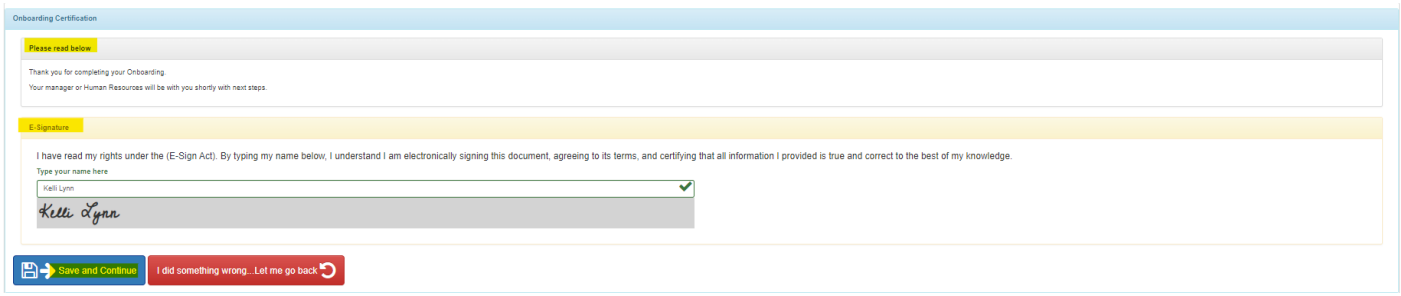

DIRECT DEPOSIT - Authorize any Direct Deposits
Setup Direct Deposits?
No
Yes
Direct Deposits
You may set up to four separate direct deposits during the onboarding process.
If using accounts with 'FLAT' amounts, you will need exactly 1 account (in first slot) with '%' that equals 100% (for possible remainder/balance). Examples:
100%, FLAT $100, FLAT $200
100%, 50% FLAT $100
100%, 25%, 25%
All information for a deposit must be filled out to make it valid. We help you along on the first deposit by pre-filling in some information, but if you do not wish to use direct deposits, just don't fill out the routing/account information and we will not count it.
Direct Deposit #1
Priority
1
Routing Number
021000021
Account #
123456
Name on Account
Kelli Lynn
Checking
No
Yes
Savings
No
Yes
Amount Code
Percentage
Amount
%
100.00
Direct Deposit #2
Enabled
Direct Deposit #3
Enabled
Direct Deposit #4
Enabled
E-Signature
I hereby authorize Ginger's Pet Care to initiate credit or debit transactions to my account entries indicated. This authorization is to remain in full force and effect until written notification from me of its termination; at such time and in such manner as to afford Ginger's Pet Care and the financial institution a reasonable opportunity to act on my request. I understand this authorization is for my payroll earnings from my employer.
No
Yes
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document and agreeing to its terms.
Type your name here
Kelli Lynn
Save and Continue
I did something wrong...Let me go back

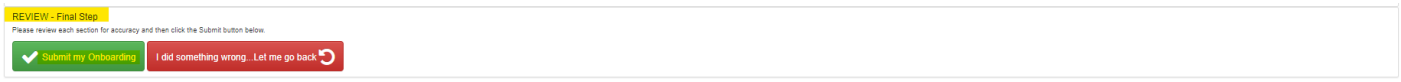

Company Documents - Download, review, and E-sign
Review/Download Company Documents
Download
Filename
Size (KB)
Test Document for Signature _1.docx
12
Test Document for Signature _2.docx
12
Test Non_Compete.docx
12
E-Signature
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document, agreeing to its terms, and certifying that all information I provided is true and correct to the best of my knowledge.
By typing my name below, I acknowledge receipt of the listed Company Documents and have sufficiently reviewed them.
Type your name here
Kelli Lynn
Save and Continue
I did something wrong...Let me go back

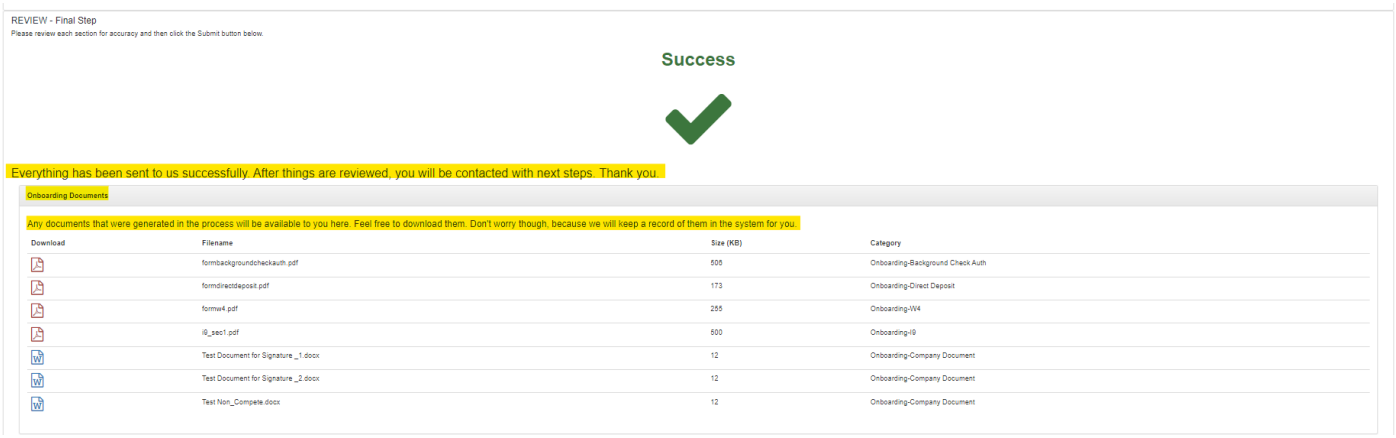

Background Check - Authorization
Complete each section. Don't worry, we'll tell you if you forget anything important.
For complete instructions and form reference including A Summary of Your Rights under the Fair Credit Reporting Act, please use these:
Background Check Authorization Link (english)
Background Check Authorization Link (spanish)
Name/Address
Full Legal Name
Kelli Lynn
Other/Former Names Used
Other/Former Names
Address
1512 S 7th Street
City
Brazil
State
IN - INDIANA, US
Zip Code
46159
ID
SSN
123-45-6789
Birthdate
02/14/1964
Driver License Name (if different)
DL Name (if different)
Driver License Number
8912356789
Driver License State Issued
IN - INDIANA, US
E-Signature
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document, agreeing to its terms, and certifying that all information I provided is true and correct to the best of my knowledge.
By typing my name below, I acknowledge receipt of a copy of the A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this notice and authorization as well as the summary document.
I hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by Ginger's Pet Care, and if I am hired, throughout my employment, as permitted by law. I also confirm my understanding and provide consent for this report to be shared with a third-party for whom I may be placed to work as a representative of Ginger's Pet Care, if applicable.
Type your name here
Kelli Lynn
Form Date
02/24/2022
Kelli Lynn
Save and Continue
I did something wrong...Let me go back


Custom Questions
Please try to answer as many of the following questions as possible
What is your favorite place to eat?
Outback
Save and Continue
I did something wrong...Let me go back


Upload Documents
Please upload the documents listed below
Please complete and sign the electronic documents that are attached to your Onboarding.
Thank you!
Already Attached
Browse or Drag/Drop documents
Drag & drop files here ...
Browse ...
Temporarily Uploaded Documents
These documents have temporarily been uploaded to our servers. You must complete the process by clicking one of the "Save" buttons at the top or bottom of this window.
Filename
Size (KB)
Test 2 document.docx
110
E-Signature
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document, agreeing to its terms, and certifying that all information I provided is true and correct to the best of my knowledge.
Type your name here
Kelli Lynn
Kelli Lynn
Save and Continue
I did something wrong...Let me go back


Onboarding Certification
Please read below
Thank you for completing your Onboarding.
Your manager or Human Resources will be with you shortly with next steps.
E-Signature
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document, agreeing to its terms, and certifying that all information I provided is true and correct to the best of my knowledge.
Type your name here
Kelli Lynn
Kelli Lynn
Save and Continue
I did something wrong...Let me go back


REVIEW - Final Step
Please review each section for accuracy and then click the Submit button below.
Submit my Onboarding
I did something wrong...Let me go back



You will receive an email confirming your Direct Deposit

You will receive a Welcome email, follow the link and instructions to change your password