

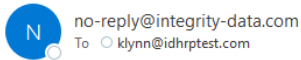


New Employee Onboarding Experience

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

The new employee will receive the following email

Ginger's Pet Care - Employee Onboarding Invitation



Ginger's Pet Care

Position: Manager

Employee: Lynn, Kelli (220) - klynn@idhrptest.com

Thank you for your interest in our company.

We welcome you to our Employee Onboarding process. Please click the link below to get started.

<https://demo.idhrp.com/Onboarding.aspx?onboardingkey=9fb84c4c-309d-4791-8b43-ea6268926993>

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

Onboarding

VERIFICATION - Enter Onboarding Key

You should have received an email with a unique link to your onboarding experience. If you clicked that link from the email or copy/pasted the link, this key should be pre-filled in for you. Please keep this link and/or key handy until you fully complete your onboarding experience. We will save information along the way, so if you need to leave and return later, you can start from where you left off by using this same key.

9fb84c4c-309d-4791-8b43-ea6268926993

Begin Onboarding

Onboarding

VERIFICATION - Enter Onboarding Key

You should have received an email with a unique link to your onboarding experience. If you clicked that link from the email or copy/pasted the link, this key should be pre-filled in for you. Please keep this link and/or key handy until you fully complete your onboarding experience. We will save information along the way, so if you need to leave and return later, you can start from where you left off by using this same key.

9fb84c4c-309d-4791-8b43-ea6268926993

Ginger's Pet Care - Onboarding Welcome Note

Welcome! We are very pleased that you are joining our team.
Please continue to complete your onboarding.

Save and Continue

I did something wrong... Let me go back

Page 1 of 6

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

Ginger's Pet Care - Lynn, Kelli (220) - klynn@idhrptest.com

Employment:
Regular Full Time
Tax Form:
W2

Hire Date:
02/16/2022
Position:
Manager

Division:
Retail
Department:
Human Resources

EMPLOYEE - Fill out Employee information
Complete each section. Don't worry, we'll tell you if you forget anything important.

Profile

Name Prefix Mr, Mrs, Miss ✓ First Name Kelli Middle Name Middle Name Last Name Lynn Suffix Jr, Sr Nickname Nickname	Address Address Line 1 1512 S 7th Street City Brazil State IN - INDIANA, US Zip Code 47804 County County	ID SSN ⓘ 123-45-6789 Birthdate 02/14/1964	Contact Info Email klynn@idhrptest.com Home Phone 812.450.1234 Work Phone 123.456.7890 x123 Cell Phone 812.259.4321
--	---	--	--

Classification

Gender F - Female Marital Status S - Single Ethnicity Please Choose (represents BLANK) Education Level Bachelor - Bachelor's degree	Military Service Military Reserve Declined to disclose - N/A Veteran Declined to disclose - N/A
--	--

 [Save and Continue](#) [I did something wrong... Let me go back](#)

EMERGENCY CONTACT - Choose an emergency contact
Complete each section. Don't worry, we'll tell you if you forget anything important.

Emergency Contact

Name/Type Contact Type Friend ✓ First Name Tag ✓ Middle Name Middle Name Last Name Jones ✓	Address Address Line 1 Address Line 1 Address Line 2 Address Line 2 City City State Please Choose (represents BLANK) Zip Code Zip	Contact Info Email your.email@domain.com Home Phone 123.456.7890 x123 Work Phone 123.456.7890 x123 Cell Phone 317.258.9563 ✓
---	--	---

 [Save and Continue](#) [I did something wrong... Let me go back](#)

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

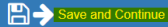
NA - Not Applicable

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 3-6)

(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 2023 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 Helpbox

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 Child Under 17

Multiply other dependents by \$500

\$ Dependent Child Other

Add amounts above and enter Total here

\$ Dependent Child 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.

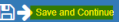
Type your name here

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

123-45-6789

Birthdate

02/14/1994

Email (optional)

Klynn@dtprtest.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 # (must start with "A")

Alien Registration #

Alien authorized to work

No

Yes

Work Expiration Date

Work Expiration Date

USCIS #

USCIS #

Alien Registration # (must start with "A")

Alien Registration #

OR
Form I-94 Admission Number

OR
Foreign Passport #

Country Of Issuance

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 "N" 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	Direct Deposit #2	Direct Deposit #3	Direct Deposit #4
Priority 1 Routing Number 021000021 Account # 123456 Name on Account Kelli Lynn Checking ☐ No ☒ Yes Savings ☐ No ☐ Yes Amount Code Percentage Amount 100.00	Enabled ☐	Enabled ☐	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

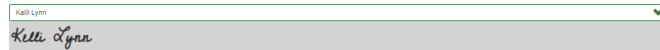
Review/Download Company Documents		
Download	Filename	Size (KB)
	Test Document for Signature_1.docx	12
	Test Document for Signature_2.docx	12
	Test Non_Complete.docx	12

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	ID
Full Legal Name Kelli Lynn	SSN 123-45-6789
Other/Former Names Used Other/Former Names	Birthdate 02/14/1984
Address 1512 S 7th Street	Driver License Name (if different) DL Name (if different)
City Brazil	Driver License Number 9912305789
State IN - INDIANA, US	Driver License State Issued IN - INDIANA, US
Zip Code 46150	

E-Signature

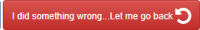
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document, agreeing to its terms, and certifying that all information I provided is true and correct to the best of my knowledge.

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

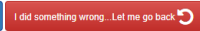
Form Date

 **Save and Continue** 

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** 

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 ...



Temporarily Uploaded Documents

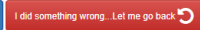
These documents have temporarily been uploaded to our servers. You must complete the process by clicking one of the "Save" buttons at the top or bottom of this window.

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

 **Save and Continue** 

Onboarding Certification

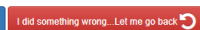
Please read below.

Thank you for completing your Onboarding.
Your manager or Human Resources will be with you shortly with next steps.

E-Signature

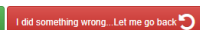
I have read my rights under the (E-Sign Act). By typing my name below, I understand I am electronically signing this document, agreeing to its terms, and certifying that all information I provided is true and correct to the best of my knowledge.

Type your name here

 **Save and Continue** 

REVIEW - Final Step

Please review each section for accuracy and then click the Submit button below.

 **Submit my Onboarding** 

Success



Everything has been sent to us successfully. After things are reviewed, you will be contacted with next steps. Thank you.

Onboarding Documents

Any documents that were generated in the process will be available to you here. Feel free to download them. Don't worry though, because we will keep a record of them in the system for you.

Download	Filename	Size (KB)	Category
	formbackgroundcheckauth.pdf	500	Onboarding-Background Check Auth
	formdirectdeposit.pdf	173	Onboarding-Direct Deposit
	formw4.pdf	255	Onboarding-W4
	ig_sec1.pdf	500	Onboarding-IG
	Test Document for Signature _1.docx	12	Onboarding-Company Document
	Test Document for Signature _2.docx	12	Onboarding-Company Document
	Test Non_Complete.docx	12	Onboarding-Company Document

You will receive an email confirming your Direct Deposit

Ginger's Pet Care - Direct Deposit Submitted



no-reply@integrity-data.com
To: klynn@idhrptest.com

Ginger's Pet Care

Direct Deposit for: Lynn, Kelli (220)

Your direct deposit request has been submitted successfully.

Start Date: 2/16/2022

End Date:

Account Type: Checking

Amount Code: %

Amount: 100.00%

Review all of your Direct Deposits from the page below.

<https://demo.idhrp.com/Secure/Employee/EmployeeDirectDepositList.aspx?menu=ESS>

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

Welcome User/Password Notification



no-reply@integrity-data.com
To: klynn@idhrptest.com

[Reply](#) [Reply All](#) [Forward](#)
Thu 2/24

Welcome to your HR portal of the future. Your username is: klynn@idhrptest.com

To protect your security the system requires strong passwords. Please make sure your password includes at least one number, one non-alphanumeric character, one upper and one lowercase character, and that it is between 7 and 30 characters without including any blank spaces.

If you haven't used the system before or would like to change your password, please click on or paste the following link into your browser to change your password. This link will expire, so if you don't make your change while the link is still active, please request another reset from your administrator.

<https://demo.idhrp.com/ChangePassword.aspx?changekey=311fbb5b-1715-46d4-91e4-c75401c31c75>

After clicking the link above to change your password, this link should NOT be subsequently used to login to the application. If you wish to login to the application at a later time please use:

<https://demo.idhrp.com/Secure/Home.aspx>