

Welcome to FrankCrum! To start completing your Onboarding forms, please go to <https://onboarding.frankcrum.com>

Step 1

Please enter the [Company Code](#) and [Company PIN](#) that have been provided to you, along with your social security number and date of birth, then click [Submit](#) to get started.

Step 2

To start completing your Onboarding forms, click [Get Started](#).

Action	Status	Form Title	Required	Message
	Not Started	Personal Information	Yes	
	Not Started	Application - FrankCrum Application for Employment	Yes	
	Not Started	Form I-9 - Employment Eligibility Verification	Yes	
	Not Started	Form W-4 - Employee's Withholding Allowance Certificate	Yes	
	Not Started	Direct Deposit Authorization - Employee Direct Deposit Authorization		

Legend: ■ Not Started/Skipped ■ In Process ■ Ready to Submit ■ Submitted/Accepted ■ Returned

Step 3

On the **Personal Information** screen, complete all the required fields indicated by the **RED ***. Then click **NEXT**.

Step 4

The **Previous Employers** screen is an optional form. You may choose to complete this form or **SKIP** this form.

Step 5

The **Education** screen is an optional form. You may choose to complete this form or **SKIP** this form.

Step 6

On the **Application** screen, complete all the required fields indicated by the **RED ***. Then click **NEXT**.

Step 7

On the **Form I-9 Employment Eligibility Verification** form, complete, sign and date. Then click **NEXT**.

my FrankCrum
WELCOME AMANDA TESTING



33% Complete

FORM I-9 EMPLOYMENT ELIGIBILITY VERIFICATION (REQUIRED FORM) [Click here to view the form instructions](#) * Required Field

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) TESTING	First Name (Given Name) AMANDA	Middle Initial N/A	Other Names Used (if any)	
Address (Street Number and Name) 1234 BEACH LAND ROAD	Apt. Number N/A	City or Town HOPE TOWN	State FL	Zip Code 33625
Date of Birth (mm/dd/yyyy) 08/26/1970	U.S. Social Security Number 589-55-2345	Email Address AMANDATESTING@ABC.COM	Telephone Number (813) 555-1234	

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):

A citizen of the United States

A noncitizen national of the United States (See instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number):

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) Some aliens may write "N/A" in this field (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number:

Country of Issuance:

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee * Date (mm/dd/yyyy) *

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator: Date (mm/dd/yyyy):

Last Name (Family Name) First Name (Given Name)

Address (Street Number and Name) City or Town State Zip Code

CLEAR FORM
PREVIOUS
NEXT

Step 8

On the **Form W-4 Employee's Withholding Allowance Certificate**, complete, sign and date. Then click **NEXT**.

my FrankCrum WELCOME AMANDA TESTING

Testville

50% Complete

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (REQUIRED FORM) [Click here to view the form instructions](#) * Required Field

1 Your first name and middle initial
AMANDA

Last name
TESTING

2 Your social security number
589-55-2345

Home address (number and street or rural route)
1234 BEACH LAND ROAD

3 Single Married Married, but withheld at higher Single rate
Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code
HOPETOWN FL 33625

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-722-1213 for a replacement card. ▶

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5

6 Additional amount, if any, you want withheld from each paycheck 6

7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption.
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here 7

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature * Date *

CLEAR FORM PREVIOUS NEXT

Step 9

The **Employee Direct Deposit Authorization** screen is an Optional Form. You may choose to complete or **SKIP** this form. Then click **FINISH**.

my FrankCrum WELCOME AMANDA TESTING

Testville

67% Complete

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION [OPTIONAL FORM] * Required Field

I ("Employee") hereby authorize FrankCrum™ ("COMPANY") to initiate credit entries and, if necessary, debit entries and/or adjustments for any credit entries in error to my account(s) indicated below. ("DEPOSITORY") to credit and/or debit the same in such accounts). In addition, to ensure the accuracy of the information provided to the COMPANY, Employee hereby authorizes COMPANY to verbally verify the information provided herein with the DEPOSITORY of the applicable financial institution. This authority shall remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Primary Depository Account Information

Routing Number * (9 digits)

Account Number *

Bank Name *

Account Type *
 Checking Savings
 Payroll Debit Card
 Available Balance

Deposit Rule per Check *
 Dollar Amount per Paycheck
 Percent Amount per Paycheck

Secondary Depository Account Information

Routing Number (9 digits)

Account Number

Bank Name

Account Type
 Checking Savings
 Payroll Debit Card
 Available Balance

Deposit Rule per Check
 Dollar Amount per Paycheck
 Percent Amount per Paycheck

[View Sample Check](#)

- Please note that accounts indicated above must be in your name -
 - A paper check will be issued for the remaining balance when Deposit Rules Per Check Total Less Than 100% -

Signature * Date *

CLEAR FORM SKIP PREVIOUS FINISH

* FrankCrum includes FrankCrum 1, Inc., FrankCrum 2, Inc., FrankCrum 3, Inc., FrankCrum 4, Inc., FrankCrum 5, Inc., FrankCrum 6, Inc., FrankCrum 7, Inc., FrankCrum 8, Inc., FrankCrum 9, Inc., FrankCrum 11, Inc., FrankCrum 12, Inc., FrankCrum Inc., FrankCrum of California, Inc., FrankCrum Corporate, Inc.

Step 10

Once you have completed all necessary forms, click the [Submit](#) button.

The screenshot shows the 'my FrankCrum' onboarding interface. At the top, there is a navigation bar with the company logo and a user greeting 'WELCOME AMANDA TESTING'. Below this, the interface is divided into three main sections: 'Testville' logo, 'YOUR COMPANY CONTACT' (listing Gary Power - Manager with phone and email), and 'INSTRUCTIONS' (listing three steps to follow). A progress bar indicates '83% Complete'. The main content area is titled 'EMPLOYMENT FORMS - CLICK SUBMIT WHEN READY' and features a 'Submit' button highlighted with a green box and a green arrow pointing to it. Below the button is a table of forms with columns for Action, Status, Form Title, Required, and Message. A legend at the bottom identifies form statuses: Not Started/Skipped (white), In Process (yellow), Ready to Submit (blue), Submitted/Accepted (green), and Returned (orange).

Action	Status	Form Title	Required	Message
Show Edit	Ready to Submit	Personal Information	Yes	
Show Edit	Ready to Submit	Application - FrankCrum Application for Employment	Yes	
Show Edit	Ready to Submit	Form I-9 - Employment Eligibility Verification	Yes	
Show Edit	Ready to Submit	Form W-4 - Employee's Withholding Allowance Certificate	Yes	
Show Edit	Ready to Submit	Direct Deposit Authorization - Employee Direct Deposit Authorization		

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