

New Employee Application

To Be Completed After Employee Receives A Conditional Offer Of Employment

ASO Company: _____

SECTION I: TO BE COMPLETED BY EMPLOYEE

Date _____ Employee Original Date of Hire _____ Client Start Date _____

Name _____
Last First M.I.

Address _____
Street City State Zip Code

Social Security Number _____ Date of Birth _____ Telephone Number _____

Sex Male Female Marital Status Married Single Widowed Divorced

IN CASE OF EMERGENCY NOTIFY

Name _____ Relationship _____ Telephone Number _____

Ethnic Classification (please check one)

- White (Not Hispanic or Latino) Black or African American Asian Hispanic Latino
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Two or More Races

Employee agrees that employment is AT-WILL. Employee acknowledges that this agreement is not intended to create a contract of employment between the Company and Employee and employment may be terminated at any time for any reason not otherwise prohibited by law.

Signature _____ Date _____

SECTION II: TO BE COMPLETED BY ON-SITE SUPERVISOR

Department _____ Position/Title _____ W.C. Code _____

Pay Frequency Weekly Bi-Weekly Semi-Monthly Monthly Rate of Pay _____

Pay Type Exempt Hourly Salaried Full Time Part Time

Place/Time/Day of Payment _____ Normal Hrs. Worked _____

List deductions to be made from wages (ex. Insurance deductions): _____

Supervisor Signature _____ Date _____

Signature _____ Date _____

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____		
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 				
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____		
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____		
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____		
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	_____		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____		
For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> </tr> </table>				{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2009
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold 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		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____

8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

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

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

<p>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.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
	OR	AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

SUPPLEMENTAL EMPLOYMENT INFORMATION

NAME _____ Date of Birth _____
Birthplace: City _____ State _____ Number of Dependents _____
Drivers License # _____ State _____
Height _____ Weight _____

PHYSICAL CONDITION

Do you have, or have you ever had any of the following physical conditions, ailments or diseases? Check YES or NO. If YES, give details as to time, duration, treatment and names of doctors on reverse of this form.

	Yes	No		Yes	No		Yes	No		Yes	No
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia(low sugar)	<input type="checkbox"/>	<input type="checkbox"/>	Stiff Joints	<input type="checkbox"/>	<input type="checkbox"/>	Silicosis	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Disease	<input type="checkbox"/>	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Thrombophlebitis	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism or Gout	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Back Trouble or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>	Neck Trouble or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Osteomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	Mental Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Lead Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia(bleeder)	<input type="checkbox"/>	<input type="checkbox"/>	Nervousness/			Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Defect	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Sight	<input type="checkbox"/>	<input type="checkbox"/>	Psych Treatment/Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	Marie Strumpell Disease	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>

List any surgeries you have had (include dates): _____

Have you ever been in the armed services? __Yes __No

Are you collecting any Federal Benefits due to Service or Non-Service connected disability? __Yes __No

Give details: _____

Were you ever rated as having a Permanent Physical Disability? __Yes __No

What percent? _____

Give Details: _____

Were you ever seriously injured while not working? __Yes __No

Give details, including settlement: _____

Have you ever had an injury on the job? __Yes __No When? _____

If yes, describe: _____

Do you have any physical disability or impairment? __Yes __No

Give details: _____

Do you have any condition which could restrict the type of work you do? __Yes __No

Give details, dates, etc.: _____

Did you complete this form yourself? __Yes __No

If no, enter name and address of person by whom this form was completed.

Name _____

Address _____

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor: __Yes __No

I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions can be sufficient reason for denial of benefits under the prevailing state Workers Compensation Act, and basis for termination of employment. I understand that my answers will be verified by investigation.

Signature _____

Date _____

INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. The company, business, or organization at which you applied will provide this information for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Date: _____ Print Name: _____ Gender: _____
Applicant Signature: _____ Soc. Sec.#: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth (for criminal and driving record checks) _____ DL#: _____ State _____

BELOW IS FOR COMPANY USE ONLY

Company Name: _____ Date: _____
Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

_____ Previous Employment Verification*	
_____ D.O.T. (Special Screening for Commercial Drivers)*	
_____ Education Verification*	_____ Driving Record Check
_____ Professional/Personal References*	_____ Workers' Compensation
_____ Professional License & Credential Check*	
_____ Official Education Transcripts	_____ Employment Credit Report
_____ CRIMINAL RECORD CHECKS (below)	
_____ CrimeChex Multi-State Criminal Index Check	
_____ List Other Jurisdictions To Be Checked Here:	_____ National Address Search & Social Security # Validation
_____ Nationwide Federal Violations Criminal Record Check	

***If you are not using the website to place orders for these levels of screening, please include the completed job application in your FAX to LABORCHEX.**

Signature of Official Authorizing Investigation _____

SUBSTANCE ABUSE POLICY

_____ (Company Name, hereinafter known as “the Company”) is committed to providing a safe, healthy, and efficient working environment for all employees. To help achieve this goal, the Company (hereinafter “Company”) has established the Substance Abuse Policy to communicate the Company’s position on drug and alcohol abuse in the workplace.

I. PURPOSE

Substance abuse, while at work or otherwise, seriously endangers the safety of employees, as well as the general public, and creates a variety of workplace problems, including increased injuries on the job, increased absenteeism, increased health care and benefit costs, increased theft, decreased morale, decreased productivity, and a decline in the quality of products and services provided by the Company. The Company has established this policy to detect users and remove abusers of alcohol and illegal drugs from the workplace. It is also the policy of the Company to prevent the use and/or presence of these substances in the workplace in accordance with the following guidelines. The purpose of this policy is to communicate the Company’s position on alcohol and drug abuse in the workplace

II. SCOPE

All Company employees, including management, production, administrative, and temporary employees, are covered by this policy. As a condition of employment, employees are required to abide by the terms of this policy. This substance abuse policy primarily governs actions in the areas of alcohol and drugs. Other Company policies may be applicable in these areas to the extent that they do not conflict with this policy. Certain employees may be subject to additional requirements under state and/or federal regulations.

III. SUBSTANCE ABUSE POLICY DISSEMINATION

All employees are to be informed of the Company’s substance abuse policy and be made aware of its contents. Employees are given a summary of the Company’s substance abuse policy and are required to sign an Acknowledgment of Receipt and Understanding.

IV. DEFINITIONS

A. Illegal Drugs

“Illegal Drugs” are drugs or controlled substances which are (1) not legally obtainable or (2) legally obtainable but not obtained or used in a lawful manner.

Examples include, but are not limited to, cocaine and marijuana, as well as prescription drugs which are not lawfully obtained or properly utilized. The term “illegal drugs” also refers to mind-altering and/or addictive substances, which are not sold as drugs or medicines, but are used for mind-or behavior-altering effect.

B. Legal Drugs

“Legal Drugs” are those prescribed by a medical provider and over-the-counter drugs. These drugs are obtained legally by the employee and used for the purpose for which they were prescribed and sold.

C. Company Property

The term “Company property” includes work sites, parking lots, vehicles, or offices owned, rented, utilized, or serviced by the Company or by any customer of the Company; employee-owned or employee-rented vehicles on the property of the Company or of any customer of the Company while on Company business; and locations where the employee represents the Company in any capacity.

D. On Duty

The term “on duty” includes all working hours, as well as meal and break periods, regardless if whether on premises and all hours when the employee represents the Company in any capacity.

V. DRUG USE PROHIBITIONS

- A. The use, sale, purchase, possession, manufacture, distribution, or dispensing of illegal drugs on Company property or during working time is against Company policy and is cause for immediate discharge.
- B. It is also against Company policy for any employee to report to work or to work with the presence of illegal drugs in the employee’s body. Violation of this policy may result in disciplinary action at the discretion of the Company, up to and including discharge.
- C. Legal drugs may also affect the safety of the employee or fellow employees or members of the public. Therefore, any employee who is taking any legal drugs which might impair safety, performance, or any motor functions must advise his or her supervisor before reporting to work under such medication. A failure to do so may result in disciplinary action. Improper use of “legal drugs” is prohibited and may result in disciplinary action.
- D. Refusal to submit to, efforts to tamper with, or failure to pass a drug test may result in disciplinary action at the discretion of the Company, up to and including discharge.

VI. ALCOHOL USE PROHIBITIONS

- A. The consumption of alcohol on Company property or while on duty is prohibited and may result in disciplinary action at the discretion of the Company, up to and including discharge. There may be occasions, however, removed from the usual work setting, at which it is permissible with management's discretion to consume alcohol in moderation.
- B. It is against Company policy to report to work or to work under the influence of alcohol.
- C. An employee will be considered under the influence when, in the judgment of the employee's supervisor or other management official, the employee's ability to perform a job safely and effectively is affected by the use of alcohol. An alcohol test by breathalyzer, blood test, or other scientifically acceptable method may be performed.
- D. Refusal to submit to, efforts to tamper with, or failure to pass an alcohol test may result in a disciplinary action at the discretion of the Company, up to and including discharge.

VII. TESTING

A. Testing of Applicants

- 1. Applicants considered final candidates for a position may be tested for the presence of illegal drugs as a part of the application process.
- 2. Applicants are advised in writing of the Company's pre-employment testing requirements prior to an offer of employment or referral for a physical. Applicants are asked to sign the Applicant Drug Testing Consent Agreement. If an applicant refuses to sign this agreement, consideration for employment and the application process will not continue.
- 3. Any applicant, who refuses to submit to, tampers with, or fails to pass the pre-employment drug test may be ineligible for hire for a period of one year at the discretion of management.

B. For Cause Testing

- 1. Employees may be asked to submit to a drug test if cause exists to indicate that their ability to perform work safely or effectively may be impaired. Testing for cause is based on specific objective facts and reasonable inferences drawn from these facts in the light of experience. Testing for cause does not require certainty; however, mere "hunches" are not sufficient to meet this standard.

Factors which could establish cause include, but are not limited to, the following:

- a. Direct observation of an individual engaged in drug-related activity;
 - b. A pattern of abnormal conduct;
 - c. Unusual, irrational or erratic behavior;
 - d. Slurred speech and/or extremely dilated pupils;
 - e. Unexplained, increased or excessive absenteeism or tardiness;
 - f. Sudden changes in work performance;
 - g. Repeated failure to follow instructions or operating procedures;
 - h. Unexplained or excessive negligence or carelessness;
 - i. Discovery or presence of drugs in an employee's possession or near an employee's workplace;
 - j. Odor or residual odor particular to some drugs;
 - k. Violations of Company safety policies or failure to follow safe work practices;
 - l. Arrest or conviction for a drug-related crime;
 - m. Information provided either by reliable and credible sources or independently corroborated; or
 - n. Evidence that an employee has tampered with a prior drug test.
2. If a supervisor believes cause exists, he or she should report the findings and observations to Management.

C. Random Testing

1. Employees may be required to submit to drug testing on a random basis.
2. Selection of employees for random testing shall be conducted through the use of a random number generator or other neutral selection process.

D. Post Accident Testing

1. Employees are tested for the presence of illegal substances following an accident or other occurrence that involves one or more of the following covered events: a fatality, an injury to an employee or other individual, damage to vehicles, and/or damage to other property.
2. Employees testing positive for illegal substances are denied Workers' Compensation benefits.

E. Additional Testing

1. Additional testing may be conducted as required by applicable state or federal laws, rules, or regulations, or as deemed necessary by the Company. Upon initial implementation of the Substance Abuse Policy, all current employees may be subject to testing.

F. Testing Procedures

The Company will determine which drug testing procedure will be performed.

1. If the employee refuses to consent to testing, fails to appear for testing, tampers with the test, or fails to cooperate with the testing procedures, the employee may be disciplined, up to, and including discharge at the discretion of the Company.
2. The Company employs a very accurate testing program. Samples of urine, blood and/or breathalyzer results are analyzed by an independent laboratory which has been selected by the Company.

G. Appeal of Confirmed Positive Test

1. After receipt of a report from the testing laboratory confirming a positive test result, the Company will inform the employee of the positive result and the consequences of the positive test result.
2. Within three working days after receiving notice of a confirmed positive test result, the employee may submit information to the Company explaining the positive test result and the reason(s) why the result does not constitute a violation of the Company's substance abuse policy.
3. The employee may request that a retest be performed on the initial specimen by a SAMSHA/NIDA-certified laboratory. The employee shall be responsible for all costs associated with conducting this retest.

VIII. DISCIPLINARY ACTION

- A. A violation of the Company's substance abuse policy, including a positive drug or alcohol test result (without evidence of use, sale, possession, distribution, dispensation, or purchase of drugs or alcohol on Company property or while on duty), may result in disciplinary action at the discretion of the Company, up to, and including discharge.
- B. The Company may suspend employees with or without pay under this policy pending the results of a drug test or investigation.
- C. Any employee using, selling, purchasing, possessing, distributing, or dispensing drugs or alcohol while on duty or on Company property is subject to disciplinary action at the discretion of the Company, up to, and including discharge.

IX. INVESTIGATION

- A. To ensure that illegal drugs and alcohol do not enter or affect the workplace, the Company reserves the right to search all vehicles, containers, lockers, or other items on Company property in furtherance of this policy. Individuals may be asked to display personal property for visual inspection by Management or a representative of the Company.
- B. Searches will be conducted under this policy only where the Company has reason to believe that the employee has violated the Company's substance abuse policy.
- C. Failure to consent to a search or to display personal property for visual inspection may be grounds for discharge or denial of access to Company premises.
- D. Because the Company's primary concern is the safety of its employees and their working environment, the Company will turn over all confiscated drugs to the proper law enforcement authorities. Further, the Company reserves the right to cooperate with or enlist the services of the proper law enforcement authorities in the course of any investigation.

X. ARREST OR CONVICTION FOR DRUG-RELATED CRIME

- A. If an employee is arrested for or convicted of a drug-related crime, the Company will investigate all of the circumstances, and Company officials may utilize the drug-testing procedure if cause is established by the investigation. In most cases, an arrest for a drug-related crime constitutes cause for dismissal under this policy.
- B. As a condition of employment, an employee shall notify the Company of any criminal drug statute conviction for a violation which occurred on Company premises. The employee must give notice in writing to the Company within five (5) days of such conviction.

XI. CONFIDENTIALITY

- A. Results of an applicant's test for the use of illegal drugs or alcohol shall be transmitted to Management. In order to effectively address the employees with drug or alcohol problems, it will be necessary for Management to consult with other persons in the process. However, such results will be disseminated only on a need-to-know basis.

XII. DRUG-FREE WORKPLACE

- A. The Company maintains a drug-free workplace.
- B. Employees are encouraged to approach their supervisor or Company Management at any time with any questions they have about the Company's substance abuse policy as stated herein.

SUBSTANCE ABUSE POLICY

Employee Acknowledgment of Receipt and Understanding

I, _____, (name) hereby acknowledge, that I have received and read a copy of _____'s (Company's Name hereinafter known as the "the Company") Substance Abuse Policy, and I have had an opportunity to have explained to me any aspect of the Policy which I did not understand. I understand that I must abide by the policy at all times as a condition of employment with the Company and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to other testing for the presence of drugs or alcohol pursuant to the Policy. I understand that submission to such testing is a condition of employment with the Company and disciplinary action up to and including discharge may result if I refuse to consent to such testing, if I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, if I refuse to authorize release of the test results to the Company, if the test establishes a violation of the Company's Substance Abuse Policy, or otherwise violates the Policy.

I also understand in case of an accident, I will be required to submit to a drug screen at the facility where I am treated for the accident. Tests with a positive result will be my sole responsibility and the Worker's Compensation claim will be denied.

I ALSO UNDERSTAND THAT THE SUBSTANCE ABUSE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee's Signature

Date

Witness's Signature

Date

HARASSMENT POLICY

_____ (Company Name, hereinafter known as “the Company”) strives to maintain a workplace that fosters mutual employee respect and promotes harmonious, productive working relationships. We believe harassment in any form constitutes misconduct that undermines the integrity of the employment relationship. Therefore, the Company prohibits harassment that is sexual, racial, or religious in nature or is related to an individual’s race, color, age, religion, national origin, sex, or disability. This policy applies to all employees throughout the Company and all individuals who may have contact with any employee of the Company.

DEFINITIONS

“Harassment” is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, age, religion, national origin, sex, or disability and that:

- Has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
- Has the purpose or effect of unreasonably interfering with an individual’s work performance.
- Otherwise adversely affects an individual’s employment opportunities.

Examples of harassing conduct include but are not limited to the following:

- Epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relates to race, color, age, religion, national origin, sex, or disability.
- Written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race, color, age, religion, national origin, sex, or disability and that is placed on walls, bulletin boards, or elsewhere on company premises or is circulated in the workplace.

Sexual harassment is a form of sex discrimination, which is a violation of Title VII of the Civil Rights Act of 1964. The Equal Employment Opportunity Commission (EEOC) has defined sexual harassment as:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made explicitly or implicitly a term or condition of an individual’s employment.
- Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting an individual.
- Such conduct has the purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

Examples of sexual harassment include but are not limited to the following:

- Verbal—sexual innuendo, suggestive comments, insults, threats, jokes about gender-specific traits, or sexual propositions.
- Nonverbal—making suggestive or insulting noises, leering, whistling, or making obscene gestures.
- Physical—touching, pinching, brushing the body, coercing sexual intercourse, or assault.

REPORTING HARASSMENT

Any employee who feels he or she has suffered any form of harassment or retaliation must immediately report the alleged conduct to Propel HR by calling **1-800-446-6567** or by notifying **1-800-STOP-IT (1-800-977-8674)** – a confidential reporting hotline. Any employee who uses the confidential reporting hotline to report harassment should identify Propel HR, whose company identification number is 980023, as his/her employer. The employee may also report the alleged conduct to his/her on-site supervisor, manager, or human resources department. In addition, any employee who observes conduct by another employee that he or she believes to be harassing, retaliatory, or discriminatory must report such conduct to Propel HR as outlined above. All complaints of harassment will be treated confidentially and will be investigated promptly and thoroughly.

Any individual found by the Company to have harassed another employee will be subject to appropriate disciplinary action at the discretion of the company, ranging from placement of a written warning in his or her file, up to, and including termination.

Retaliation or discrimination against an employee for reporting or complaining about harassment is prohibited. However, employees should recognize that false accusations of harassment can have serious effects on innocent individuals. The making of accusations that are known by the accusing person to be false is a form of misconduct that will likely result in serious impairment of the Company's efforts to administer this policy properly and effectively for the benefit of all employees. Accordingly, such misconduct may result in disciplinary action at the discretion of the company, up to and including termination.

We trust employees will continue to act in a responsible and professional manner to establish a pleasant working environment free of discrimination and harassment.

INVESTIGATION

The Company will take all necessary steps to promptly initiate an investigation of the harassment and/or discrimination claim and conduct its investigation in as confidential a manner as possible. A timely resolution of each complaint will be reached and communicated to the employee and the other parties involved.

Please direct all questions regarding this policy to Management.

HARASSMENT POLICY

Employee Acknowledgment of Receipt and Understanding

I, _____, (Employee name), acknowledge that I have received and reviewed _____'s (Company Name hereinafter known as "the Company") harassment policy. The Company's harassment policy prohibits any form of harassment or retaliation based on race, color, religion, gender, sex, national origin, age or disability. I understand that according to The Company's harassment policy, I must immediately report any harassing or retaliatory conduct to Propel HR by calling 1-800-446-6567 or by notifying 1-800-STOP-IT (1-800-977-8674) - a confidential reporting hotline. If I use the confidential reporting hotline to report harassment, I understand that I should identify Propel HR, whose company identification number is 980023. I further understand that I may also report any harassing conduct to my on-site supervisor, manager, or to the Human Resources department.

I understand that this acknowledgment is not intended to create a contract of employment.

Employee Signature

Date

Witness

Date

The policy and procedure manual does not create a contract of employment between the employee and Company, or guarantee any specific terms, conditions, or length of employment. Employment is "AT-WILL" and may be terminated at any time and for any reason by the employee or Company.

Employee Acknowledgment of Receipt and Understanding

I, _____, (print name) hereby acknowledge, that I have received a copy of the Policy and Procedure Manual issued by _____ (Company Name, hereinafter known as "the Company"). I have had an opportunity to have explained to me any aspect of the Policy and Procedure Manual and which I did not understand.

I understand that I must abide by the Harassment Policy, Substance Abuse Policy and all other policies and procedures as established by the Company and any additional policies, standards, work and safety rules set by the Company at all times and any violation may result in disciplinary action, up to, and including termination at the discretion of the company.

Further, I acknowledge and understand that I am an employee of the Company and that my employment status is at-will and can be terminated by me or the Company at any time and for any reason.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee's Signature

Date

Witness's Signature (Company Representative)

Date

The policy and procedure manual does not create a contract of employment between the employee and Company, or guarantee any specific terms, conditions, or length of employment. Employment is "AT-WILL" and may be terminated at any time and for any reason by the employee or Company.

Revised 1/2008

IMPORTANT NOTICE

AT-WILL EMPLOYMENT

THIS GUIDELINE MANUAL DOES NOT CREATE A CONTRACT OF EMPLOYMENT BETWEEN THE EMPLOYEE AND THE COMPANY HEREAFTER REFERRED TO AS "THE COMPANY," OR GUARANTEE ANY SPECIFIC TERMS, CONDITIONS, OR LENGTH OF EMPLOYMENT. YOUR EMPLOYMENT WITH THE COMPANY IS "AT-WILL", MEANING THAT EITHER YOU OR THE COMPANY MAY TERMINATE YOUR EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. NO SUPERVISOR OR MANAGER HAS THE AUTHORITY TO ALTER YOUR AT-WILL EMPLOYMENT OR TO CREATE A CONTRACT BETWEEN YOU AND THE COMPANY, EITHER VERBALLY OR IN WRITING.

THIS GUIDELINE MANUAL SUPERCEDES ANY POLICY AND PROCEDURE MANUAL AND/OR HANDBOOK PREVIOUSLY ISSUED BY THE COMPANY, AND THUS ANY POLICY AND PROCEDURE MANUAL AND/OR HANDBOOK PREVIOUSLY ISSUED BY THE COMPANY ARE HEREBY REVOKED.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

DATE

EMPLOYEE NAME (PRINT)

EMPLOYEE SIGNATURE

DATE

COMPANY REPRESENTATIVE

Page 1

This policy and procedure manual does not create a contract of employment between the employee and Company, or guarantee any specific terms, conditions, or length of employment. Employment is "AT-WILL" and may be terminated at any time and for any reason by the employee or Company.