

GRAYS POWER SUPPLY LLC



EMPLOYEE INFORMATION:

DATE ____/____/____ SOCIAL SECURITY _____

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

TELEPHONE NUMBER _____ DATE OF BIRTH ____/____/____

EMAIL _____

DRIVER LICENSE # _____ EXP DATE ____/____/____ STATE _____

CDL CLASSIFICATION: _____

GENDER:

MALE

FEMALE

MARITAL STATUS:

MARRIED

SINGLE

SEPARATED

WIDOWED

RACE:

WHITE

AFRICAN AMERICAN

HISPANIC

OTHER

EMERGENCY INFORMATION

NAME _____

RELATIONSHIP _____ TELEPHONE# _____

UNION INFO:

LOCAL# _____

APPRENTICE (STEP _____)

JOURNEYMAN LINEMAN

JL LICENSE # _____

JOB NAME _____ TICKET # _____

CLASSIFICATION _____ (WHAT YOUR TICKET SAYS)

SIGNED: _____ DATE: _____

**** FORM MUST BE COMPLETED IN FULL ****

Form W-4 (2017)

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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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-earners/multiple jobs 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 can 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. 505 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. 505 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	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 _____	H _____

For accuracy, complete all worksheets that apply. {

- 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 are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

----- Separate 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
▶ 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.					
1 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 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2017, 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 (This 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)	



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

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

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

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

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

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

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name _____ SSN _____

Employee's Residence Address _____
Number and Street City or Town State Zip Code

Mississippi Department of Revenue
 P. O. Box 960
 Jackson, MS 39205

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION

	Marital Status	Personal Exemption Allowed	Amount Claimed
EMPLOYEE: File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption ▶	\$
	2. Marital Status (Check One)	(a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000 ▶	\$
		(b) <input type="checkbox"/> Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below .▶	\$
3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below ▶		\$
EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependents excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶	\$
	5. Age and Blindness	• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed ▶ * Note: No exemption allowed for age or blindness for dependents.	\$
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶		\$
	7. Additional dollar amount of withholding per pay period if agreed to by your employer ▶		\$
Military Spouses Residency Relief Act Exemption from Mississippi Withholding	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim..▶		_____

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____ Date: _____

INSTRUCTIONS

- | | | | | | | | | | | | | | |
|--|------------------------|---------------------|----------------|---------|-----------------------------------|----------|---------------------|---------|--------------------|---------|---------------|---------|---|
| <p>1. The personal exemptions allowed:</p> <table border="0" style="width: 100%;"> <tr> <td>(a) Single Individuals</td> <td style="text-align: right;">\$6,000</td> <td>(d) Dependents</td> <td style="text-align: right;">\$1,500</td> </tr> <tr> <td>(b) Married Individuals (Jointly)</td> <td style="text-align: right;">\$12,000</td> <td>(e) Age 65 and Over</td> <td style="text-align: right;">\$1,500</td> </tr> <tr> <td>(c) Head of family</td> <td style="text-align: right;">\$9,500</td> <td>(f) Blindness</td> <td style="text-align: right;">\$1,500</td> </tr> </table> <p>2. Claiming personal exemptions:</p> <p>(a) Single Individuals enter \$6,000 on Line 1.</p> <p>(b) <u>Married individuals are allowed a joint exemption of \$12,000.</u>
 If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).</p> <p>(c) <u>Head of Family</u>
 A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).</p> <p>(d) <u>An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer.</u> A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent <u>excluding</u> the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but</p> | (a) Single Individuals | \$6,000 | (d) Dependents | \$1,500 | (b) Married Individuals (Jointly) | \$12,000 | (e) Age 65 and Over | \$1,500 | (c) Head of family | \$9,500 | (f) Blindness | \$1,500 | <p>should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.</p> <p>(e) <u>An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year.</u> No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.</p> <p>(f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are blind. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.</p> <p>3. Total Exemption Claimed:
 Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.</p> <p>4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.</p> <p>5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION</p> <p>6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION..</p> <p>7. To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.</p> |
| (a) Single Individuals | \$6,000 | (d) Dependents | \$1,500 | | | | | | | | | | |
| (b) Married Individuals (Jointly) | \$12,000 | (e) Age 65 and Over | \$1,500 | | | | | | | | | | |
| (c) Head of family | \$9,500 | (f) Blindness | \$1,500 | | | | | | | | | | |



DATE: _____

PERMISSION FOR BACKGROUND CHECK

I give permission for GRAYS POWER SUPPLY LLC to conduct a background screening check with law enforcement, previous employers, and any other persons to determine my suitability in working at Grays Power Supply.

Printed Name: _____

Date of Birth: _____ SS#: _____

E-911 Address: _____

Mailing Address (if different): _____

Signature: _____

Findings to be completed by Law Enforcement personnel:

_____ No information Found

_____ The following information found:

Signature: _____ Date: _____



INQUIRY TO STATE AGENCY FOR DRIVER'S RECORD

(Driver's Name)

(Driver's Operator's Lic. No.)

(Driver's Social Sec. No.)

To Whom It May Concern:

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years, or certify that no record exists if that be the case.

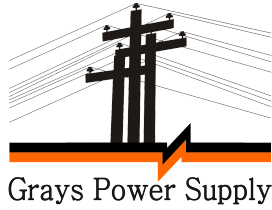
In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,
Michael Gray
Owner
Grays Power Supply
28726 HWY 32
Oakland, MS 38948
mgray@grayspoersupply.com
(O)662-623-0477
(F)601-207-9020

I give my authorization for Grays Power Supply to have all of the information pertaining to my driving record and release you from any and all liability that may result from furnishing such information.

(Signature of individual authorizing driving record release)

Date



CONSENT FOR DRUG/ALCOHOL TESTING

If you are offered and accept employment with Grays Power Supply, in the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use.

I, _____, have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to Grays Power Supply LLC.

Signature _____ Date _____

Witness _____ Date _____

GRAYS POWER SUPPLY LLC

12951 COUNTY ROAD 211, Oakland, MS .389448

SAFETY POLICY

1. **Our objective**

Is to be a role model in the ongoing battle with implementing safety and to be set a standard that the industry can go by.

2. **Scope**

This policy is applicable to all the entities of the GRAYS POWER SUPPLY. Members of GRAYS POWER SUPPLY may adapt the policy to include local legislative and stakeholder priorities within the states in which they operate.

3. **Responsibility for the policy.**

The maintenance, revision and distribution of this policy are the responsibility of the GRAYS POWER SUPPLY staff delivered down through the ranks as follows,

President/VP

Superintend

General Foremen

Foremen, Linemen, Appetence, Operator, Ground men

With the understanding that safety is everyone's responsibility.

4. **Safety policy**

The guiding principles of GRAYS POWER SUPPLY articulate our commitment to taking responsibility for the short and long term economic, social and environmental implications of Decisions with all work we are involved in. We commit to building a long term safe work environment through effective policies and enhancing the confidence of our consumer with each accident free work day. We are in the pursuit of the highest standards of safety and a vision of Zero Harm, Grays Power Supply is committed to:

- Holding leaders accountable for the safety of our people. We expect our managers and supervisors to provide effective leadership in safety while recognizing that good safety behavior is the responsibility of all who work for us
- Complying with relevant legislation and following principles of best practice
- Undertaking safety risk assessments and identifying hazards during all phases of work prior to the start of each job task.
- Ensuring that the management of every business or operation is responsible for the full implementation of a formal safety management system compliant with OSHA requirements.
- Allocating appropriate resources and providing training, education, consultation and auditing to ensure compliance.
- Conducting open communication with our employees, contractors, suppliers and other business partners as well as with interested third parties to encourage a safety culture that reflects the intent of this policy.
- Setting appropriate objectives and monitoring progress against these to ensure continual improvement towards our Goals.
- Conducting regular safety audits to evaluate the compliance and effectiveness of the safety policy.
- Providing independent audit and assurance and conducting regular management reviews.

Signature _____

Print name _____

Date _____

<u>Item</u>	<u>Size</u>	<u>Qty</u>	<u>Intial Received</u>	<u>Price</u>
Short Sleeve Shirt	_____	_____	_____	\$ 9.00
Long Sleeve Shirt	_____	_____	_____	\$ 12.00
Hoodie	_____	_____	_____	\$ 20.00
FR Shirt	_____	_____	_____	\$ 50.00
FR Pant	_____	_____	_____	\$ 50.00
Hard Hats	_____	_____	_____	\$ 30.00
Gloves Protectors	_____	_____	_____	\$ 25.00
Rubber Gloves	_____	_____	_____	\$120.00
Rubber Sleeves	_____	_____	_____	\$130.00
Glove Bag	_____	_____	_____	\$ 25.00
Lanyards	_____	_____	_____	\$125.00
Boots	_____	_____	_____	\$100.00
Overalls/Bibs	_____	_____	_____	\$150.00
Jacket	_____	_____	_____	\$150.00
Vest	_____	_____	_____	\$ 15.00
Safety Glasses	_____	_____	_____	\$ 20.00

I agree that I have received the items above in which I have intialed

Signed: _____

Date: _____

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past **FOUR** employers. If currently employed, may we contact your employer? Yes No

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION			REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
<hr/> <hr/> <hr/>						
FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION			REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
<hr/> <hr/> <hr/>						
FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION			REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
<hr/> <hr/> <hr/>						
FULL NAME OF COMPANY			(AREA CODE)	TELEPHONE	SALARY BEGIN END	EMPLOYED FROM TO MO/YR MO/YR
STREET ADDRESS		CITY	STATE	ZIP		
NAME & TITLE OF SUPERVISOR		TITLE OF YOUR POSITION			REASON FOR LEAVING:	
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:						
<hr/> <hr/> <hr/>						

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____ Date _____

Welcome to ViewMyPaycheck!

Great news! You can now view your pay stubs online – anytime, anywhere.

ViewMyPaycheck (paychecks.intuit.com) is an online web site created by Intuit that lets you view your pay stubs and other payroll info.

Don't have a computer? Don't worry! You can also access ViewMyPaycheck from your mobile device.

Here's some info to help you get started with ViewMyPaycheck.

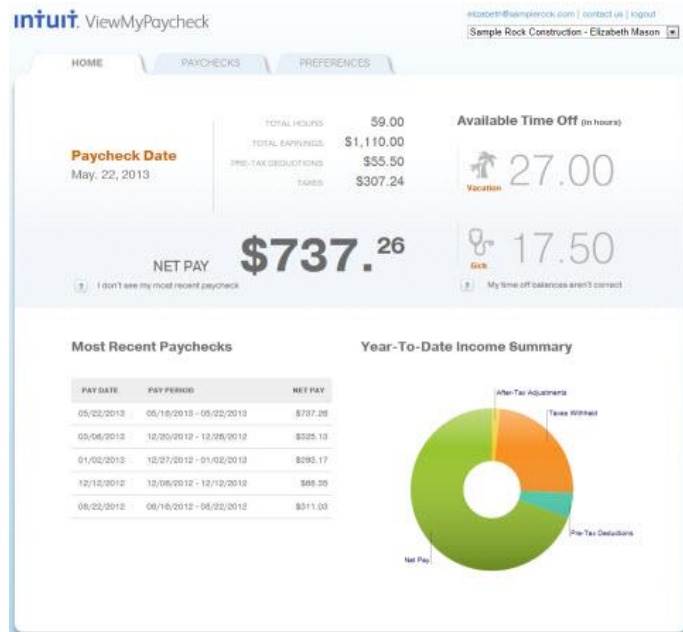
Get Started

To access ViewMyPaycheck, you'll need:

- **An Intuit account.** You may already have one if you use Intuit products like TurboTax or Quicken. If you don't have one, one will be created for you when you sign up.
- Your **Social Security number (SSN)** and the **net pay (your take home pay) from your last paycheck**. Be sure to have that handy – ViewMyPaycheck needs it to verify you are who you say you are!

Then, do this:

1. Open a web browser and go to **paychecks.intuit.com**
2. Click **Sign Up**.
3. Enter your email address.
If you get a message that says **You already have an Intuit account associated with this user ID** then click the Sign In link and sign in to your existing Intuit account and skip to step 7.
4. Create and confirm a password you'll use when you sign in to ViewMyPaycheck.
5. Pick a security question. You may need this later if you forget your user ID and password.
6. Click **Sign Up**.
7. Enter your SSN and the net pay from your last paycheck.
Your net pay is the amount of your paycheck after all of the taxes and other deductions have been taken out.
8. Click **All Done!**



Next Steps

When you sign in, explore a bit. Here are a few highlights.

- 1 ViewMyPaycheck itemizes your current and year-to-date earnings and deductions so you always know your paycheck was calculated and where your money is going.
- 2 Need a printed copy of your pay stub? No problem. Click **Save As PDF** to save a PDF copy of it to your computer and then print it for your records.
- 3 If you want to be notified any time a new pay stub is uploaded to ViewMyPaycheck, go to Preferences and click the **Send me an email when new pay stubs are available** checkbox.

intuit. ViewMyPaycheck elizabeth@samplerock.com | contact us | logout
Sample Rock Construction - Elizabeth Mason

HOME PAYCHECKS PREFERENCES

View paycheck: 01/01/2013 to 12/31/2013

MAY 22, 2013 **\$737.26**

MARCH 08, 2013 \$325.13

JAN 02, 2013 \$293.17

I'm not seeing all my paychecks

Sample Rock Construction
2350 Casey Ave
Box 21
Woodland View, CA 94942

PAY TO: Elizabeth Mason **\$737.26**

Deposited into Checking #---0789: \$737.26

PAY PERIOD: May 16 - May 22, 2013

After-Tax Adjustments
Taxes Withheld
Pre-Tax Deductions

MEMO
May 27th is a Memorial Day Holiday, office is closed

+ TIME OFF BALANCES (in hours)

Vacation 27.00
Sick 17.50

+ YOUR INFORMATION
How can I update my information?

EARNING	QTY & RATE	CURRENT	YEAR TO DATE
Regular Pay	40.00 @ \$10.00	\$400.00	\$1,150.00
Overtime Pay	2.00 @ \$15.00	\$30.00	\$105.00
Double Overtime Pay	1.00 @ \$20.00	\$20.00	\$40.00
Rick Pay	8.00 @ \$10.00	\$80.00	\$80.00
Vacation Pay	8.00 @ \$10.00	\$80.00	\$80.00
Bonus		\$500.00	\$500.00
Total	59.00 Hours	\$1,110.00	\$1,955.00

TAXES & DEDUCTIONS	CURRENT	YEAR TO DATE
TAXES		
Federal Income Tax	\$166.00	\$254.70
Social Security Tax	\$68.82	\$121.23
Medicare	\$16.10	\$28.35
CA Income Tax	\$45.22	\$47.88
CA State Disability Ins	\$11.10	\$19.55
Total	\$307.24	\$471.69
PRE-TAX DEDUCTIONS		
My 401k Deduction	\$55.50	\$97.75
Total	\$55.50	\$97.75
AFTER-TAX ADJUSTMENTS		
Blue Cross	\$10.00	\$30.00
Total	\$10.00	\$30.00
NET PAY	\$737.26	YEAR TO DATE \$1,356.56

Save As PDF There are missing or incorrect items on my paycheck. How can I fix it?

Need Help?

If you have questions about using ViewMyPaycheck, click the question mark icons (?) available on the ViewMyPaycheck web site.

If you have questions about your paycheck, including how it's calculated, what shows up on the pay stubs, or when the money is deposited in your bank account (if you have Direct Deposit), please contact your employer.

Authorization for Direct Deposit - Employee Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee ID #

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.

