Personnel Record & Application Full-time ☐ Part-time ☐ / Check If Temporary ☐

Last Name	First Name	Middle Name	Social Security Number:

Street Address	City	State	Zip Code

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Contact #: _____

Are you a United States Citizen or legally eligible to work in the U.S.? Yes [ ] No [ ] (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)

Are you 18 or over? Yes [ ] No [ ]

Date Of Birth: _____

Driver's License # _____

Title of Position Applying For:	Date Available to Work:

Have you ever pleaded guilty, no contest or been convicted of a felony? [ ] Yes [ ] No If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Technical or Certificate Programs					

Employment History Please provide the following information for your previous three employers, beginning with the most recent(Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:

Address:

Telephone:	Job Duties:
Weekly Pay Start: Finish:	
Reason for Leaving:	

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature _____ Date _____

OFFICE USE ONLY

Company Name: _____ Job Title: _____

Job Description: _____ W/C Code: _____

Date of Hire: _____ Hours Per Week: _____

Rate of Pay: _____ Full Time: _____ Part Time: _____

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

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

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

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $

2 Enter:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . **2** $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$700	$850	$910	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$200	$850	$1,020	$1,020	$1,020	$1,370	$1,870	$1,870	$1,870	$1,870	$1,870	$2,040
$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$450	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,870	$1,870	$1,870	$1,890
$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Employment Eligibility Verification

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

USCIS Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☒ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**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.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		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		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS Form I-9 Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☒ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☒ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☒ Check here if you used an alternative procedure authorized by DHS to examine documents.

DIRECT DEPOSIT INSTRUCTIONS

Any employees that would like to enroll in the payroll direct deposit option would need to submit the direct deposit form and one of the following items:

1) Letter from their financial institution on their letterhead with the employee's name, account number and routing number.
2) Copy of a voided check.
3) An employee currently using a debit card for their direct deposit will need to submit a form from the issuing institution with the employee's name, account number and routing number. These forms normally come with the debit card that the employee would like their payroll checks loaded to.

Our direct deposit process for the employee's first check is one penny is deposited into the employee's account and the remainder of their wages is paid via a live paper check. Once the employee's penny is credited to their account, they will need to notify J Solutions and their next check will go 100% direct deposit.

Employee Information for Direct Deposit

Please print legibly

Employee Name: _____ Social Security No.: _____

What Portion of Net Pay Would You Like Deposited?

You may have all or part of your paycheck deposited directly to your bank account(s).

Select one of the following options to indicate the portion of your total paycheck you want deposited.

◯ 100% of Net Pay ◯ Indicated Percent _____% ◯ Indicated Dollar Amount $_____

How Do You Want The Direct Deposit Made?

Please identify up to four bank accounts where you want your check deposited, and indicate the amount or percentage of your paycheck you want deposited in each account.

Account for the Balance of the Direct Deposit Amount:	**Account for the Balance of the Direct Deposit Amount:**
Bank Name:	Bank Name:
Bank Routing Number:	Bank Routing Number:
Bank Account Number:	Bank Account Number:
Type of Account: Checking ◯ Savings ◯	Type of Account: Checking ◯ Savings ◯
◯ The remainder of the check will be automatically	Indicate Deposit Amount for this Account: (select one)
deposited in this account	◯ Percent of Direct Deposit Amount _____%
	◯ Selected Dollar Amount $_____

Account for the Balance of the Direct Deposit Amount:	**Account for the Balance of the Direct Deposit Amount:**
Bank Name:	Bank Name:
Bank Routing Number:	Bank Routing Number:
Bank Account Number:	Bank Account Number:
Type of Account: Checking ◯ Savings ◯	Type of Account: Checking ◯ Savings ◯
Indicate Deposit Amount for this Account: (select one)	Indicate Deposit Amount for this Account: (select one)
◯ Percent of Direct Deposit Amount _____%	◯ Percent of Direct Deposit Amount _____%
◯ Selected Dollar Amount $_____	◯ Selected Dollar Amount $_____

Signature _____ Date _____

J SOLUTIONS

WORKFORCE
CONFIDENTIALITY AGREEMENT

I understand that J Solutions has a legal and ethical responsibility to maintain privacy, including obligations to protect the confidentiality of clients' information and to safeguard the privacy of client information.

In addition, I understand that during the course of my employment/assignment/affiliation at J Solutions, I may see or hear other Confidential Information such as financial data and operational information pertaining to the business that J Solutions is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with J Solutions I understand that I must sign and comply with this agreement. By signing this document I understand and agree that:

I will disclose Information and/or Confidential Information only if such disclosure complies with J Solutions policies, and is required for the performance of my job.

My personal access code(s), user ID(s), access key(s) and Password(s) used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events).

I understand that it is not acceptable to discuss any business information in public areas.

I will not make inquiries about any business information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of Business Information or

ACKNOWLEDGEMENT:

I acknowledge that I have read and understand the contents of this policy. If I am unable to read, I acknowledge that the contents have been read and explained to me. I understand there is a copy of the Employee Manual available for further review located at the Client Company office and the PEO Company office. The Client Company may change or withdraw any of the policies at its sole discretion, at any time and without advance notice. I understand that compliance with all Client Company policies is a condition of, but not a guarantee or promise of my employment and continued employment with the Client Company. I further understand that my failure to comply immediately and fully with Client Company policies will result in disciplinary action, which may include immediate termination for cause.

_____

Employee Name (printed)

_____ _____

Employee Signature Date

HANDBOOK RECEIPT

This Employee Handbook does not constitute a contract of employment either in whole or in part. The Company, reserves the right to add, delete, or change any portion of the Employee Handbook with or without notice.

FOR THE EMPLOYEE'S INFORMATION:

Your employment status:__○__ Full Time __○__ Part Time

Your position title: _____

General Manager's Name: _____

Your starting date: _____

I acknowledge receipt of, and have read, the Employee Handbook that outlines my benefits and obligations as an employee of **Crazy Cajun**. I understand the Standards of Conduct and each of the rules and regulations which I am expected to follow, as well as the additional policies. I agree to abide by all of them.

All employees are expected to conform their conduct to the rules and regulations as set out in this handbook, and understand that they are at-will employees. The contents of any Employee Handbook, including this one, that may be distributed during the course of their employment shall not be construed to be a contract or in any way binding. The Company reserves the right to change, at its discretion, the contents of this handbook.

POLICY STATEMENT

This handbook is a general guide and provisions of this handbook do not constitute an employment agreement (contract) or a guarantee of continued employment. It is simply intended to outline the benefits and work requirements for all employees. It is further understood that the Company reserves the right to change the provisions in this handbook at any time. It is policy of the Company that employment and compensation of any employee is at will and can be terminated with or without cause, at any time, at the option of the employee or at the option of the Company.

_____ _____

Designated Representative's Signature Employee's Signature Date

DRUG TESTING POLICY AND CONSENT TO DRUG TESTING

It is the policy of the Client Company that the use of alcohol, illegal drugs or inhalants will not be tolerated. Although the Client Company recognizes that many such products have legitimate uses, it is the policy of the Client Company not to tolerate misuse or abuse of industrial solvents, aerosol propellants, paint thinners, lacquer thinners, paints, lacquers, dopes, or any other similar product which could be used to produce an intoxicated state by inhalation of its vapors or gases (which will be called "inhalants" in this document). The Client Company maintains a list of all such substances which may be used, or with which its workers or contractors may come in contact in the course of their work. The presence of detectable residues to off other industrial solvents, aerosol propellants, paint thinners, lacquer thinners, paints, lacquers, dopes (this list is by way of example only, and does not constitute a complete statement of all products or substances which may be abused by inhalation) is cause for immediate dismissal without notice. Consumption of alcohol or use of illegal drugs during working hours or in such a way as to leave a detectable trace of alcohol or illegal drugs in the body is cause for immediate dismissal without notice.

I understand that the Client Company policy prohibits any Employee from engaging in work or being on Client Company premises or the premises of any Client with a detectable level of alcohol, any illegal or controlled drug, drug by-product or drug metabolite or inhalant or by-product of metabolite of an inhalant in the body, including in the breath, blood, urine or hair. This policy does not apply to the proper use of medication prescribed for me by a physician.

I understand that it is a condition of, but not a guarantee or promise of, employment, continued employment, advancement or promotion that I follow the Client Company's policies on drugs, alcohol and inhalants, and the policies of any Client Company where I may be assigned. I understand that I may be asked to participate in drug, alcohol and inhalant testing ("Testing") to determine whether I comply with such policies.

I understand that I may refuse to participate in any Testing required by the Client Company or the Client Company, but I understand and agree that my failure to participate in testing will be cause of immediate termination, and that I will not be eligible to be re-hired. If I participate in Testing, my signature or mark below indicates my consent to the taking of samples of my breath, hair, blood, urine or other bodily fluids and the analysis of such samples by a laboratory selected by the Client Company, without charge to me. I consent to the disclosure of all negative and confirmed positive test results to the Client Company and any Client Company where I may be assigned.

I agree that I will disclose the names of any prescription or over-the-counter medications which I may be taking at the time of testing or may have taken within the thirty (30) days immediately prior to Testing. If my failure to disclose such medications causes positive results which must be confirmed and if the Client Company elects to have the results confirmed by further and more specific laboratory tests, I agree that I will furnish any further samples which may be required in order to perform the confirmatory test and

reimburse the Client Company for the actual costs of such screening test and confirmation. I understand that I may refuse to participate in further Testing and/or refuse to reimburse the Client Company for expenses incurred in confirmatory analysis, but I understand and agree that my failure to participate in Testing or to agree to reimburse the Client Company will be cause for immediate termination, and that I will not be eligible to be re-hired.

I understand that I may be required to participate in Testing, after the occurrence of any on-the-job event that did or could have resulted in personal injury or property damage, or for any other reasonable cause. I understand that a confirmed positive test for the presence of drugs or alcohol is grounds for the immediate termination of my employment for cause.

As a consideration of my employment, continued employment, advancement or promotion with the Client Company, I waive, and agree to release and hold harmless both the Client Company and any Client Company, and any testing laboratory along with their agents and employees from any claim or cause of action arising out of the taking of a sample of my breath, blood, urine, hair or other bodily fluids, arising out of the test, or arising out of the disclosure of negative and confirmed positive test results.

DEFINITION: The following definition applies to this and all other Client Company policies unless another definition is expressly indicated in the policy.

> Premises means, except as otherwise limited in this definition or applicable law, ALL PLACES AND VEHICLES owned, leased, used, controlled by, or otherwise under the dominion of the Client Company, or where Employees are engaged in work on behalf of, or service to, the Client Company. Premises specifically include parking lots and sidewalks and other surrounding areas in the vicinity of any Client Company Premises. A personal vehicle used on Client Company Business is subject to this policy and to inspection, search or testing for the enforcement of this policy while the vehicle is in use on Client Company Business. Where a person to be searched is not an employee of the Client Company, this definition shall be limited to the real estate, improvements, vehicles and trailers actually owned, possessed, or otherwise under the dominion of the Client Company, not including any public roads, parking areas, sidewalks or other such areas surrounding such real estate and improvements.

_____ _____

Employee Signature Date

PAYROLL DEDUCTION AUTHORIZATION

I authorize PEO Company, to deduct from my wages the following: local, state, and federal taxes; any court ordered payments; any deductions required by state or federal law; deductions for loss or damage to any uniforms, machinery, merchandise, equipment, tools, vehicles, or other property provided by PEO Company which I do not return or which are not returned in good condition; any unpaid loans or advances which I owe to PEO Company and, any personal expenses or charges owed by me to PEO Company.

In addition, I authorize the full unpaid amount of any such charges or expenses to be deducted from my final paycheck on the termination of my employment with PEO Company.

I acknowledge that I have received, read, and understand the contents of this PEO Company policies and safety program. If unable to read, the contents of the safety program have been read and explained to me by my supervisor. I understand that my compliance with all stated PEO Company policies, including safety, is a condition of continued employment with this PEO Company.

_____ _____

Employee Signature Date

EMPLOYMENT SEPARATION ACKNOWLEDGEMENT

Regardless of the type of separation, it is the employee's responsibility to report to the PEO Company in order to conduct a complete exit interview. This interview must take place within three (3) calendar days from the last paid day of employment. During this interview the employee will return all files, documents, equipment, keys, or other property belonging to the client company. The employee will be interviewed, and a complete review of the departing assignment will be conducted by the PEO Company for any possible reassignment of employment. All final paychecks for hours worked will be paid on the pay day following the separation date. Accrued unused paid leave will be included in the final paycheck.

Any employee who separates in good standing may re-employ provided they are qualified for the position they are applying for. Any person re-employed with at least one-year time & service and who is re-employed within three months of separation will keep all accumulated time & service.

_____ _____

Employee Signature Date

ACKNOWLEDGEMENT:

I acknowledge that I have read and understand the contents of this policy. If I am unable to read, I acknowledge that the contents have been read and explained to me. I understand there is a copy of the Employee Manual available for further review located at the Client Company office and the PEO Company office. The Client Company may change or withdraw any of the policies at its sole discretion, at any time and without advance notice. I understand that compliance with all Client Company policies is a condition of, but not a guarantee or promise of my employment and continued employment with the Client Company. I further understand that my failure to comply immediately and fully with Client Company policies will result in disciplinary action, which may include immediate termination for cause.

_____ _____

Employee Signature Date

Employee Handbook Update: April 26, 2018

Employee Meals –

Employees may purchase any menu items at a 50% discount up to $7.00 on days they work. The discount may be applied before or after shift (within 30 minutes). Employees may also receive their discount during a regularly authorized break. Employees may NOT purchase or consume any alcoholic beverages before or during their shift. If a guest offers any employee an alcoholic beverage while that employee is on the clock or about to be on the clock, that employee must kindly decline the offer. Bartenders are only allowed to consume alcohol if it is to "check for quality" and is a "taste".

Uniform Policies –

All - Per city and state health codes, no facial jewelry, no artificial nails or polish and all earrings must be studs only. All-natural nails must be kept clean and neat and should not pass the tip of the finger. All long hair, must be pulled back and up, so that it does not reach shoulder length.

FOH - All shoes MUST be approved for restaurant use with proper non-slip sole. Shoes must be maintained and replaced when necessary. If the company uses a vendor for shoes, all employees must purchase shoes through company (at a discount).

All pants must be of the "blue jean" variety and shorts may be blue denim or khaki. No other colors or material can be worn. Pants must not drag the floor and must sit properly so that no undergarments or skin shows. No stretch or legging type denim.

Shirts must be uniform and clean. Shirts must be tucked in or an apron must be worn.

BOH - Shirts must be uniform and clean covered by an apron while on the clock and working.

No jewelry other than wedding band can be worn in the back of house.

Same shoe policy as FOH.

Any questions, please get with management.

Drug policy –

Crazy Cajun reserves the right to have any local law enforcement bring a drug sniffing dog on the premises at any given time to perform sweep of property. Any employee found to be violating company policy may be terminated immediately.

*By signing this document, I am acknowledging that all the above updates to the Crazy Cajun Handbook have been explained to me and I accept and understand. I also understand that the previous complete handbook is still in effect unless the modification is mentioned above.

Signature:_____ Print Name:_____

LA Crazy Cajun
Social Media Policy

The purpose of this policy is to outline the guidelines and principles for employees of LA Crazy Cajun, to follow when communicating via social media sites. Social media sites are an excellent way to share one's life and opinions with family, friends and co-workers without any geographical barriers. It also is an advantageous form of marketing and communication for businesses. This policy will clearly define what LA Crazy Cajun deems as acceptable and unacceptable use of social media sites. Management reserves the right to amend this policy at its discretion. Social media guidelines will be outlined for both forms of social media usage: Employee Personal Usage and Business Usage.

Definition

Social media is any form of electronic communication through the Internet. This can include, but is not limited to, traditional social media sites, personal web site/blog, someone else's web site/blog, journal, bulletin board or chat room. Traditional social media sites provide online environments, which allow users to join virtual communities to share information, ideas, personal message and other content (images, audio, video, etc.). Users set up "profiles" to interact with both personal and business contacts via chat, email, video chat, private messaging, voice chat, blogging, file sharing, discussion groups, multimedia sharing, etc. These web sites are available to the public and access to view profiles varies depending on the provider. Popular social media web sites, include but are not limited to Facebook, Google Plus+, MyLife, Yelp, LiveJournal, MySpace, Twitter, LinkedIn, ClassMates, Blogger, YouTube, Instagram and Pinterest.

Risks

As with any form of technology, several risks exist and new risks will continue to surface. The primary objective of this policy is to mitigate the following risks that exist with social media use:

- Risk of LA Crazy Cajun's reputation
- Disclosure of LA Crazy Cajun's trade secrets, private information and confidential customer information
- Intra-company slander (employees/supervisors)
- Malware infection (spyware, botnets, keyloggers, etc.)
- Workplace productivity
- Inaccurate/outdated information
- Convenient portal for disgruntled former and current customers, vendors and employees
- Information disclosed on social media sites utilized for social engineering attacks against the Restaurant

Employee Personal Usage

There exists a tremendous risk for individual employees to inadvertently put LA Crazy Cajun at one of the aforementioned risks utilizing profiles created for personal use on any of the social media sites. When posting to social media web sites, ensure that content is consistent with this policy and the other *policies defining appropriate employee behavior.*
Inappropriate postings that may include discriminatory remarks, harassment and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

LA Crazy Cajun
Social Media Policy

In posting online, be respectful to your coworkers, customers, members, vendors and any individual working on behalf of the Restaurant.
Avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage customers, members, associates or suppliers or that might constitute harassment or bullying.
Ensure that all content posted is honest and accurate; if a mistake is made, correct it immediately.
Do not disclose LA Crazy Cajun's trade secrets, private or confidential information.
Do not post non-public information, such as internal reports, policies, procedures or other internal business-related confidential information.
Do not misrepresent yourself as a spokesperson of LA Crazy Cajun.

Restaurant Usage
Employees with access to post as LA Crazy Cajun must first have all intended posts approved by management.

Social Media Use During Work Hours
Social Media web sites have the ability to install malicious programs, such as spyware and adware on users' computers. Social Media can also lead to a sharp decrease in employee productivity. For these reasons, LA Crazy Cajun employees are banned from accessing social media web sites while on the Bank's network unless specific permission is given by management.

Statement of Understanding for Social Media
Employees are allowed to maintain "profiles" on social media web sites; however, any content deemed inappropriate as defined in this policy can result in disciplinary action up to and including termination.

Social media web sites lack privacy, regardless of advertised security features. Any post an employee posts is permanently released and cannot be retrieved. Employees must remember to be smart about what they publish. Due to Internet archiving, once something is published, the damage is done and it can be virtually impossible to retract.

Employees should report any security violations immediately to management.

LA Crazy Cajun
Social Media Policy

I understand and will abide by LA Crazy Cajun's Social Media Policy, while employed by LA Crazy Cajun, and thereafter.

_____ _____

Signature Date

_____

Printed Name

CORPORATE CREDIT/DEBIT PURCHASING CARD POLICY

LA CRAZY CAJUN

Each entity, restaurant has a debit/credit card that has been assigned to that specific business.

This corporate card CANNOT be used to obtain cash advances, bank checks, traveler's checks, or electronic cash transfers for expenses other than those incurred by the assigned employee that is ultimately responsible for the card, as well as any employees whom are given use of card for business purchases. Misuses of the card will result in cancellation of the card and withdrawal of corporate credit/debit card privileges, as well as termination. If the card is used for any personal expenses, the employer reserves the right to recover these monies from the employee. Card users will be required to sign a declaration authorizing the company to recover, from their pay checks, any amount incorrectly claimed. Additionally, the employer reserves the right to terminate employee for use of corporate card that do not comply with the uses incorporated herein.

Corporate credit/debit card expenditures must be reconciled on a weekly basis, from Monday – Sunday of prior week and due no Later than Monday of the following week and is the responsibility of General Managers. All receipts MUST accompany the weekly expense report. These expenses along with copy of receipts can be scanned and emailed to prevostcrawfish@gmail.com and copy csolutions123@aol.com. Cardholders who have not reconciled and submitted weekly expenditures within this period will be asked to reconcile and submit their weekly expenditures immediately. Continued or repeated non-conformance to this policy will result in cancelation of this card and the employee responsible for this card will be reprimanded for not following procedures and policies.

LOST OR STOLEN CARDS MUST BE REPORTED IMMEDIATELY TO CORPORATE OFFICE.

EMPLOYEE NAME:_____

POSITIONS:_____

DECLARATION

CREDIT/DEBIT CARD

LA CRAZY CAJUN

Employee Name:_____

I understand and agree to the following:

- I bear ultimate responsibility for the card when in my possession
- I will NOT use the corporate card to withdraw cash, bank checks, traveler's checks, or electronic cash transfers or allow all other employee to do so as well
- I will NOT use the corporate card for personal expenses and will use it only for official business on behalf of company
- If I misuse the card (i.e. use it other than in accordance with the instructions given to me in the agreement or related policies) or otherwise fail to reconcile expenditures within the prescribed procedures and timeframe, I authorize the company to recover the funds through payroll deductions for any amounts incorrectly claimed or for reconciliations that are 2 days in arrears of the due date, (the Monday which follows as stated, week will consist of prior Monday – Sunday)
- If the card is lost or stolen I will report it immediately to corporate headquarters.
- If I resign from company, I will return card to management in corporate office with a final reconciliation of all expenditures prior to departure
- COMPANY DEBIT/CREDIT CARDS ARE USED FOR BUSINESS USE ONLY
- ANY charges OVER $150.00, need to have prior approval from Upper Management

Employee Name:_____

Employee Signature:_____

Date:_____