

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 _____	

REV-419

**EMPLOYEE'S NONWITHHOLDING
APPLICATION CERTIFICATE**

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Please print or type. A fill-in form may be obtained from www.revenue.pa.gov.

SECTION I **EMPLOYEE INFORMATION**

Employee Name: first, middle initial, last				Social Security Number	Telephone Number
Street Address	City	State	Zip Code	Tax Year (not necessary if checking Box b below)	

SECTION II **EXEMPTION INFORMATION**

I claim exception from withholding because:

- ☐ a. I qualified for Tax Forgiveness of my PA personal income tax liability last year, and had a right to a full refund of all income tax withheld and/or I expect to qualify for Tax Forgiveness of my PA personal income tax liability this year and expect to have a right to a full refund of all income tax withheld.
- ☐ b. I declare I am a resident of the reciprocal state checked below:
☐ INDIANA ☐ MARYLAND ☐ NEW JERSEY ☐ OHIO ☐ VIRGINIA ☐ WEST VIRGINIA
and that pursuant to the reciprocal tax agreement between that state and PA, I claim an exemption from withholding of PA personal income tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.
- ☐ c. I certify I am a legal resident of the state of _____ and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended, and as set forth in revised Personal Income Tax Bulletin 2010-01.

SECTION III **CERTIFICATION**

Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.

Employee Signature		Date
Employer Name		Federal Employer Identification Number
Business Address		Telephone Number
City		State Zip Code
Employer's Signature	Employee's Quarterly Compensation (not required for applicants checking Box b or c above) \$	

Instructions for REV-419

Employee's Nonwithholding Application Certificate

WHAT'S NEW

The form has been redesigned to meet the branding, formatting and instructions standards used for all department forms. The instructions and form have also been updated as a result of recent amendments to the federal Servicemembers Civil Relief Act.

GENERAL INFORMATION

PURPOSE OF FORM

Complete Form REV-419 so that your employer can withhold the correct Pennsylvania personal income tax from your pay. Complete a new Form REV-419 every year or when your personal or financial situation changes. Photocopies of this form are acceptable.



NOTE: Unless the state of residence changes, residents of the reciprocal states listed in the next paragraph do not need to refile this application every year.

GENERAL INSTRUCTIONS

WHO IS ELIGIBLE FOR NONWITHHOLDING?

You may be entitled to nonwithholding of PA personal income tax if you incurred no liability for income tax the preceding tax year and/or you anticipate that you will incur no liability for income tax during the current tax year, according to the Special Tax Provisions of section 304 of the Tax Reform Code, as a resident of the reciprocal state of Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia and your employer agrees to withhold the income tax from that state or as the spouse of an active duty service member under the Servicemembers Civil Relief Act (SCRA), as amended.

WHEN TO CLAIM?

File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year you are eligible (see Note above for an exception). If you are employed by more than one employer you must file a separate REV-419 with each employer.

RESPONSIBILITIES OF EMPLOYEES

You must revoke this certification within 10 days from the day you anticipate you will incur PA personal income tax liability for the current tax year. To discontinue or revoke this certification, submit notification in writing to your employer. Claimants who qualify for complete Tax Forgiveness under section 304 of the Tax Reform Code must file a PA-40,

Pennsylvania Personal Income Tax Return, and Schedule SP to claim Tax Forgiveness even if they are eligible for non-withholding.

Under the SCRA, as amended, you may be exempt from PA personal income tax on your wages if (i) your spouse is a member of the armed forces present in PA in compliance with military orders; (ii) you are present in PA solely to be with your spouse; and (iii) you and your spouse both maintain domicile (state residency) in another state. If you claim exemption under the SCRA, enter your state of domicile (legal residence) on Line d below and attach a copy of your spousal military identification card and your spouse's current military orders to form REV-419. See **Personal Income Tax Bulletin 2010-01** for additional information.

RESPONSIBILITIES OF EMPLOYER

If you agree not to withhold PA tax because your employee is a resident of a reciprocal state, you must withhold the other state's tax.

Retain Form REV-419 with your records. You are required to submit a copy of this certificate and accompanying attachments to the **PA DEPARTMENT OF REVENUE, BUREAU OF INDIVIDUAL TAXES, PO BOX 280507, HARRISBURG, PA 17128-0507**, when:

1. You have reason to believe this certificate is incorrect;
2. The PA taxable gross compensation of any employee who claimed exemption from nonwithholding on the form under Section II, Line a, exceeds \$1,625 for any quarter;
3. The employee claims an exemption from withholding on the basis of residence in a reciprocal state (Indiana, Maryland, New Jersey, Ohio, Virginia or West Virginia) and therefore, you agree to withhold income tax of the employee's state of residence; or
4. The employee claims an exemption from withholding under the SCRA, as amended.

DEPARTMENT'S RESPONSIBILITY

Upon receipt of any exemption application, the department will make a determination and notify the employer if a change is required. If the department disapproves the application, the employer must immediately commence withholding at the regular rate. Once a certificate is revoked by the department, the employer must send any new application received from the employee to the department for approval before implementing the nonwithholding.

Employee's Withholding Certificate

OMB No. 1545-0074

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.****2026****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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by \$2,200 **3(a)** \$

(b) Multiply the number of other dependents by \$500 **3(b)** \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here **3** \$

**Step 4:
Other
Adjustments**

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

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . **4(b)** \$

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

**Exempt from
withholding**

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . ☐

**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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) **4** \$ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. 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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



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)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
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		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND 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	
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 (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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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 (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	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) (<i>mm/dd/yyyy</i>)	
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 (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	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) (<i>mm/dd/yyyy</i>)	
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 (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	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) (<i>mm/dd/yyyy</i>)	
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 (<i>mm/dd/yyyy</i>)	
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 deposited in this account	Indicate Deposit Amount for this Account: (select one)
	☐ 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

Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Business Information or Confidential Information from J Solutions' computer system to unauthorized locations (for instance, home).

Upon termination of my employment/assignment/affiliation with J Solutions, I will immediately return all property (e.g. Keys, documents, ID badges, etc.) to J Solutions.

I agree that my obligations under this agreement regarding Business Information will continue after the termination of my employment/assignment/affiliation with J Solutions.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with J Solutions and/or suspension, restriction or loss of privileges, in accordance with J Solutions' policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Business Information that I access or view at J Solutions does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

Signature of employee/physician/
Student/volunteer

Date

Print Your Name

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

48- HOUR RULE

Any occupational injury not reported within 48 hours will be considered non-occupational injury and therefore may result in loss of occupational injury benefits.

Employee 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 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 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 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 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

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 Name (printed)

Employee Signature

Date

**CONFIDENTIALITY, NON-COMPETITION
AND NON-SOLICITATION AGREEMENT**

This Confidentiality, Non-Competition and Non-Solicitation Agreement (“Agreement”), dated this ____ day of _____, 20__, is made by and between William Wesley Carnes Sr Inc. (the “Company”), a business corporation organized under the laws of the Texas with a mailing address of 162 Beaver Hollow Road, Lakewood, Pennsylvania 18439, and _____ an individual residing at _____ (the “Employee”).

WHEREAS, the Company requires that Employee execute and deliver this Agreement as a condition to Employee’s employment as an employee at will of the Company; and

WHEREAS, Employee recognizes and acknowledges that, in the ordinary course of Employee’s duties and responsibilities, the Company will allow Employee to have access to confidential or proprietary information concerning the Company and its subsidiaries, affiliates and/or divisions, which are of a special and unique value which may include, without limitation: (i) books and records relating to operation, finance, accounting, sales, personnel and management; (ii) policies and matters relating particularly to operations, such as customer and prospect lists, customer and prospect reports, customer service requirements, costs of providing service and equipment, operating costs and pricing matters; (iii) trade or business secrets, including, but not limited to, business opportunities, potential acquisition targets, marketing or business plans, business development and bidding techniques, methods and processes, business partners, business arrangements and agreements, financial data, buying practices, research and development data, operational data, methods, techniques, technical data, know-how, innovations, computer programs, patented and unpatented inventions; and (iv) information about the business affairs of third parties (including, but not limited to, customers, prospects and acquisition targets) that such third parties provide to the Company in confidence (collectively, the “Protected Information”);

WHEREAS, Employee acknowledges that items of Protected Information are the Company’s valuable assets and have economic value, actual or potential, because they are not generally known by the public or others who could use them to their own economic benefit and/or to the competitive disadvantage of the Company, and thus, should be treated as the Company’s trade secrets; and

WHEREAS, in order to perform Employee’s job responsibilities and retain employment with the Company, Employee needs access to certain information that is Protected Information and certain specialized training that will be provided or paid for by the Company; and

WHEREAS, due to the sensitivity of the Protected Information and specialized training to the Company’s business, the Company requires the Employee to agree: (i) to refrain from using or disclosing any Protected Information; and (ii) to refrain from competing with the business of the Company, as set forth herein.

NOW THEREFORE, in consideration of Employee’s employment by the Company, the mutual promises contained herein, and for other good and valuable consideration, the receipt and

sufficiency of which are acknowledged by Employee and the Company, Employee and the Company hereby agree as follows:

1. Confidentiality and Non-Disclosure. Employee covenants and agrees that Employee: (i) will use the Protected Information solely as necessary to perform Employee's employment duties for the Company; (ii) will share the Protected Information solely with such other employees of the Company as authorized, in writing, by the President of the Company; and (iii) will not at any time, either while employed by the Company or at any time afterwards, unless authorized in advance, in writing, by the Company:

- a. make any other use of, or disclose to any other person or organization, any of the Protected Information; or
- b. make copies (whether by photocopying, scanning or otherwise) of any of the Protected Information.

2. Legally Required Disclosure. Employee agrees to use Protected Information only in the performance of his or her duties, to hold such information in confidence and trust, and not to engage in any unauthorized use or disclosure of such information during employment and for so long thereafter as such information qualifies as Protected Information. Notwithstanding the foregoing, nothing in this Agreement shall be construed to prohibit a disclosure of information that is required by law or protected by law. If disclosure is compelled by law, Employee will give Company as much written notice as possible under the circumstances, will refrain from use or disclosure for as long as the law allows, and will cooperate with Company to protect such information, including taking every reasonable step to protect against unnecessary disclosure. Employee agrees, if he or she becomes aware of an unauthorized use or disclosure of Protected Information, he or she will immediately notify the Company, whether or not Employee is a Company employee when he or she becomes aware of the disclosure. Nothing in this Agreement prohibits Employee from reporting an event that Employee reasonably and in good faith believes is a violation of law to the relevant law enforcement agency, requires advance notice or approval from the Company for such a report, or prohibits cooperating in an investigation conducted by such a government agency. In this context, a disclosure of trade secret or confidential information within the limitations permitted by the 2016 Defend Trade Secrets Act (DTSA) is allowed. The DTSA provides that (1) no individual will be held criminally or civilly liable under Federal or State trade secret law for the disclosure of a trade secret (as defined in the Economic Espionage Act) that: (a) is made in confidence to a Federal, State, or local government official, either directly or indirectly, or to an attorney; and made solely for the purpose of reporting or investigating a suspected violation of law; or, (b) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal so that it is not made public; and, (2) an individual who pursues a lawsuit for retaliation by an employer for reporting a suspected violation of the law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual files any document containing the trade secret under seal, and does not disclose the trade secret, except as permitted by court order.

3. Employee Recordkeeping. Employee agrees to preserve records on current and prospective Company customers, suppliers, and other business relationships that he or she develops or helps to develop, and not use these records to compete with the Company for business

opportunities. When Employee terminates employment with Company, or earlier if so requested, he or she will return to Company all documents, records, and materials of any kind in his or her possession or under his or her control, incorporating Protected Information or otherwise, relating to Company's business, and will not retain any copies thereof (electronic or otherwise). Upon request, Employee will provide to the Company for inspection any personal electronic storage devices that are used to conduct any business for the Company or that Company otherwise has grounds to believe may contain Protected Information and will cooperate in facilitating an effective inspection, where applicable law makes inspection possible, to permit Company to confirm that Employee has completely removed all Protected Information from the devices. If Employee stores any Company information with any service provider (e.g., Gmail, DropBox, iCloud), Employee consents to the service provider's disclosure of such information to the Company. Employee will, upon the Company's request where allowed by law, execute any additional authorizations required by the service provider to disclose the Company's information to the Company. Employee is not authorized to access and use the Company's computers, email, or related computer systems to compete or to prepare to compete, and unauthorized access to or use of the Company's computers in violation of this understanding may subject Employee to civil and/or criminal liability.

4. Inventions and Discoveries. Employee agrees to promptly inform the Company and disclose to the Company all inventions, copyright eligible works, ideas, improvements, software, discoveries, and other intellectual property he or she develops, discovers, or creates: (a) that relate to the Company's business, or to any actual or demonstrably anticipated Company or affiliate research, future work, or projects, whether or not conceived or developed alone or with others, and whether or not conceived or developed during regular working hours; or (b) that result from any work Employee performed for the Company, performed on Company time, or performed using Company property or resources; all such works and materials being hereafter referred to as "Company Inventions and Intellectual Property." All Company Inventions and Intellectual Property, and rights thereto, moral and otherwise, will be the Company's exclusive property unless otherwise agreed by both parties in writing. While employed, and as necessary thereafter, Employee will assist the Company to obtain patents or copyrights on all such Company Inventions and Intellectual Properties that the Company seeks to protect, and will execute all documents and do everything necessary to obtain for the Company copyrights, patents, licenses, and other rights and interests that would be necessary to secure for the Company the complete benefit of Company Inventions and Intellectual Property. Employee hereby assigns to the Company or its designee all right, title, and interest to all Company Inventions or Intellectual Property that Employee has acquired, or acquires in the future, during employment or association with the Company or its affiliates.

5. Protective Covenants. Employee agrees that the restrictions on trade secrets and Protected Information provided for in this Agreement are not sufficient by themselves to protect the Company's legitimate business interests. The additional restrictions provided for in this Section 5 are reasonable and necessary and collectively operate to protect legitimate business interests of the Company in important ways that no one restriction standing alone sufficiently does.

5.1. Definitions Related to Protective Covenants.

(a) "Covered Customer" is an established Company customer (person or entity) as to which Employee had business-related contact or dealings or received Protected Information

about in the two (2) year period preceding the end of Employee's employment with the Company for any reason. References to the end of Employee's employment in this Agreement refer to the end, whether by resignation or termination, and without regard for the reason employment ended. A customer will be presumed to be established where actual sales and/or services have occurred or been performed in the preceding year, where there is an active proposal for sales or services pending, or where sales or services were being negotiated as of the date Employee's employment with Company ends.

(b) "Conflicting Product or Service" is a product and/or service provided by a person or entity other than the Company that would replace or compete with a Company product and/or service (existing or under development). Conflicting Products or Services do not include a product or service of the Company if the Company is no longer in the business of providing such product or service to its customers at the relevant time of enforcement.

(c) "Competing Activities" are any activities or services undertaken on behalf of a competitor (which is understood to mean any person or entity engaged in the business of providing a Conflicting Product or Service in the United States) that: (i) would displace the products or services that the Company is currently in the business of providing and was in the business of providing, or was planning to be in the business of providing, at the time Employee was employed with the Company; or (ii) otherwise likely to result in the use or disclosure of Protected Information.

(d) "Restricted Area" means the states of Pennsylvania, Ohio, and West Virginia, which Employee expressly agrees and acknowledges are the states wherein the Company is actively conducting business or in which the Company actively proposes to conduct business; provided that if such geographic area is found by a court of competent jurisdiction to be unenforceable, such area shall be the area within a 50-mile radius from each county in which the Company is then actively conducting business, in which the Company then actively proposes to conduct business, or in which the Company has conducted business in the two (2) year period preceding the end of Employee's employment with the Company.

(e) "Covered Business Partner" is a business partner, broker, independent contractor, vendor or supplier that Employee had business-related contact or dealings with or received Protected Information about in the two (2) year period preceding the end of Employee's employment with the Company.

(f) "Solicit" and related terms such as "soliciting" or engaging in "solicitation" mean to knowingly engage in acts or communications, in person or through others, that are intended to cause, or can reasonably be expected to induce or encourage, a particular responsive action (such as buying a good or service), regardless of which party initiates the communication or whether the communication is response to an inquiry.

5.2. Restriction on Interfering with Employee Relationships. To protect the Company's trade secrets and other interests, Employee agrees that while employed by the Company and for a period of one (1) year thereafter, Employee will not, directly or indirectly: (a) solicit or knowingly induce any employee that he or she gained knowledge of through his or her

employment to leave the employment of the Company; or (b) help any person or entity hire such an employee away from the Company; unless such conduct is undertaken with Company's knowledge and for its benefit as part of Employee's authorized job duties. The parties agree this restriction is inherently reasonable in geography because it is limited to the places or locations where the employees that Employee has knowledge of are located; however, if an additional geographic limitation is needed in order for the foregoing restriction to be enforceable then it shall be considered limited to the Restricted Area. In the event Company loses an employee due, in whole or in part, to conduct by Employee that violates this Agreement prior to the issuance of injunctive relief, Employee shall pay Company a sum equal to thirty percent (30%) of the annual wages of the person(s) who were improperly solicited and left the Company, based on such person's last rate of pay with the Company. This payment shall not preclude or act as a substitute for any remedy that would otherwise be available, including but not limited to, injunctive relief to prevent further violations.

5.3. Restriction on Interfering with Customer Relationships. To protect the Company's trade secrets and other interests, Employee agrees that while employed by the Company and for a period of one (1) year thereafter, Employee will not, directly or indirectly, solicit or knowingly induce a Covered Customer to: (a) stop or reduce doing business with Company; or (b) buy a Conflicting Product or Service; unless such conduct is undertaken with Company's knowledge and for its benefit as part of Employee's authorized job duties. The parties agree this restriction is inherently reasonable in geography because it is limited to the places or locations where the Covered Customer is doing business at the time; however, if an additional geographic limitation is needed in order for the foregoing restriction to be enforceable then it shall be considered limited to the Restricted Area.

5.4. Restriction on Interfering with Business Partners. To protect the Company's trade secrets and other interests, Employee agrees that while employed by the Company and for a period of one (1) year thereafter, Employee will not: (a) solicit or knowingly induce a Covered Business Partner to end or alter its business relationship with the Company to the Company's detriment; or (b) solicit business opportunities with a Covered Business Partner that relate to a Conflicting Product or Service; unless such conduct is undertaken with Company's knowledge and for its benefit as part of Employee's authorized job duties. The parties agree this restriction is inherently reasonable in geography because it is limited to the places or locations where the Covered Business Partner is doing business at the time; however, if an additional geographic limitation is needed in order for the foregoing restriction to be enforceable then it shall be considered limited to the Restricted Area.

5.5. Restriction on Unfair Competition. To protect the Company's trade secrets and other interests, while employed by Company and for a period of one (1) year thereafter, Employee will not participate in, supervise, or manage (as an employee, consultant, contractor, officer, owner, director, or otherwise) Competing Activities in the Restricted Area. A failure to comply with the foregoing restrictions will create a presumption that Employee is engaging in unfair competition. Employee agrees that this Section defining unfair competition with the Company does not prevent Employee from using and offering the skills that Employee possessed prior to receiving access to Protected Information, confidential training, and knowledge from the Company. This Agreement creates an advance approval process, and nothing herein is intended,

or will be construed as, a general restriction against the pursuit of lawful employment in violation of any controlling state or federal laws. Employee shall be permitted to engage in activities that would otherwise be prohibited by this covenant if such activities are determined in the sole discretion of the Company in writing to be of no material threat to the legitimate business interests of the Company.

5.6. Non-Disparagement. During Employee's employment, and for a period of one (1) year thereafter, Employee covenants and agrees that Employee shall not engage in any pattern of conduct that involves the making or publishing of written or oral statements or remarks (including, without limitation, the repetition or distribution of derogatory rumors, allegations, negative reports or comments) which are disparaging, deleterious or damaging to the integrity, reputation or good will of the Company, its management, or of management of corporations or other entities affiliated with the Company.

6. Survival and Severability. Before accepting new employment, Employee will advise every future employer of the restrictions in this Agreement. Employee agrees that the Company may advise a future employer or prospective employer of this Agreement and its position on the potential application of this Agreement. The Agreement's post-employment obligations will survive the termination of the Employee's employment with the Company, regardless of the cause of the termination. If Employee violates one of the post-employment restrictions in this Agreement on which there is a specific time limitation, the time period for that restriction will be extended by one day for each day Employee violates it, up to a maximum extension equal to the length of time prescribed for such restriction, so as to give the Company the full benefit of the bargained-for length of forbearance. If a court finds any of the Agreement's restrictions unenforceable as written, it is the intention of the parties that the court revise or reduce the restriction (for the jurisdiction covered by that court only) so as to make it enforceable to protect Company's interests to the maximum extent legally allowed within that jurisdiction.

7. Notice by Employee. While employed by Company, and for one (1) year thereafter, Employee will provide Company: (i) written notice at least thirty (30) days prior to beginning work for a competitor; (ii) sufficient information about his or her new position to enable Company to determine if Employee's services in the new position would likely lead to a violation of this Agreement; and (iii) within thirty (30) days of Company's request, if there is such a request, participate in a mediation or in-person conference to discuss and/or resolve any issues raised by Employee's new position. Employee will be responsible for all consequential damages caused by failure to give Company notice as provided in this paragraph.

8. Remedies. If either party breaches or threatens to breach this Agreement, the offended party may recover: (i) an order of specific performance or declaratory relief; (ii) injunctive relief; (iii) damages; (iv) attorney's fees and costs incurred in obtaining relief; and (v) any other legal or equitable relief or remedy allowed by law. If Company seeks injunctive relief or damages it shall be deemed the prevailing party if any injunctive relief or damages are awarded to it irrespective of the denial of any other relief requested. The Employee agrees that irreparable harm would be suffered by the Company as a result of a breach of this Agreement and that an award of monetary damages alone for such a breach would be an inadequate remedy. Five Hundred Dollars (\$500.00) is the agreed amount for any bond required to be posted if injunctive relief is sought by Company to enforce the restrictions in this Agreement on Employee.

9. **Employee At Will Status.** Neither this Agreement, nor Employee's execution thereof, shall constitute an employment agreement or be deemed to create or confer on Employee any right to be retained in the employ of the Company. Following execution hereof, Employee will remain an "at will" employee required to abide by all Company policies.

10. **Assignment.** Except as otherwise provided in this Agreement, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and assigns. This Agreement shall not be assignable by either party.

11. **Entire Agreement.** This Agreement represents the entire agreement between the parties hereto with respect to the subject matter hereof. This Agreement shall supersede any and all existing oral or written agreements, representations, or warranties between the Company and Employee relating to the subject matter hereof. A party's purported reliance upon prior agreements, contracts or understandings, whether for interpretation or otherwise, shall be presumed unreasonable.

12. **Amendment.** This Agreement may not be amended except by a written agreement signed by both parties. No oral modifications will be enforceable and a party's purported reliance upon an oral modification, or a writing not signed by an authorized representative of each party, will be presumed unreasonable.

13. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania applicable to agreements made and to be performed in that Commonwealth, without giving effect to any choice of law or conflict of law rules or provisions (whether of the Commonwealth of Pennsylvania or any other jurisdiction) that would cause the application of the laws of any jurisdiction other than the Commonwealth of Pennsylvania. Any legal dispute arising from or relating to this Agreement shall be heard in the state courts situated in Wayne County, Pennsylvania or the United States District Court for the Middle District of Pennsylvania, and the parties agree to jurisdiction and venue therein. Employee stipulates and consents to Pennsylvania courts' personal jurisdiction over him or her, and waives his or her right to objection to a Pennsylvania court's jurisdiction.

14. **Jury Trial Waiver.** The parties hereby waive their right to a jury trial on any legal dispute arising from or relating to this Agreement, and consent to the submission of all issues of fact and law arising from this Agreement to the judgment of a court of competent jurisdiction as otherwise provided for above.

15. **Notices.** Any notice, consent, request or other communication made or given in connection with this Agreement shall be in writing and shall be deemed to have been duly given when delivered by certified mail, return receipt requested, to the parties at their addresses set forth in the preamble hereof or at such other address as each may specify by notice duly given to the other.

16. **Miscellaneous.**

- a. **Waiver.** Failure of any party to complain of any act or omission on the part of another party shall not be deemed to be a waiver by the non-breaching party of any of its rights hereunder. No waiver shall be effective unless it

is in writing, signed by an authorized representative of the waiving party, clearly states that the party is waiving a default or performance obligation and specifically identifies such default or performance obligation. A waiver of a right or remedy by a party in one instance shall not be deemed a waiver of such right or remedy in any other instance.

- b. Headings. Section headings are used herein for convenience of reference only and shall not affect the meaning of any provision of this Agreement.
- c. Rules of Construction. Whenever the context so requires, the use of the singular shall be deemed to include the plural and vice versa.
- d. Counterparts. This Agreement may be executed in one or more counterparts, each of which so executed shall be deemed to be an original, and such counterparts will together constitute but one Agreement.

17. **Acknowledgments.** The Employee acknowledges that Employee has:

- a. consulted with or has had the opportunity to consult with independent counsel of Employee's own choice concerning this Agreement and has been advised to do so by the Company, and
- b. read and understands the Agreement, is fully aware of its legal effect, and has entered into it freely based on Employee's own judgment.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the day and year first written above.

WILLIAM WESLEY CARNES SR INC.

By: 
Its: CEO/Owner

EMPLOYEE: _____

DISCLOSURE AND AUTHORIZATION



shield screening

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

William Wesley Carnes Sr Inc., D/B/A WC Welding Services ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, salary information, credit history, professional licenses and credentials and drug & alcohol use. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **SHIELD SCREENING, 6810 S 121st Street, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine Applicants or Employees Only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **SHIELD SCREENING, 6810 S. 121st, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or Employees Only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

☐ Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

☐ California applicants or employees only: By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

- I am authorizing SHIELD SCREENING, Inc to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling SHIELD SCREENING at P: 800.260.3738, F: 800.737.5184.

FULL NAME		DOB	
ADDRESS			
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / ISSUING STATE	
SIGNATURE		DATE	

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

William Wesley Carnes Sr Inc., D/B/A WC Welding Services (the "Company") intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **SHIELD SCREENING, 11719 South Memorial, Bixby, OK 74008**. The source of any credit report will be **SHIELD SCREENING, 11719 South Memorial, Bixby, OK 74008**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your student practicum and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.