



Applicant Authorization and Release
(Keep in separate secure file – not with personnel records)

In connection with my application for employment (including contracts for service) and as a condition of continuing employment, I understand that consumer reports or investigative consumer reports will be requested on me from various sources. These reports may include credit reports, criminal convictions, employment history, education, professional references, civil court filings, driving records, and/or insurance records. Reports will include information such as: my work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies that maintain records concerning my past activities.

I hereby authorize _____ (hereinafter "Employer") or any of its approved employees or agents to obtain the information referred to above in connection with the processing of my application. I authorize, without reservation, any individual, corporation or other private or public entity to furnish to Employer or any of its employees or agents the information referred to above. I release Employer, its employees and agents, and all individuals, corporations, or other private or public entities providing information from any liability for damages that may result to me as a result of furnishing or attempting to furnish such information. I have received and reviewed a copy of "A Summary of Your Rights under the Fair Credit Reporting Act." This authorization and release shall remain in effect for the term of my employment and shall be valid in original, fax or copy form.

I understand that Employer will give me a copy of all reports furnished to Employer, whether or not those reports have influenced Employer in deciding about my application for employment or my continued employment.

Applicant's Signature _____ Date: _____

Law enforcement agencies and other entities require the following information for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Full legal name: _____ Sex Male Female

Other names you have used _____ Date(s) used _____;

_____ Date(s) used _____ Date of birth ____/____/____

Social Security # _____ Current Drivers License # _____

Issuing state _____ List other Drivers License numbers and issuing states (last 7 years only):

_____ Issuing State _____; # _____ Issuing State _____



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Home Addresses (for the last 7 years – list most current first)

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a “wet” signature, I am electronically signing this document.



Application for Employment

PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Phone # _____ Referred by _____

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS IS REQUIRED UPON EMPLOYMENT

EMPLOYMENT DESIRED

Position _____ Date Available _____ Wage Requested _____

Have you applied here before? Yes No Where? _____ When? _____

Are you employed now? Yes No If so, may we contact your employer? Yes No

Employer name _____ Employer # _____

FORMER EMPLOYERS (List last four employers, starting with the most current one)

1) From _____ to _____ Employer name _____
Employer address _____ Wage _____ Position _____
Reason for leaving _____

2) From _____ to _____ Employer name _____
Employer address _____ Wage _____ Position _____
Reason for leaving _____



Application for Employment

3) From _____ to _____ Employer name _____
Employer address _____ Wage _____ Position _____
Reason for leaving _____

4) From _____ to _____ Employer name _____
Employer address _____ Wage _____ Position _____
Reason for leaving _____

Have you had any criminal convictions? [] Yes [] No

If yes, explain (A statement of conviction will not necessarily disqualify an applicant for employment)

EDUCATION

Grammar School _____ Graduated? [] Yes [] No
Name Location of School

High School _____ Graduated? [] Yes [] No
Name Location of School

College _____ Graduated? [] Yes [] No
Name Location of School

Trade School _____ Graduated? [] Yes [] No
Name Location of School

Subjects of special study or research work _____

Additional skills _____



Application for Employment

REFERENCES

- 1) Name _____ Business Name/Type of Business _____
Phone number _____ Years Acquainted _____
- 2) Name _____ Business Name/Type of Business _____
Phone number _____ Years Acquainted _____
- 3) Name _____ Business Name/Type of Business _____
Phone number _____ Years Acquainted _____
-
-

EZ ELECTRIC IS AN EQUAL OPPORTUNITY EMPLOYER

I UNDERSTAND AND AGREE THAT THIS EMPLOYMENT APPLICATION, BY ITSELF OR ALONG WITH OTHER COMPANY DOCUMENTS OR POLICY STATEMENTS, DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. EZ ELECTRIC RESERVES THE RIGHT TO REQUIRE A PRE-EMPLOYMENT PHYSICAL EXAMINATION IF NECESSARY.

Signature _____ Date _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.



The "At-Will" Employment Relationship La Relacion Del Empleo Voluntario

Based on the Labor Codes of several states, the relationship between employers and employees are considered to be "at will." The following summarizes the nature of the employment relationship you have with **EZ Electric**. Please read it and sign below indicating that you understand the statement and will comply with it.

AT-WILL POLICY:

Employment with **EZ Electric** is "at-will" based on the California Labor Code. Employment at-will may be terminated with or without cause at any time by you or **EZ Electric**. Nothing in any document or statement shall limit either your right or the Company's right to terminate the employment relationship. No manager, supervisor or employee or **EZ Electric** has any authority to enter into an agreement for an employment relationship other than at-will employment. Only the President has the authority to make any such agreement and then only in writing.

=====

Basado en los Codigos Obreros de varios estados, se considera que la relacion entre los patrones y empleados es "a voluntad." Lo siguiente resume la naturaleza de la relacion del empleo que usted tiene con **EZ Electric**. Por favor lealo y firme debajo de indicar que usted entiende la declaracion lo obedecera.

A-LEGUE LA POLITICA:

El empleo con **EZ Electric** es que el empleo "a-quiere" basado en el California Labor Codigo. El empleo puede terminarse con o sin la causa a cuando quiera por usted o **EZ Electric**. Nada en cualquier documento o la declaracion o limitara su derecho o el derecho de la Compania para terminar la relacion del empleo. Ningun gerente, supervisor o empleado de **EZ Electric** tienen cualquier autoridad para entrar en un acuerdo para una relacion del empleo de otra manera que a-legue el empleo. Solo el Presidente tiene la autoridad para hacer algun tal acuerdo y entonces solo por escrito.

Employee Name/Nombre del empleado _____ Date/Fecha: _____

Print Name/Imprima su nombre: _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a "wct" signature, I am electronically signing this document.



Direct Deposit Authorization

I hereby authorize my employer to directly deposit my pay in the bank account(s) listed below in the percentages specified. If more than one account is specified, deposits are to be made in whole percentages of pay to total 100%. I have attached a voided check for each account specified below. This authorization is to remain in force until the company has received written or verbal authorization from me of its termination of change.

Also, I grant the company the right to correct any Electronic Funds Transfer (EFT) resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Employee Name: _____

Employee Address: _____

Employee Telephone Number: _____

Employee Signature: _____

=====
Bank Account #1 Checking Savings Percentage to be deposited: _____

Financial Institution: _____

Address: _____

Telephone Number: _____

Account #: _____ Routing #: _____

=====
Bank Account #2 Checking Savings Percentage to be deposited: _____

Financial Institution: _____

Address: _____

Telephone Number: _____

Account #: _____ Routing #: _____



Emergency Contact Information

Please fill in the information below for someone we can contact in case of an emergency:

Employee Name: _____

In Case of Emergency Contact Name: _____

In Case of Emergency Contact Phone Number: _____

In Case of Emergency Contact Address: _____



Employee Conduct

In order to avoid possible misunderstandings with regard to on-the-job conduct of our employees, the following is provided for your personal file and prior to accepting a job offer by the Firm.

The image we present to our customers is important to us; along with the quality of our work and our service policy it will be determinant in our continued working relationship with that for EZ Electric on the jobsite:

- Shirts must be worn while on the jobsite.
- No alcohol of any nature will be allowed on the jobsite in the possession of EZ Electric employees. This means no consumption after work hours on the jobsite either. You must go somewhere else and socialize.
- No drugs or any other illegal substances will be tolerated in any manner whatsoever at any time at any place. The Company reserves the right to drug test those employees who suffer work related injuries that require medical treatment. An employee under the influence of narcotics, drugs, alcohol, or controlled substances while at work is an employee that is potentially unsafe to themselves and others with whom they work.
- We expect all employees to present a clean, professional image not only physically but in their language as well.
- Any other conduct that is detrimental to the long range image of EZ Electric will be brought to the attention of the individual involved; we expect immediate correction.

We will give you fair warning of any alleged violation and time to amend the infraction. Remember, your employment is "at will." You may terminate that employment at any time. EZ Electric also reserves its rights to arbitrarily terminate your employment.

Print Name: _____ Date: _____

Signature: _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.



Equipment Assignment

Employee Name: _____

Employee Number: _____

I acknowledge and understand that:

1. EZ Electric will assign equipment, tools and/or supplies as required for use in the course of my employment at EZ Electric
2. I will be held responsible for all company property which I have been assigned. I understand that I may be charged for the property if lost or damaged through other than normal use and wear.
3. Before any final paycheck is issued to any employee at the time of termination or discharge, it will be necessary for the employee to return all keys, property, tools, records, and anything which belongs to the company.
4. All items not returned to the company will be deducted from your final paycheck. These items will be valued at their current replacement cost.
5. By signing this form, I acknowledge that I have read and understand the contents and agree to adhere to them as they are stated.

Print Name: _____ Date: _____

Signature: _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

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

When Should Form I-9 Be Used?

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

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

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

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

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

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

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

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What's the Filing Fee?

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

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

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

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

Privacy Act Notice

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

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

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

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

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

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

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

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

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

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

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

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

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

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

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

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

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND
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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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



Sensitivity to People on the Job

EZ Electric is an Equal Opportunity employer and as such, we encourage our employees to be sensitive when they interact with people on the job. In general, if you treat people with respect and patience it will make your job much easier. Everyone shows up to work each day with many things on their mind. You have the job ahead of you, what tasks you have to perform for the day, what materials and tools you may need to get the job accomplished, the amount of time you will need to complete the job, and the people you will need to work with during the day to get the job done. Each person has a whole set of concerns to address as he/she progresses throughout the day.

Remember that you are not alone, you do not work by yourself and often need the help of others on the job site to meet your objectives by the end of the day. Following are a few things you should consider when dealing with people you work with:

- Show people the same respect and tolerance regardless of race, religion or gender
- Do not tell jokes or make comments that may be offensive (sexually, racially, religiously, etc)
- Do not use abusive language or actions when dealing with others
- Do not play practical jokes at the expense of others
- Do not provoke or prod others into action

When you treat the people you work with as you would like to be treated, it makes everyone a lot more comfortable and relaxed. When people are relaxed they are more productive. So please treat your fellow workers with patience and respect so that EZ ELECTRIC can continue to be a SAFE AND COMFORTABLE PLACE TO WORK!

I have read the above and understand EZ Electric's policy on Sensitivity to People on the Job.

Print Name: _____ Date: _____

Signature: _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.

Form W-4 (2014)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply. {

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2014
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 <u> </u>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter:

\$12,400 if married filing jointly or qualifying widow(er)	}	_____	2	\$ _____
\$9,100 if head of household				
\$6,200 if single or married filing separately				
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

- Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.
- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. 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 who claims no withholding allowances; 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 possessions 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.



License #505828 C-10/ACO#6090

Receipt of Employee Manual

I acknowledge that I have been given a copy of the EZ Electric Employee Manual dated 7/10/12. I agree that I will read and follow the information and rules in this manual.

Signed: _____ Date: _____

Print Name: _____



Receipt of Illness & Injury Prevention Program

To All Employees:

Attached is a copy of the Safe Practices and Operations Code. These guidelines are provided per CAL/OSHA and they are for the employee's safety.

It is the responsibility of EZ Electric to notify each employee of these codes. It is the responsibility of the employee to read and observe these codes.

The attached copy of the Safe Practices and Operations Codes are for you to keep. However, please sign and date below and return this page to your supervisor as soon as possible.

I have read and understand the Safe Practices and Operations Code of EZ Electric.

Print Name: _____ Date: _____

Signature: _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.



Receipt of Material Safety Data Sheets

Included with your Hiring Documents are the Material Safety Data Sheets for hazardous materials which may be used by EZ Electric at your jobsite. The following materials are included:

1. Dottie Tuf Towel
2. Carlon PVC - All Weather Quickset Clear Cement
3. Carlon PVC - Standard Clear PVC Solvent Cement
4. Carlon PVC - Medium Gray Lo-Voc PVC Cement
5. Red Devil Silicone
6. Spec Seal Firestop Putty
7. Spec Seal LCI Sealant
8. Noalox Anti-Oxidant
9. 3M DBY/DBR Direct Bury Splice Kit

I have received the Material Safety Data Sheets for the above listed items and understand the applicable safety measures that must be taken when working with these materials.

Print Name: _____ Date: _____

Signature: _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.