



# Employee Information Form

915 Mistletoe Lane, Redding, CA 96002 ▲ Phone (530) 223-4674 ▲ Fax (530) 223-6342

<b>Company Name:</b>			<b>Hire Date:</b>		<b>Start Date:</b>	
<b>Last Name</b>		<b>First Name</b>			<b>Middle Initial</b>	<b>Nick Name</b>
<b>Social Security Number</b>			<b>Date of Birth</b>		<b>Email Address</b>	
<b>Current Physical Address</b>						
<b>Current Mailing Address (If different from Physical)</b>						<b>City</b>
<b>State</b>	<b>Zip Code</b>	<b>Home Telephone (Include Area Code)</b>			<b>Cell Number</b>	
<b>Emergency Contact Information</b>						
<b>Name</b>			<b>Relationship</b>		<b>Phone Number</b>	
<b>Have you ever been convicted of a felony?</b>			<b>If yes; Explain:</b>			
<b>Are you 18 years of age or older?</b>		<b>If no; do you have a valid work permit?</b>			<b>Work Permit Expiration Date:</b>	
<b>Do you have a valid drivers license?</b>		<b>Drivers License Number:</b>			<b>Expiration Date:</b>	<b>State:</b>
<b>Will you be able to perform the essential functions of the job, which you are assigned?</b>						

My signature on this form authorizes Teamwork Human Resources, Inc. to investigate all statements and information given and to check my professional and personal references. I authorize my former employer and all references to release, whether or not it is in their records, Teamwork Human Resources, Inc any information requested by Teamwork Human Resources, Inc. I indemnify and hold harmless any person or entity from all liability for any damage whatsoever for issuing this information.

If, in the event I have any insurance premiums deducted from my pay, I realize it will be on a pre-tax basis. I also understand that the selection I have chosen will remain in effect and cannot be changed or revoked during the plan year, unless I have a change in family status (e.g., marriage, divorce, death of spouse or child, birth or adoption of a child, and termination of employment of spouse). Participation in this plan will automatically cease upon termination of employee's employment.

I understand that I am an employee of Teamwork Human Resources, Inc and the Client Company whom hired me. I understand that Teamwork Human Resources, Inc administers my payroll, workers' compensation, unemployment and related issues. The Client Company controls my work site and exercises supervision over me.

Employee and the client company that in the event that the employee's employment is terminated (either by the client company or the Employee) any dispute that may arise between them relating to such termination of employment (including any claim(s) based on common law, any federal or state statute, any federal or state constitution and/or public policy) will be determined by arbitration and not by a lawsuit or resort to court process. Arbitration must be properly initiated within 90 days of such termination. Such arbitration shall be the exclusive forum for any dispute between Employee and Company related to such termination of employment. The arbitration of issues relating to the termination of Employee's employment will be submitted pursuant to the Company's employment arbitration rules and procedures. It is agreed that the arbitrator's decision will be final and binding on the Employee and the client company. The employment arbitration rules and procedures are available from PowerHouse Solar on request. This arbitration provision does not alter the at-will status of the Employee's employment.

I agree to comply with all safety policies. I understand that it is my continued responsibility to question and ask directions for specific work place task and hazards with my supervisor.

I understand and agree that my employment with the client company does not constitute any form of contract implied or expressed and such employment will be terminable "At Will", by myself, or my employer, once upon notice of one party to the other.

I understand that Teamwork, its family of companies and the client company are drug-free workplaces and reserves the right to test and otherwise medically evaluate all employees who are suspected of being under the influence of alcohol and/or drugs. This may be done on a probable cause; post-injury believed to be the cause of being under the influence of alcohol and/or drugs, or at any time the companies are required to do so mandated by federal and state DOT regulations. A refusal to submit to screening, testing, or evaluations will render the same results as if the confirmation test produced a "positive" result, namely, ineligibility for hire and if currently an employee, termination.

I acknowledge and agree that the client company sets my employment wages, hours, benefits or other conditions.

Teamwork Human Resources, Inc does not discriminate among applicants or employees on the basis or race, color, age, sex, religion, national origin, marital status, the presence of medical conditions or disability, or any other legally protected status.

**Employee Print Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Direct Deposit Authorization

915 Mistletoe Lane, Redding, CA 96002 ▲ Phone (530) 223-4674 ▲ Fax (530) 223-6342

You have the capability to directly deposit your pay check at any ACH accredited financial institution in the United States.

To participate in Direct Deposit, read and sign the authorization statement and provide all the necessary information.

For a checking account, attach a voided check. For a savings account, attach evidence of your account number and routing number for that financial institution. Forward this form and the required attachment to Teamwork HR. Any questions regarding Direct Deposit should be directed to Teamwork HR.

<b>Employee Name:</b>
<b>Company:</b>
<b>Bank Name:</b>

Routing Number	Account Number	Account Type	% of Net Pay	Fixed Amount	Priority
			%	\$	1
			%	\$	2
			%	\$	3
		Total	100 %	\$	



I hereby authorize Teamwork HR to deposit my payroll earnings directly into the account(s) specified as well as withdraw the return of any amounts erroneously deposited to my account.

I understand the following:

- 1) Due to verification requirements, my direct deposit may not begin until 2 paydays after the receipt of this authorization.
- 2) This authorization will continue for the duration of my employment or until Teamwork HR receives a signed request to change or discontinue my participation.
- 3) I am aware that I will have online access to my pay stub online by signing up at [www.teamworkhr.com](http://www.teamworkhr.com)
- 4) Teamwork HR assumes no responsibility for errors or delays by a financial institution in crediting accounts or for my failure to notify Teamwork HR that my account(s) has been CLOSED.
- 5) I am aware that I may request a printed copy of my pay stub at anytime and will have computer access at [www.Teamworkhr.com](http://www.Teamworkhr.com).

**Employee Print Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*PLEASE ATTACH VOIDED CHECK IN THIS AREA\*\*\*

# Form W-4 (2010)

**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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-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 may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

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

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

**Nonresident alien.** If you are a nonresident alien, see 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if: } } **B** \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.** } }

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2010</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

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

- 1** Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$ _____
	\$8,400 if head of household				
	\$5,700 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 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2010 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 \$3,650 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

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

**Form I-9, Employment  
Eligibility Verification**

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

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

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

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

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

Signature of Employer or Authorized Representative	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	<b>For persons under age 18 who are unable to present a document listed above:</b>	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)**

TEAMWORK



**Equal Employment Opportunity Data**

915 Mistletoe Lane, Redding, CA 96002 ▲ Phone (530) 223-4674 ▲ Fax (530) 223-6342

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Employee Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
----------------	--

- Race/Ethnicity:
- American Indian/Alaskan Native
  - Asian/Pacific Islander
  - Black
  - Hispanic
  - White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability



# Meal Break Waiver - 2nd Meal

915 Mistletoe Lane, Redding, CA 96002

Phone (530) 223-4674 ▲ Fax (530) 223-6342

Company:

Employee Name

I understand that if I am scheduled to work a shift of 10 hours or more, I may choose to waive the required unpaid 30-minute meal break under the circumstances listed below. This means I may choose to continue to work through my shift, earning my regular rate of pay, instead of taking the required 30-minute unpaid meal break.

I understand that:

1. I may waive my second required 30-minute unpaid meal break only when my work and/or scheduled shift will be completed in 12 hours or less in one workday.
2. I may not waive my second required 30-minute unpaid meal break if I waived my first meal period.
3. In order for this waiver to be valid, an authorized company official must also authorize the waiver in writing by signing below.
4. I may revoke this agreement to waive, in writing, my meal break at any time by signing this form as indicated below.

I have exercised my right to ask the staff at Teamwork HR any questions that I may have regarding this policy. I understand that if I have any further questions in the future, I can contact Teamwork HR at (530) 223-4674. I also understand that I have the right to revoke this waiver at any time by signing below.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

REVOCAION: I hereby revoke this waiver.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*For Supervisor/Manager Use Only:*

Check One:

- Your meal break waiver request has been approved and submitted to HR.
- Your meal break waiver request has been denied.

\_\_\_\_\_  
Supervisor/Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

TEAMWORK



## Company Property Return Agreement

915 Mistletoe Lane, Redding, CA 96002 ▲ Phone (530) 223-4674 ▲ Fax (530) 223-6342

Company:

Employee Name:

If I quit my employment, I agree to return all of the items provided to me by my employer during the course of my employment by my final day of employment. If my employer terminates my employment, I agree to return all of the items provided to me by my employer at the time my employment is terminated. I further agree to return any or all of the items provided to me by my employer at any other time my employer so requests.

I acknowledge that all items provided to me by my employer during the course of my employment remain the sole property of my employer.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## Employee Acknowledgement Form

The Employee Policies Handbook describes important information about many employment questions I may have. I understand that I should consult the Human Resources Department if I have any questions that are not answered in the Employee Policies Handbook.

I became an employee voluntarily. I understand and acknowledge that there is no specified length to my employment and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that my employment may be terminated at any time, with or without cause or advance notice, as long as Federal or State laws are not violated.

I understand and acknowledge that there may be changes to the information, policies, and benefits in the Employee Policies Handbook. The only exception is that the employment-at-will policy will not be changed or cancelled. I understand that new policies may be added to the Employee Policies Handbook as well as existing policies that may be changed, revised or cancelled. I understand that I will be told about any Employee Policies Handbook changes and I understand that Employee Policies Handbook changes can only be authorized by my Supervisor.

I understand and acknowledge that this Employee Policies Handbook is not a contract of employment or a legal document. I have received the Employee Policies Handbook and I understand that it is my responsibility to read and follow the policies contained in this Employee Policies Handbook and any changes made to it.

I have received a Summary Sheet that explains the benefits offered to me by my work site employer. I have read and understood the Summary Sheet.

I have received and understand all my California required employee pamphlets.

**Please sign and date this acknowledgement form and return to your Human Resources Department.**

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Receipt of Sexual Harassment Policy

It is the employer's policy to prohibit harassment of any employee by any Supervisor, employee, customer or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the Company. It is to ensure that all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual harassment, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your HR Department. If you are unable for any reason to contact this person, or if you have not received a satisfactory response within five (5) business days after reporting any incident of what you perceive to be harassment, please contact any member of management. Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. Violation of this policy will result in disciplinary action, up to and including discharge. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Company will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. Employees who make complaints in bad faith may be subject to disciplinary action, up to and including discharge.

I have read and I understand the employer's Sexual Harassment Policy.

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF CODE OF SAFE PRACTICES

TO ALL EMPLOYEES:

ATTACHED IS A COPY OF THE CODE OF SAFE PRACTICES. THESE GUIDELINES ARE PROVIDED FOR YOUR SAFETY.

IT IS THE RESPONSIBILITY OF \_\_\_\_\_ TO PROVIDE AND REVIEW THIS CODE WITH EACH EMPLOYEE. IT IS THE EMPLOYEE'S RESPONSIBILITY TO READ AND COMPLY WITH THIS CODE.

ATTACHED COPY OF THE CODE OF SAFE PRACTICES ARE FOR YOU TO KEEP. PLEASE SIGN AND DATE BELOW AND RETURN ONLY THIS PAGE TO

---

Name

-----

I HAVE READ AND UNDERSTAND THE CODE OF SAFE PRACTICES.

---

NAME

---

DATE

# EMPLOYEE SAFETY TRAINING RECORD

This report is to be completed by the supervisor and the new employee (reassign) within three days after employment (reassignment) and filed with Teamwork HR.

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Name

Date of Hire

Position

ASK EMPLOYEE "Can you perform this job with or without reasonable accommodation? If a reasonable accommodation is necessary, please describe the type of accommodation needed."

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DID EMPLOYEE HAVE A PRE-PLACEMENT PHYSICAL? YES NO

IF YES, ANY WORK LIMITATIONS INDICATED?

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**The SUPERVISOR is to go over the following safety concerns (where applicable) with the new employee:**

1. High priority this company gives to safety.
2. Maintaining good standards of housekeeping.
3. When lifting by hand, get yourself in a comfortable position, bend at the knees, and get close to the load. Lift with your leg muscles and not your weaker back muscles. Do not lift especially heavy materials by yourself.
4. Fire extinguisher(s) located
5. First-aid kit(s) located
6. Hospital or clinic for emergency treatment
7. Report all injuries immediately to supervisor or Teamwork HR.
8. Report unsafe conditions immediately to supervisor or Teamwork HR.
9. Possible disciplinary action for ignoring safety rules (1<sup>st</sup> time, 2<sup>nd</sup> time, etc.)
10. Positive safety incentives for good safety record (company recognition, time off, bonuses, etc.)

This record is important in helping you, our new employee get off to a good start with our company as far as safety is concerned. We will go over this record again in twelve months.

SIGNED

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Supervisor

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Date

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Employee

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Date