



COMPLETE IN BLUE OR BLACK INK ONLY

NEW EMPLOYEE PACKET

Worksite Employer (Client) Name: _____

Work Location: _____

Work State: _____

NOTE: ***45 day notice required for new Location/State***

Please complete this packet only **AFTER** you have accepted an offer of employment from your Worksite Employer.

Your Worksite Employer has entered into a contractual relationship with Fourth to provide certain administrative services which typically include: preparation of your paycheck, human resources support services and offering certain optional benefits. Your Worksite Employer will continue to have day-to-day direction and control of your employment. Your policies, procedures, pay rate, hours of work and employment practices will remain the responsibility of your Worksite Employer.

Employee Instructions: Complete all items marked in **YELLOW**, sign and promptly return to your Worksite Supervisor.

Worksite Employer (Client) Instructions:

- 1) Complete all items marked in **BLUE**: Page 1 and 5 "Employer Review and Verification;"
- 2) Verify employee has completed packet, including signatures on all forms and acknowledgements; and
- 3) Scan or fax all pages to our office at 813-643-4441;
- 4) Keep the original New Employee Packet for your records. **Note:** page 3b should be kept separate from the personnel file.
(Missing, incomplete or incorrect completion of the I-9 Form may result in a delay of the first paycheck being processed.)

EMPLOYEE PERSONAL INFORMATION

(TO BE COMPLETED PRIOR TO OR ON THE FIRST DAY WORKED)

Please **PRINT** your name **exactly** as shown on your Social Security Card: **SSN:** _____

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____ **School District:** _____ **Township:** _____

Email Address: _____ **Driver's License No.:** _____

Phone Numbers: Home: (____) _____ **Work:** (____) _____ **Cell:** (____) _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** (____) _____

Date of Birth: ____/____/____ **Gender:** Male Female **Marital Status:** Single Married

Race/Ethnicity: Hispanic or Latino White Black or African American Two or More Races
(Voluntary) American Indian or Alaska Native Native Hawaiian or other Pacific Islander Asian

I understand that the first ninety (90) days of employment are considered an introductory or probationary period, during which time the employee will be assessed for overall suitability for the position. The Employee or the Company may terminate employment with or without notice at any time for any or no reason. Even following successful completion of the introductory period, no additional employment rights are created and all employees remain at-will employees. I hereby certify that all information contained in this New Employee Packet or in any other application, resume, or document provided to my Worksite Employer or Fourth is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate, or incomplete information may result in disciplinary action, up to and including termination of my employment.

Employee Signature: _____ **Date:** ____/____/____

WORKSITE EMPLOYER (CLIENT) ONLY

(SHOULD NOT BE USED IN LIEU OF A WORKSITE APPLICATION FOR EMPLOYMENT)

Fourth Hire Date: ____/____/____ **Employee Date of Hire with Client:** ____/____/____

Benefit Group: Primary Other: _____ **Employee ID#** _____

EEOC Job Classification: Executive/Senior Level Official and Mgr. First/Mid-Level Official and Mgr. Professional
 Sales Service Admin. Support Craftsman Technical Operative Laborer/Helper

Pay Rate: Salaried Hourly Commissions Piece Work Expenses Tips
\$ _____ Per Hour OR \$ _____ Per _____ #2 \$ _____ Per _____

Status*: Full Time Part Time Seasonal/Temporary **Classification:** Non-Exempt Exempt

(*You are responsible for immediately notifying Fourth of changes in employee)

Pay Frequency: Weekly (52) Biweekly (26) Semi-monthly (24) Monthly (12)

W/C Code: _____ **Job Title:** _____ **Department/Division:** _____

Authorized Signature: _____ **Title:** _____ **Date:** ____/____/____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

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) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> 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.)		

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 most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

Step 3: Claim Dependent and Other Credits

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

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

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

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

3 \$

Step 4 (optional): Other Adjustments

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

4(a) \$

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

4(b) \$

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

4(c) \$

Step 5: Sign Here

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

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

Date

Employers Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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.

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 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.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



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	
<p>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.</p>			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions):			
			<input type="checkbox"/> 1. A citizen of the United States			
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
<input type="checkbox"/> 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)	<p>Additional Information</p> <p>[Redacted]</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • 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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>		<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
--	----	---	--	---

*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 .
--	--	---

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




Direct Deposit Authorization – To be completed by the Employee

This form authorizes Fourth HR ("Fourth") to deduct the net amount of your pay and deposit the funds into the bank that you indicated below. All requests that are being made into a checking account will include a voided check or photo copy of an original check. A letter from your bank or financial institution will be accepted as well. A deposit slip is not valid for checking accounts. All requests that are being made into a savings account will include a voided deposit slip or photo copy of an original deposit slip. Failure to provide these documents will result in non-processing. You can make up to three (3) different deposits for each pay period. Please use additional forms if needed. All checks issued in your name will be allocated according to the information provided below unless otherwise notified.

Client Company	_____
Employee Name	_____
Social Security #	_____

		Deposit Account # 1		
Type of Request	<input type="checkbox"/> New	<input type="checkbox"/> Change existing	<input type="checkbox"/> Cancel Existing	
Account Type		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank or Financial Institution Name	_____			
ACH Routing Number	_____			
ACH Account Number	_____			
Amount or Percentage of Net Pay		%	OR	\$

		Deposit Account # 2		
Type of Request	<input type="checkbox"/> New	<input type="checkbox"/> Change existing	<input type="checkbox"/> Cancel Existing	
Account Type		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank or Financial Institution Name	_____			
ACH Routing Number	_____			
ACH Account Number	_____			
Amount or Percentage of Net Pay		%	OR	\$

RAPID! Pay Card (Provided Free by Fourth)				
Type of Request	<input type="checkbox"/> New	<input type="checkbox"/> Change existing	<input type="checkbox"/> Cancel Existing	
	<input type="checkbox"/> Yes! Please issue a Rapid! MasterCard branded pay card and deposit my wages according to allocation below. Fourth will activate the account and set up automatic payments to my card.			
Amount or Percentage of Net Pay		%	OR	\$

Please attach voided check or deposit slip for savings accounts here.

(A letter or any other documentation from your financial institution that contains the ABA routing number and account number will also be accepted. Failure to provide documentation will result in non-processing of your request.)

By signing below I am authorizing Fourth to deposit my pay into the bank accounts listed above. I understand that it is my responsibility to notify Fourth or my Worksite Employer of any changes to my bank accounts at least 5 days before my next pay date. I also agree that should the wrong amount be deposited into my bank account at any time for any reason, Fourth has the right to debit the above bank accounts for the erroneous amount. If this amount is not in my bank account at the time of this debit, I agree to pay the erroneous amount to Fourth.

EMPLOYEE SIGNATURE

DATE

ANTI-HARASSMENT & DISCRIMINATION POLICY

We are committed to maintaining a work environment free of harassment of the basis of race, creed, religion, gender, sex national origin, age, marital status, sexual preference or disability or any other protected classification, in accordance with applicable federal, state, and/or local law. We will not tolerate harassment of personnel by a supervisor, co-worker, vendor, customer, or anyone else. Any employee who engages in sexual or other unlawful harassment violates this policy and the law and will be disciplined up to and including immediate termination. In order to create a comfortable work environment we prohibit any offensive physical, written, or spoken conduct, including conduct of a sexual nature. This includes, but is not limited to, the following:

1. Unwelcome or unwanted advances, including sexual advances. This means patting, pinching, brushing up against, hugging, cornering, kissing, fondling, or any other similar physical contact.
 2. Unwelcome request or demands for favors, including sexual favors. This includes subtle or blatant expectations, pressures or requests for any type of favor, including a sexual favor (this includes unwelcome requests for dates) whether or not it is accompanied by an implied or stated promise of preferential treatment or negative consequence concerning employment status.
 3. Verbal abuse or kidding that is oriented toward a prohibited form of harassment, including that which is sex oriented and considered unwelcome. This includes comments about national origin, race, color, religion, age, body, including pregnancy, disability, marital status or appearance, where such comments go beyond mere courtesy; telling "dirty jokes" that are unwanted and considered offensive; or any tasteless, sexually oriented comments, innuendoes, epithets, slurs, negative stereotyping or actions that offend.
 4. Any type of sexually oriented conduct or other prohibited form of harassment that would unreasonably interfere with work performance. This includes extending unwanted sexual attentions to someone whether or not it reduces that person's productivity or time available to work at assigned tasks.
 5. Creating a work environment that is intimidating, hostile, abusive, or offensive because of unwelcome or unwanted conversations, suggestions, requests, demands, physical contacts or attentions, whether sexually oriented or otherwise related to a prohibited form of harassment.
 6. The distribution, display or discussion of any written or graphic material, including calendars, posters, cartoons, or names, that denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, age, sex, pregnancy, national origin, disability, marital, or other protected status.
- Sexual and workplace harassment may be present when the intended target of the conduct is not offended, but others reasonably find the conduct intimidating, hostile or abusive.

COMPLAINT RESOLUTION PROCEDURE:

All personnel are responsible for helping to assure that the Company is kept free of unlawful harassment. If any person experiences or witness workplace harassment, they have an affirmative obligation to report such conduct to their supervisor, or Choice Employer Solutions Human Resources at 813.643.4000. Employees are not expected to report harassment to a person they believe is harassing them. In those situations report the conduct to the Company President or Choice Employer Solutions Human Resources. It is understood that any person electing to utilize this complaint resolution procedure will be treated courteously. All harassment complaints will be kept confidential to the extent possible, consistent with the conduct of a full and fair investigation. Personnel violating confidentiality may be subject to immediate discipline. Communications will be made to others only on a limited "need to know" basis. The registering of a complaint may not be used against the employee, nor will it have an adverse impact on the individual's employment status. Filing a bad faith complaint and/or making an accusation that is shown to be intentionally false or in otherwise misrepresenting the facts including but not limited to complaints of harassment, discrimination, and other employment statute, and/or breach if business ethics may subject the complainant to immediate disciplinary action up to and including termination of employment. We are committed to promptly and thoroughly investigating all harassment complaints. If, after a thorough investigation, it is determined that harassment has occurred, immediate and appropriate disciplinary action up to discharge will be taken to end the harassment. Appropriate follow-up steps will be taken to ensure the harassment has stopped. In the event an employee is not satisfied with the results of the investigation, the employee may appeal in writing to an upper level executive of the company.

I understand that the Company will not tolerate sexual and other forms of unlawful harassment. I understand that I have the affirmative obligation to report it. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate discharge.

ACKNOWLEDGEMENT AND AGREEMENT

I, the undersigned individual, in consideration of my being placed in a professional employer relationship with Fourth HR ("Fourth"), acknowledge and agree to the following:

- (1) At all times during my relationship with Fourth, I understand and agree that I will remain an employee of the Client Company for which I am working ("Company") that has contracted with Fourth and, to the extent allowed by law, Company will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Company will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Company will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;
- (2) I understand and agree that my status with Fourth is at-will. I further understand and agree that there is no contract of employment which exists between Fourth and me and I understand and agree that Fourth will not become a party to any contract of employment which I have already entered into or which I may in the future enter into with Company. Additionally, I understand and agree my at-will status with Fourth does not change the employment status I had with Company prior to the existence of the professional employer

- relationship between Fourth and Company and that Fourth is not responsible for any contractual obligations which may exist between Company and me;
- (3) I understand and agree that I am performing services within a professional employer organization relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Company and Fourth;
 - (4) I understand and agree that, unless otherwise required by law if Fourth does not receive payment from Company for services which I perform as a utilized individual, Fourth may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Company at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if Fourth is not fully paid by Company for services that I render;
 - (5) I understand and agree that, unless otherwise required by law, where payment for the following items have not been received by Fourth from Company, Fourth does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay and compensation, benefit, or for any other payment not required by law, in any form, or for any other similar type of payment, unless Fourth has specifically, in a written agreement entered into with me, adopted Company's obligation to pay me such compensation or benefit (Fourth does assume this responsibility where such payment has been received from Company encompassing such items regarding me);
 - (6) Unless otherwise contractually agreed to by Company and Fourth, Fourth has agreed to maintain workers' compensation insurance covering my employment. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or Companies of Fourth or against Fourth based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any Company or customer of Fourth and/or against Fourth for damages based upon injuries which are covered under such workers' compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under Fourth workers' compensation policy or Company's workers' compensation policy if it maintains its own workers' compensation policy;
 - (7) I understand and agree that if I am injured on the job, even if the injury is minor or I do not want treatment, I must immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;
 - (8) In addition, I also agree that if at any time during my employment at Company I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of Company. In most instances, this appropriate person will be the President of Company. Should I choose not to contact Company for any reason, I may contact Fourth's Human Resources Director at 1-800-643-4000 for the limited purpose of having Fourth, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a resolution;
 - (9) I understand and agree that Company has sole and exclusive control over my day-to-day job duties and Company has sole and exclusive control over the job site at which, or from which, I perform my services and that Fourth only reserves and retains such rights and authority as is required by applicable law. I agree that Fourth does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Company, however, Fourth may attempt to facilitate a resolution;
 - (10) I understand and agree that due to licensure and workers' compensation restrictions applicable to professional employer organizations, if I am accepted as a utilized individual of Fourth, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Company ("Home State") during my status as a utilized individual except as may be allowed pursuant to the workers' compensation policy provided to me by Fourth or except as may be allowed in writing by Fourth and the applicable workers' compensation carrier;
 - (11) If I work outside the Home State for Company or for anyone else without first securing this approval as set forth at (10), I understand and agree that I will no longer be in a professional employer organization relationship with Fourth and may not be provided workers' compensation benefits through Fourth or the applicable workers' compensation carrier and my professional employer organization relationship with Fourth will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;
 - (12) I understand and agree that, to the extent allowed by law, any obligation of Fourth ceases when Fourth's professional employer organization agreement with Company terminates;
 - (13) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/ dependents who wish to participate) to timely submit all required forms and information;
 - (14) To the extent allowable by law, by signing this Agreement, I assign to Fourth, my right to assert a priority wage claim against Company under 11 U.S.C. § 507 (a)(3) in the event that a Bankruptcy Petition is filed under Title 7 and or Title 11 of the United States Code by or on behalf of Company; and
 - (15) Should I sign this form and/or complete Fourth's utilized individual paperwork and never be accepted as a utilized individual of Fourth, this form shall be null and void.

Applicant Name Printed

Applicant Signature

Date

Drug Free Workplace Policy

Fourth endeavors to provide a safe, healthy and productive work environment for its employees by supporting the maintenance of a Drug-Free Workplace as defined by the Florida Drug Free Workplace Act, 440.102 Florida Statutes, the Rules of the State of Florida, the Florida Agency for Health Care Administration, Chapter 59A-24, Florida Administrative Code, Drug-Free Workplace Standards, and the Florida Department of Labor and Employment Security pursuant to the Rules for Workers' Compensation Drug Testing, 38F-9.

The policy requires, as a condition of employment and of continued employment, that employees refrain from substance abuse both on and off the job, that can cause the employee to either report to work or be working with the presence of drugs or alcohol in his/her body, at or in excess of quantities defined by Florida Statutes. This Policy prohibits the use, sale, distribution, manufacture or possession of alcohol, drugs or related paraphernalia or being under the influence of alcohol and/or drugs to the extent of possible impairment, defined as having bodily concentrations of metabolites of drugs or alcohol exceeding threshold limits defined by law, while on Company premises, worksites, or while operating Company or customers' vehicles, machinery, or equipment, whether resulting from usage on or off the job, unless prescribed by a licensed physician. The testing performed will analyze a urine specimen for the presence of any of the following substances or a metabolite of the substance:

- 1) Alcohol – Ethyl alcohol as a beverage or a part of a medicine
- 2) Marijuana – Cannabinoids, THC
- 3) Cocaine
- 4) Methadone – Dolophine, Methadose
- 5) Barbiturates – Nembutal, Tuinal, Secanol, etc.
- 6) Amphetamines – Desoxyn, Biphedamine, Dexedrine, etc.
- 7) Methaqualone – Qualudes
- 8) Opiates – Codeine, Percodan, Paregoric, Morphine, etc.
- 9) Propoxyphene – Darvon, Dolene, etc.
- 10) Phencyclidine – (PCP)
- 11) Benzodiazepines – Librium, Valium, Xanax, Serax, Halcion, etc.

Testing may also include designer drugs or other abused substances that are added by Florida Statutes.

Nothing in this Drug-Free Workplace Policy is intended to prohibit the use of legally obtained prescriptions, many containing otherwise illegal substances. Because of the potentially impairing side effects which could endanger the employee, coworkers or the public, upon being prescribed such medications, employees are encouraged to call Fourth for advice. If warranted, Fourth will assist the employee with job reassignment to less dangerous duties until treatment is completed.

The Company's Medical Review Officer may be consulted for technical information and answers to questions about prescription or over-the-counter medications. Please contact Fourth for further information.

TESTING PROCEDURES:

To facilitate enforcement of this policy, all job applicants are required to take and pass a pre-employment drug test within 30 days immediately prior to start date.

Present employees must be tested for drugs and/or alcohol under reasonable suspicion conditions, including post accident. Florida Rules also require testing following completion of treatment or counseling for drug or alcohol abuse and together with any routine fitness-for-duty medical exams. Random testing is also authorized. Regulated Company drivers, in particular, may be enrolled in random testing programs. Refusal to submit to testing upon request, shall subject the employee to the same disciplinary measures prescribed for positive test results, which may include termination for cause, denial of Unemployment Compensation and loss of Workers Compensation medical and indemnity benefits.

Analysis of specimens will be performed only by licensed, certified laboratories utilizing qualified sites and employing collectors trained to follow authorized collection protocols and properly maintain legal specimen chain-of-custody. An experienced physician / Medical Review Officer (MRO) will review all negative and confirmed positive laboratory reports. Positive results shall only be reported to the Company after the MRO has ascertained that personal prescriptions or other legal substances do not account for the laboratory findings. Investigations may include, as appropriate, telephone contact with the employee or job applicant and any prescribing physicians and/or pharmacies identified. An adulterated test result will be considered to be a positive test result.

REASONABLE SUSPICION:

Employees reporting to work that demonstrate impaired conduct that could be unsafe for job performance may be tested under reasonable suspicion guidelines. If employees become similarly impaired on the job, they may be tested under reasonable suspicion guidelines. Reasonable suspicion testing shall be conducted when there is:

1. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of the drug.
2. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
3. A report of drug use, provided by a reliable and credible source.
4. Evidence that an individual has tampered with a drug test.
5. Information that an employee has caused, contributed to, or been involved in an accident while at work.
6. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working on the Company's premises, work sites, or while operating the Company's / Customer's vehicle, machinery or equipment.

To discourage use and/or distribution of illegal drugs and/or alcoholic beverages in the workplace, upon reasonable suspicion, searches for alcohol, drugs or paraphernalia may be conducted of property or worksites accessible to employees, including, but not limited to vehicles, equipment, tool boxes, lockers, desks, etc. Discovered illegal items will be referred to law enforcement authorities for disposition.

CONSEQUENCE OF POSITIVE TEST OR TEST REFUSAL:

Testing positive for abused substances will eliminate applicants from employment consideration. Applicants who test positive will be ineligible to apply again for a minimum of six (6) months. Furthermore, these applicants may reapply only if all of the following criteria are satisfied:

1. The applicant was not engaged in the sale of drugs to others or engaged in any other criminal activity, such as theft, coincident with said drug and/or alcohol abuse.
2. It was the applicant's first drug test by the Company.
3. Work is available to which the applicant can be assigned at an appropriate pay scale, which in the sole judgment of management, does not, by virtue of the employee's confirmed drug and/or alcohol abuse, endanger the safety of coworkers or the general public, or pose an unreasonable security risk to Company products or property, or require additional supervision to assure required standards of productivity or work quality, at least until such time as the employee is proven by subsequent random testing to no longer be abusing drugs or alcohol.
4. At the applicant's own expense, counseling and/or treatment must be completed and documented to the Company. The Human Resources Director may assist with selecting an appropriate facility or provider.

After a person has been employed by the Company, a one-time exemption from this Policy's disciplinary provisions may be granted if, prior to being notified of being selected for drug or alcohol testing, the employee has voluntarily sought and is progressing satisfactorily in treatment or counseling for drug and/or alcohol abuse. Satisfactory written documentation must be provided to Fourth showing date treatment commenced, expected ending date, and the name/address/telephone number of the provider of the treatment. All employees participating in a substance abuse rehabilitation program will be subject to random testing for a period of two years after the program completion.

APPEAL PROCEDURE FOR POSITIVE TEST RESULTS:

The Company's Medical Review Officer will attempt to contact the employee or job applicant who has a positive confirmed test result within five (5) working days of receiving the positive test result. If an employee's / applicant's explanation or challenge is unsatisfactory, the Medical Review Officer will report a positive test result back to the company. If the Medical Review Officer is unable to contact the employee / applicant within five (5) working days, the Medical Review Officer will report a positive test result back to the company.

Within five (5) working days after receipt of a confirmed positive test result, which has been verified by the MRO, Company management shall inform the employee / applicant of the positive result, the consequences of such results and the options to the employee or job applicant. An employee / applicant may challenge a confirmed positive test result by submitting within five work days an explanation in writing to the Human Resources Director, concerning personal circumstances that may have affected the results and explaining why the result does not constitute a violation of Company policy. The donor of a tested specimen will be responsible for providing all necessary documentation, i.e.; a doctor's report, signed prescription or current prescription container with relevant information and other related supporting documents. Company management will, within 15 days of receipt of the employee's / applicant's written explanation or challenge of positive test results, provide a written statement of acceptance as satisfactorily explained or an explanation to the employee / applicant as to why the employee's / applicant's explanation is unsatisfactory, along with a copy of the positive test results. All such documentation shall be kept confidential by the company and shall be retained by the company for at least one year.

The employee/applicant may, at their own financial expense, have a portion of his/her original specimen retested during a period of 180 days following written notice of a positive test result. When an employee / applicant undertakes a challenge to the result of the test, it shall be the employee's / applicant's responsibility to notify the laboratory and the sample shall be retained until the issue is settled. The employee or applicant is also responsible for notifying the original testing laboratory of an alternate HRS licensed laboratory, for the purpose of transferring, under Chain of Custody, a portion of the employee's or applicant's specimen for retesting.

An employee may undertake an administrative challenge by filing a claim for benefits with a judge of Compensation Claims concerning a workplace injury. Other challenges not involving workplace injuries must challenge a test result in a court of competent jurisdiction.

Job applicants or employees whose drug test results are confirmed positive shall not, by virtue of the result alone, be defined as having a "handicap".

All drug test information, reasonable suspicion reports, or other related information concerning an individual will remain confidential and will not be disclosed except for conditions described in Florida Statutes.

By signing below, the employee / applicant acknowledges having received and understood this Drug Free Workplace Policy. This signature (facsimile thereof) also authorizes all health care providers to release information requested by the MRO to corroborate legal prescription use following a positive drug and/or alcohol test result. I have received, reviewed, understand and agree with the contents of this document.

Applicant Name Printed

Applicant Signature

Date