



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Form W-4 (2016)

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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div><ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div>	B	_____
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 \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	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. <div><ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div>			

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2016	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
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 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2016 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 \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1		_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2		_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3		_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4		_____
5	Enter the number from line 1 of this worksheet	5		_____
6	Subtract line 5 from line 4	6		_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$	_____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$	_____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town	State	ZIP Code	

Choose either box 1 or box 2:

☐ **1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):

☐ 0.8% ☐ 1.3% ☐ 1.8% ☐ 2.7% ☐ 3.6% ☐ 4.2% ☐ 5.1%

☐ Check this box and enter an extra amount to be withheld from each paycheck \$

☐ **2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE

DATE

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



WHITTON COMPANIES

VER. JUN-29-2021

NEW EMPLOYEE ORIENTATION

Whitton Plumbing, Whitton Concrete and Whitton Framing (hereafter Whitton Companies)

SUBSTANCE ABUSE POLICY

(Initial) _____

I acknowledge Whitton Companies Substance Abuse Policy which includes; zero tolerance for Drugs and Alcohol. I acknowledge that I have read the policy and completely understand it. I expressly consent to any and all subsequent drug and/or alcohol tests that may be requested by the company and agree to provide samples of urine, blood, breath, saliva and/or hair as requested for testing purposes. I agree that any positive test will result in a \$75 payroll deduction and termination. I acknowledge and agree that my failure or refusal to give a sample and/or my failure or refusal to submit to drug and/or alcohol testing will be grounds for discipline, including immediate termination. **If I am terminated within 15 days of hire the cost of the drug test will be deducted from my check.**

SAFETY POLICY

(Initial) _____

I understand and agree to work safely and follow all safety procedures. I will wear a hard hat on all jobs. If I refuse or ignore standard safety practices this may be grounds for termination. Any job requiring PPR will be my responsibility to comply. If I am cited for not wearing a hard hat, or following safety guidelines I will pay the fine (NOT Whitton Companies). I have received a hard hat. If I quit within 2 weeks \$30.00 will be deducted for the Hard Hat if not returned. I acknowledge and understand an MSDS manual is to be kept in the truck I am assigned to. Anytime a torch is used, I will have a fire extinguisher and a water bottle within arm's reach. Failure to do so will be grounds for disciplinary action or termination.

WORKERS COMPENSATION

(Initial) _____

All employees are required to report any and all "on the job injuries" to Whitton Companies Human Resource Department, and your Superintendent within an hour of occurrence. A written report must be filed the day of the injury. A late report may be considered as an invalid claim and could be cause for termination. If medical attention is needed, notify your Superintendent if possible, and go to a Concentra Medical Center. If you are treated at the nearest medical facility; immediately, after you are released, you agree to go to the nearest Concentra Medical Center to be Drug and alcohol tested.

DRIVERS LICENSE - Initial one of these:

DRIVER (Initial) _____

NON DRIVER (Initial) _____

I agree to follow all federal and state transportation laws and drive safely. I understand and agree that the vehicle I use is the property of Whitton Companies. I will keep vehicle clean and it will be used for employment only and not for personal use. I agree to have Whitton request a copy of my MVD driving record. If an accident occurs I will notify my Superintendent and HR immediately.

I do not have a current driver's license, or agree to not drive any vehicle until I obtain a valid license, provide Whitton Companies with a DMV report, and I am accepted as a driver with Whitton Plumbing's current insurance company.

COMPANY DAMAGE

(Initial) _____

If any company property, material, tools, equipment, or vehicles under my responsibility are damaged, lost or stolen, I understand and acknowledge that I will be responsible for replacement costs. I also agree to remit the amount to Whitton within (5) days and or have the amount deducted from my check. My personal tools are my responsibility to protect and secure. Whitton is not liable for any loss or theft of employee's personal property. Any property or equipment owned by any Whitton Company has or may have GPS tracking, video, and or audio recording and may be used at any time for any reason. If I cause an accident I agree to have the insurance deductible withdrawn from my paycheck until paid in full. If issued a cell phone and or other devices they are to be used for company purposes only.

BENEFITS

(Initial) _____

Full time employees will be eligible for benefits the 1st of the month after 60 days.

MISSED DAYS

(Initial) _____

I will notify my Supervisor or the Human Resource Department 480-892-6159 within 24 hours if I miss work for any reason

POLICIES & PROCEDURES

I acknowledge that I have received, read and understand Whitton Companies Policies and Procedures and agree to all requirements stated above.

Printed Name: _____

(Signature) _____ (Date) _____



WHITTON COMPANIES

VER. JUN-29-2021

NEW EMPLOYEE ORIENTATION

Whitton Plumbing, Whitton Concrete and Whitton Framing (hereafter Whitton Companies)

POLÍTICA DE ABUSO DE SUSTANCIAS

(Inicial) _____

Yo reconozco la política de sustancias de la empresa Whitton que incluye; cero tolerancias a la droga y el alcohol. Reconozco que he leído la política y la entiendo completamente. Expreso mi consentimiento a todas las pruebas de droga y alcohol que sean requeridas por la compañía y estoy de acuerdo en proveer muestras de orina, sangre, aliento, saliva o pelo para la prueba de sustancias. Estoy de acuerdo que un examen positivo resultara en una deducción de \$75 de mi cheque y terminación de empleo. Reconozco que mi rechazo en proveer una muestra y/o rechazo a someterme a una prueba de droga y/o alcohol será motivo suficiente para disciplina, incluyendo la terminación inmediata de empleo. Si usted es terminado durante sus primeros 15 días de empleo, el costo de el examen de droga será deducido de su cheque.

POLITICA DE SEGURIDAD

(Inicial) _____

Entiendo y acepto trabajar de forma segura y seguir todos los procedimientos de seguridad. Usare un casco duro a todos los trabajos a los que asista. Rechazar o ignorar las practicas de seguridad podría resultar en la terminación de empleo. Cualquier trabajo que requiera un PPR es mi responsabilidad de cumplir con sus requerimientos. Si soy multado por no usar un casco duro y seguir los procedimientos de seguridad, yo seré responsable de pagar la multa y no la compañía Whitton. Yo reconozco que la compañía me ha proveído con un casco duro. Si renuncio y no regreso el casco duro durante las primeras 2 semanas de empleo, \$30 serán deducidos de mi cheque. Reconozco y entiendo que un manual MSDS debe mantenerse en el vehículo que fui asignado. También entiendo que debo mantener un extintor de incendios y una botella de agua cerca para cada vez que utilice un soplete. El no hacerlo será motivo de una acción disciplinaria o terminación de empleo.

COMPENSACION DE TRABAJADORES

(Inicial) _____

Todos los empleados están obligados a informar a la empresa Whitton y al Departamento de recursos humanos al igual que al Supervisor de cualquiera y todos "las lesiones ocurridas en el trabajo" dentro de una hora de ocurrencia. Un informe escrito debe presentarse el día de la lesión. Un reporte tardío podría resultar en un reclamo falso y podría ser motivo de terminación de empleo. Si se necesita atención médica, notifique a su Supervisor y vaya a un Concentra Medical Center. Si usted es atendido en su más cercano centro médico inmediatamente después de ser dado de alta vaya a un Concentra Medical Center para que se le haga una prueba de alcohol y drogas.

LICENCIA DE MANEJO -Poner inicial en uno de estos: **DRIVER** (Inicial) _____ **NON DRIVER** (Inicial) _____

Estoy de acuerdo en seguir todas las leyes federales y estatales de transporte y conducir con seguridad. Entiendo y acepto que el vehículo que utilizo pertenece a la empresa Whitton. Mantendré el vehículo limpio y entiendo que es para uso de la compañía solamente y no para uso personal. Si ocurre un accidente notificare inmediatamente mi supervisor y a recursos humanos.

En este momento no tengo una licencia valida y acepto no manejar cualquier vehículo hasta obtener una licencia valida al igual que dar permiso a la empresa Whitton a pedir un reporte del DMV y ser aceptado como un conductor bajo la póliza de aseguranza de la empresa Whitton.

DANO A LA COMPANIA

(Inicial) _____

Si cualquier propiedad de la empresa Whitton, material, herramienta, equipo, o vehículos bajo mi responsabilidad son dañados, perdidos, o robados yo seré responsable de los costos de remplazo. Estoy de acuerdo en remitir la cantidad a la compañía Whitton dentro de (5) días o la cantidad será deducida de mi cheque. Entiendo que mis herramientas personales son mi responsabilidad para proteger y asegurar. La empresa Whitton no se hace responsable por cualquier pérdida o robo de propiedad personal de los empleados. Cualquier propiedad o equipo que le pertenezca a la compañía Whitton tiene o puede tener GPS, grabación de video y/o audio y puede utilizarse en cualquier momento por cualquier razón. Si yo ocasiono un accidente estoy de acuerdo en que se deduzca el deducible de seguros de mi cheque hasta que sea pagado completamente. Entiendo que si la compañía me provee con un teléfono celular y/o otros electrónicos los usare para propósitos de la compañía solamente.

BENEFICIOS

(Inicial) _____

Cada empleado de tiempo completo será elegible para beneficios médicos y dentales después de 60 días.

DIAS AUSENTE

(Inicial) _____

Notificaré a mi Supervisor o el Departamento de recursos humanos al 480-892-6159 dentro de 24 horas si falto al trabajo por cualquier motivo

POLITICA Y PROCEDIMIENTOS

(Inicial) _____

Reconozco que he recibido, leído y entendido las políticas y procedimientos de la empresa Whitton y acepto todos los requisitos mencionados.

Nombre: _____

(Su firma) _____

(La Fecha) _____



Rate Agreement

VER.JUN-29-2021

I agree to be compensated on a Flexible Rate (FLEX) basis and understand that my hourly rate will change each pay period. I understand my responsibilities and agree to the following compensation and deduction terms.

EMPLOYEE'S RESPONSIBILITY

- Job must be 100% complete with accurate Quality Assurance
- Time keeping and quality check forms must be filled out completely and accurately and turned in on a daily basis
- Must be available to work a minimum of 5 days per week Monday thru Friday
- Overtime must not exceed 4 hours daily and must be approved by Superintendent

COMPENSATION AND DEDUCTIONS

- I agree to take ½ hr lunch each day and write the times on my timesheet.
- Subject to backcharge for rework completed by other employees on your house
- Subject to backcharge due to incomplete and/or substandard work
- Compensation based on quality and quantity of work performed

Concuendo en ser compensado en una base Flexible de la Tasa (DOBLA) y entiendo que mi tarifa horaria cambiará cada período de la paga. Entiendo mis responsabilidades y concuerdo a los términos siguientes de la compensación y la deducción.

RESPONSABILIDADES DE EMPLEADO

- Concuendo en tomar ½ Hora come cada día y escribe los tiempos en mi hoja de asistencia
- Tiempo que mantiene y formas de cheque de calidad deben ser llenados completamente y exactamente y girado en una base diaria
- Debe estar disponible trabajar un mínimo de 5 días por thru de semana el lunes el viernes
- Tiempo Extraordinario no debe exceder 4 horas diarias y debe ser aprobado por Supervisor

COMPENSACION Y DEDUCCIONES

- Una media hora se descontará cada día para el almuerzo
- Sujeto al backcharge para rehace completado por otros empleados en su casa
- Sujeto al backcharge debido al trabajo incompleto y/o de calidad inferior
- La Compensación basada en la calidad y la cantidad del trabajo realizado

Employee's Signature (La Firma)

Date (La Fecha)

Print Name (Imprina del Nombre)

Supervisor's Signature

Date



WHITTON COMPANIES EQUIPMENT POLICY

VER. JUN-29-2021

Whitton Companies has been outstandingly generous over the years by supplying all of our divisions with top quality new tools to aid in getting the job done easier and faster. All equipment was new at the start of its service, and over the past year we have tried to utilize the existing equipment that we have already purchased in order to keep our cost competitive. We readily replace equipment that is no longer cost effective to repair or poses a safety issue to the field. Whitton has also gone above and beyond what most would consider company responsibility through absorbing the cost of damaged machines, parts stripped off in the field, missing parts and a lack of responsibility from the equipment operator and crew responsible for using the item. We are again at a very competitive time and all company expenses detract from our bottom line. The warehouse crews do their best to keep your trucks loaded and equipment operational. Whitton crews try to get all gas cans filled and periodically check oil levels, but it is the users responsibility to ensure the equipment they are operating is maintained properly by checking fluid levels, ensuring any parts removed in the field to service equipment, are immediately replaced. Missing parts may cause safety issues for the operator and those working near the equipment.

MANAGEMENT ISSUES AND APPROVES ALL CHARGES

WHITTON RESPONSIBILITY

EMPLOYEE RESPONSIBILITY

EQUIPMENT ASSIGNED TO TRUCK AND DRIVER AND THEY ACCEPT RESPONSIBILITY

Equipment is assigned to truck and driver

Driver signs for and inspects equipment prior to use. (This includes oil level, air filter frayed cables, missing parts or defects)

PROBLEMS WITH EQUIPMENT

A work order ticket will be made with truck #
Type of equipment, tool or machine #, date
turned in, problem, or any parts missing.
Warehouse and crew will receive a copy when
Repaired or maintenance complete.

Driver is responsible to notify yard manager
and Super as soon as an equipment issue
arises and returns equipment to Warehouse
Manager. Crew must keep their copy.

MISSING PARTS OR DESTROYED EQUIPMENT

A total cost of missing parts or total
replacement cost with breakdown of
charges will be given to Super and crew

A total cost of missing parts or replacement
cost will be the responsibility of assigned
driver and crew. Amount will be deducted
their check.

LOANED EQUIPMENT TO ANOTHER CREW

Assigned truck and driver will be responsible
For equipment

If assigned truck and driver loans any
equipment to another crew, the assigned
Truck and driver will be asked to cover all
costs.

TOOLS OR EQUIPMENT LEFT IN TRUCK

If tools or equipment are missing a total
cost will be given to Super and assigned
truck and driver and the cost will be
deducted from their payroll check.

Tools or equipment left in truck or not locked
up will be the responsibility of the assigned
truck and driver. The amount will be deducted
From their payroll check.

I UNDERSTAND AND AGREE TO THE ABOVE STATED POLICY INCLUDING PAYROLL DEDUCTIONS.

Print Name _____

Date _____

Signature _____



Personal Tools

The below signed individual understands and agrees that personal items are not the responsibility of Whitton. If you choose to leave your tools in the company vehicle and they are lost, stolen or damaged, it is acknowledged and agreed that the employee will be responsible to replace or repair their own tools. Whitton will not replace personal tools or items.

La siguiente persona firmada entiende y acepta que los artículos personales no son responsabilidad de Whitton. Si decide dejar sus herramientas en el vehículo de la empresa y se pierden, roban o dañan, se reconoce y se acuerda que el empleado será responsable de reemplazar o reparar sus propias herramientas. Whitton no reemplazará herramientas o artículos personales.

Signature (La Firma)

Date (La Fecha)

Printed Name



Driver / Vehicle Checklist

VER.JUN-29-2021

I hereby acknowledge that I have received a copy of the Company's Driver and Vehicle Checklist. I have read the Checklist and agree to ensure that I and the vehicle I drive for the Company are in compliance with all of the Checklist's requirements on a daily basis. In addition, I understand that the Checklist is not all-inclusive. I understand that I am responsible for being familiar with and complying with all federal, state, and local laws pertaining to my operation of any vehicle for the Company, whether they are included in the Checklist or not.

I understand and acknowledge that I am responsible to immediately report any condition that may be in violation of federal, state, or local law to my Supervisor. I also understand and acknowledge that I am responsible for any citations or violations that may occur as a result of my non-compliance with federal, state, and local laws.

Employees Signature _____

Employees Name (print) _____

Date _____

June 30, 2021

EVERY employee who is driving a Truck must do an inspection EVERY DAY

- Verify spare tire - inflated
- Check tires
- Fire Extinguisher and First Aid Kit on Truck
- Check that Truck and trailer is in working order and in DOT compliance
- ALL tools and supplies are in a safe working condition
- All tools signed out are with vehicle

When a flat is fixed a spare must be put on truck - no truck leaves yard without a spare.

If truck or trailer is switched out - notify Jimmy immediately and send a copy of signed paperwork

When changing trucks or trailers -

ALL items relating to truck must be signed in and out (Even if only for $\frac{1}{2}$ hour or 1 day)

If anything is missing after inventory it will be charged to the driver who signed for items on truck.

Trucks are signed out by **Fleet Manager and Yard Managers only**

When an employee is termed - The truck and tools must be checked immediately and if anything is missing (tools, spare tire, jack, lug nut wrench etc.), notify Jimmy immediately and send paperwork.

Superintendents and Yard Managers: You are responsible to make sure all employees are following this company policy.

I appreciate your support in monitoring our equipment,

Jimmy Tenney
Fleet Manager



Agreement

VER. JUN-29-2021

Print Name _____ Date _____

Whitton Companies Policy

Return vehicle by required Gate time each evening or fine of \$10
Devuelva el vehículo a tiempo cada tarde o multa de

Keep truck clean and in good condition or fine of \$10
Mantenga troca limpia y en buen estado o multa de

Must punch in and out each day or fine PER MISSING PUNCH \$10
Debe checar la tarjeta a la entrada y salida cada día o multa por falta de Registro

I understand and agree to the above stated Whitton policies
Entiendo y estoy de acuerdo con la polisas mencionadas por Whitton

Signature _____ Date _____
Firma _____ Fecha _____



Backcharge Agreement

VER. JUN-29-2021

To: All Employees
Subject: Policy Enforcement

All employees of Whitton Companies are now subject to a new program starting March 1st 2014. This new program is designed to improve the quality of workmanship provided to our valued customers and help improve the skills of all employees.

When work is not done correctly, our customers give us a back charge. This is money taken directly from the payments we receive for work completed because of corrections needed. These back charges not only cost money but also damage our reputation and ability to get future work.

We are making a strong commitment to reduce these charges and make this a better company for everyone to work for. We hope you will take pride in your work and make a stronger effort to learn and develop your skills that you have been hired to do. Many of you already do this and we sincerely appreciate this effort.

This new program will be simple. When we receive a back charge, we will identify the responsible employee, if after review, it is determined that the employee is at fault, then the employee will be notified in writing up to three times. The first and second time, the employee is strongly encouraged to improve the quality of work and contact his manager if there are questions or feedback. The third time the employee and manager are required to attend a special training session and to discuss how this problem can be eliminated.

Each of these written notifications will serve as formal reprimands and will be placed permanently in your employee file. We hope this new program will reduce our back charges significantly and hope you will support us in this effort.

Sincerely,

Russ Foth
Warranty Manager

(Print Name) Date _____

(Signature)



Backcharge Agreement

VER. JUN-29-2021

A: Todos Los Empleados

Asunto: Implementar Poliza Nueva

Todos los empleados de Whitton Companies a partir del 1 de marzo del 2014 la empresa implementara un programa nuevo. Este programa está diseñado para mejorar la calidad de la mano de obra proporcionada a nuestros valiosos clientes al igual que para mejorar las habilidades de todos los empleados.

Cuando el trabajo no se realiza correctamente, nuestros clientes nos hacen un recargo. Debido a las correcciones que se tienen que hacer, el recargo es pagado directamente del dinero ya recibido por el trabajo terminado. Estos recargos no sólo cuestan dinero, pero también dañan nuestra reputación y afecta el poder conseguir trabajo en el futuro.

Estamos haciendo un fuerte esfuerzo por reducir estos recargos y hacer de esta una mejor compañía para todos los que trabajan en ella. Esperamos que se enorgullezcan de su trabajo y hagan un mayor esfuerzo por aprender y desarrollar las habilidades por las cuales se les contrataron. Muchos de ustedes ya lo hacen y apreciamos sinceramente su esfuerzo.

Este nuevo programa será sencillo. Cuando recibamos un recargo vamos a identificar al empleado responsable, si después de la revisión se determina que el empleado tiene la culpa, entonces al empleado se le notificará por escrito hasta tres veces. La primera y segunda vez el empleado sera animado a mejorar la calidad de su trabajo y contactar a su manejador si tiene alguna pregunta o comentarios. La tercera vez que recibamos un recargo, el trabajador y su manejador seran obligados a asistir a una sesión especial de entrenamiento para discutir cómo este problema puede ser eliminado.

Cada una de estas notificaciones escritas servirá como avisos formales y se colocarán de forma permanente en su expediente. Esperamos que este nuevo programa reduzca recargos de manera significativa con la ayuda de todos ustedes.

Sinceramente,

Russ Foth
Gerente de Garantía

(Print) Imprimir

Date _____

(Signature) Firma



IMMIGRATION LAW COMPLIANCE POLICY

VER. JUN-29-2021

Whitton Companies is committed to employing only those individuals who are authorized to work in the United States. Whitton Companies does not unlawfully discriminate on the basis of citizenship or national origin. In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. The Federal Government currently provides approximately 24 documents from which employees may choose to show Whitton Companies at the time it completes Section 2 of the I-9 Form.

1. I understand that Whitton Companies will only hire individuals who are authorized to work in the United States.
2. I understand that Whitton Companies does not unlawfully discriminate on the basis of citizenship or national origin.
3. I understand that under federal law I am required to provide Whitton Companies with valid and accurate documents to establish my identity and my authorization to work in the United States and I am required to complete Section 1 of the Form I-9 completely and truthfully.
4. By my signature below, I affirm that I am legally eligible for employment in the United States.
5. I hereby state that all information provided to Whitton Companies on the Form I-9 is true and accurate. I am aware that false statements, misrepresentations of fact, or material omissions may result in the termination of my employment.
6. I understand that I am an at-will employee, and that Whitton Companies and I both have the right to terminate my employment at any time, for any reason or no reason, with or without cause, and with or without notice. I understand that violation of the Company's policies and practices, including the Immigration Law Compliance Policy, may result in discipline, up to and including termination.
7. I understand and agree to comply with all of Whitton Companies policies, practices, and procedures.

Employee Name (Print): _____

Employee Signature

Date



WHITTON COMPANIES ETHICS POLICY

VER.JUN-29-2021

Whitton Companies maintains certain policies to guide its employees with respect to standards of conduct expected in areas where improper activities could damage the Company's reputation and otherwise result in serious adverse consequences to the Company and to employees involved. The purpose of this Policy is to affirm, in a comprehensive statement, required standards of conduct and practices.

Employees are expected to conduct themselves in an appropriate manner and prohibit employees from violating this right of their co-workers. Whitton Companies encourages a congenial work environment of respect and professionalism. Therefore, Whitton Companies prohibits employees from intentionally harming or threatening to harm other employees, clients, vendors, visitors or property belonging to any of these parties. In addition no obscenities, foul, abusive or unprofessional language is to be tolerated.

Employees are responsible for maintaining their work area in a neat and professional manner.

Whitton Companies provides computers, networks, Internet access and cell phones to support company needs. Employees are to use company computers, networks, Internet services and cell phones for work related purposes and the performance of job duties.

Use of Company computers, networks, Internet services and cell phones for "incidental personal use" is a privilege, not a right. Those who abuse this privilege may have their Internet privileges revoked or adjusted and may also be subject to further disciplinary action up to termination.

"Incidental personal use" is defined as incidental, occasional and reasonable use by an individual employee for personal communications that if the use does not result in any additional cost to the company and does not interfere with the employee's job duties and performance, with system operations, or with other system users. In addition, use of company property including computers cell phones and networks for the viewing or transmitting of sexually explicit, vulgar or pornographic material is strictly prohibited and will not be tolerated.

All Whitton Companies computers remain under the control, custody and supervision of the IT department, which reserves the right to monitor all computer and Internet activity by employees and employees have no expectation of privacy in their use of company computers.

Whitton Companies employees are not permitted to send or receive any company "Intellectual property" to anyone other than company trade partners and customers and only then on a need to know basis. "Intellectual property" is defined as any data or information that may include company lists, including vendor or customers addresses and contact information, software source code bids, price lists, contracts and contract terms or agreements. "Intellectual property" may also be defined as any information that if divulged would cause harm to Whitton Companies.

Please be aware that we currently have systems in place to monitor internet activity and internet usage by users and computers, we periodically evaluate this information to determine its impact on employee and network performance.

Employees are responsible for assuring the security of Company confidential/proprietary material in their possession and similarly maintaining the security of the Company-provided equipment. Employees concerned for the security of their work area or equipment must inform their supervisor of such concerns.

Personal phones and tablets may be used during work hours if it is limited and not excessive and at breaks whenever possible.

Gossip will not be tolerated. Attacking other employees whether out of dislike for an individual or for personal gain can create animosity, tension and organizational dissension. It wastes valuable company time and money and is damaging to yourself and others to participate in gossip. Many times, gossip is just that, gossip, it is not based on all the facts, and it is more harmful to pass along inaccurate or incomplete information to the individuals involved. Please communicate directly with Human Resources rather than participating in gossip if you feel an incident needs to be resolved. Repeat offenders will be reprimanded.

It is the policy of Whitton Companies to prohibit harassment and anyone who is found to have engaged in prohibited harassment will be subject to appropriate sanctions, which may include termination of employment, depending on the circumstances. No one should be presumed to be in violation because an investigation is being conducted. The Company will make its findings at the end of the investigation.

It is the policy of the Company that no one will be retaliated against for making a complaint of harassment based upon an honest perception of the events or for cooperating in the investigation of a complaint.

Sexual harassment is not limited to demands for sexual favors. It also may include such actions as: (1) sexually-oriented verbal "kidding," teasing," or jokes; (2) repeated offensive sexual flirtations, advances, or propositions; (3) continued or repeated verbal abuse of a sexual nature; (4) graphic or degrading comments about an individual or his or her appearance; (5) the display and/or transmission via electronic form of sexually suggestive objects or pictures; (6) subtle pressure for sexual activity; and (7) physical contact or blocking movement.

Sexual harassment does not refer to occasional compliments of a socially acceptable nature or consensual personal and social relationships without a discriminatory employment effect. It refers to behavior which is not welcome, and which is personally intimidating, hostile or offensive.

The Company may take disciplinary action against employees whose conduct violates this or other Company policies and practices. The supervisor should consult the Human Resources Manager on such matters.

WHITTON COMPANIES WILL HAVE ZERO TOLERANCE FOR VIOLATIONS OF STATED POLICIES.

I, understand and accept Whitton Companies Policies stated above and agree to its terms.

Employee Name (Print) _____

Date _____

Employee Signature _____



ANTI-HARASSMENT, ANTI DISCRIMINATION AND ANTI-RETALIATION POLICY

VER. JUN-29-2021

A fundamental policy of the Company is that the workplace is for work. Our goal is to provide a workplace free from tensions involving matters that do not relate to the Company's business. In particular, an atmosphere of tension created by non-work-related conduct, including ethnic, racial, national origin, disability, age, sexual or religious remarks, animosity, unwelcome sexual advances or requests for sexual favors or other such conduct does not belong in our workplace. Do not engage in inappropriate conduct or comments based on age (40 and over), race, national origin, ethnicity, religion, sex (including pregnancy), gender, disability, or other protected categories.

Harassment, discrimination and retaliation can be a violation of state and federal laws if it is used as the basis for employment decisions or has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. The Company's policy against harassment, discrimination and retaliation is much stricter than what the law requires because we have higher standards for our employees.

Harassment, discrimination and retaliation of employees or of applicants is prohibited. Harassment and discrimination includes, without limitation: verbal (derogatory statements, slurs, teasing, jokes, epithets and innuendo); physical (sexual and person touching, assault, physical interference with normal work or involvement); and visual (posters, cartoons, drawings, computer materials, sexual gestures).

Examples of Harassment, Discrimination and Retaliation

Sexual harassment or discrimination includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact and other verbal or physical conduct, or visual forms of harassment of a sexual nature. Examples of harassment, discrimination and retaliation can include but are not limited to, the following:

1. Making a sexual or suggestive remark or gesture about any person's clothing, physical appearance or body (including whistling or "cat calls" and gestures using hand or body movements);
2. Referring to a person using a slang term or nickname that has a sexual, racial or ethnic connotation (such as "babe," "honey," "hunk," "stud," etc.);
3. Asking another employee for a date or making a sexual proposition when such an invitation is unwelcome to the other person;
4. Commenting about or asking unsolicited personal questions about another employee's sexual activities or social life;
5. Using vulgar or profane language, joking, telling a story, teasing, insulting or making an innuendo about a sexual subject;
6. Touching or brushing against another person in an unauthorized, personal or offensive manner (contact that is not accidental or incidental);
7. Staring or looking at another person in an offensive or improper way (including "elevator eyes" - looking up and down at an employee);
8. Bringing any sexually provocative or suggestive magazines, pictures, drawings, cartoons, calendars or objects into the workplace or viewing or retrieving such materials on any office computer.
9. Communicating that an employee will receive a job benefit or threatening to take unfavorable action against an employee based upon whether the employee submits to sexual conduct.
10. Targeting an employee who has made a complaint about harassment, discrimination or retaliation.

The Company will do its best to keep the workplace free of any conduct which creates an intimidating, hostile or offensive work environment for our employees. Your cooperation is needed to achieve the goal by reporting incidents of harassment, discrimination or retaliation.

What To Do If You Feel Our Anti-Harassment, Anti-Discrimination and Anti-Retaliation Policy Has Been Violated

In the event that you see or hear of any conduct that violates this policy, we urge you to contact your supervisor or the supervisor of the department of the person who committed the conduct. You may also contact the Human Resources Department or the President. The Company will, to the extent possible, treat the matter with the degree of confidentiality that is appropriate under the circumstances. You should report any harassment, discrimination or retaliation, even if the person committing the conduct is not an employee of the Company. The Company's policy is to take appropriate action to protect its employees from harassment, discrimination or retaliation, regardless of who commits the harassment, discrimination or retaliation. Charges of harassment, discrimination and retaliation will be investigated. If the Company determines that harassment, discrimination or retaliation has occurred, appropriate corrective and/or disciplinary action against the person who violated this policy will be taken, up to and including termination. The Company will not tolerate retaliation against any employee for complaining about harassment, discrimination, or providing information in connection with any complaint. The Company wants and encourages its employees to report any potential harassment, discrimination or retaliation. Employees are required to cooperate with the Company during any investigation of harassment, discrimination or retaliation by providing information about any matters under investigation.

POLÍTICA ANTIACOSO, ANTIDISCRIMINACIÓN Y ANTIREPRESALIAS

Es una política fundamental de la Compañía que el lugar de trabajo es para trabajar. Es nuestro objetivo ofrecer un lugar de trabajo adonde no se sienta tensión por cosas que no tengan nada que ver con los negocios de la Compañía. En especial, en el lugar de trabajo no debe existir un ambiente de tensión por conducta no relacionada con el trabajo, inclusive comentarios sobre origen étnico, raza, origen nacional, incapacidad, edad, comentarios sexuales u religiosos, animosidad/rencor, avances sexuales molestos o solicitando favores sexuales u otra dicha conducta. Compórtese de una manera apropiada y no diga comentarios que se basen en la edad (40 y mayor), raza, origen nacional, origen étnico, religión, sexo (inclusive embarazo), género, incapacidad, u otras clasificaciones protegidas. El acoso ilegal, la discriminación y las represalias pueden ser violaciones de las leyes estatales y federales si se usan en decisiones de empleo o tienen como propósito impedir el desempeño del trabajo de un individuo o crean un ambiente laborable intimidatorio, hostil u ofensivo. La política de la Compañía contra el acoso, la discriminación, y las represalias es más estricta de lo que requiere la ley porque tenemos normas mas elevadas para nuestros empleados. Está prohibido el acoso, la discriminación y las represalias contra empleados o solicitantes. El acoso y la discriminación incluyen, sin limitarse a: acoso verbal (comentarios insultantes, difamatorios, burlas, chistes, epítetos, e insinuaciones); físico (tocando la persona o tocando la persona sexualmente, asalto, interfiriendo físicamente con el desempeño del trabajo normal o envolvimiento); y visual (carteles, caricaturas, dibujos, información en la computadora, gestos sexuales).

Ejemplos de Acoso, Discriminación y Represalias

El acoso sexual o discriminación incluye avances sexuales molestos, solicitando favores sexuales, contacto físico sexualmente motivado, y otra conducta verbal o física, o formas visuales de acoso de una naturaleza sexual. Algunos ejemplos de acoso, discriminación y represalias pueden incluir pero no se limitan a, los siguientes:

1. Haciendo comentarios o gestos sexuales sobre el vestido de una persona, apariencia física o cuerpo (incluyendo silbidos o "cat calls" y gestos usando las manos o moviendo el cuerpo);
2. Refiriéndose a la persona con un término vulgar u apodo que tenga un sentido sexual, racial, u étnico (por ejemplo, como "nena," "chula," "bueno," "guapo," etc.);
3. Invitando a otro empleado a salir o proponiendo algo sexual cuando dicha invitación no es agradable para esa persona;
4. Comentando acerca de o preguntando sobre temas personales o sobre las actividades sexuales de otro empleado o su vida social;

5. Usando términos vulgares o groseros, chistes, contando historias, burlas, insultos, o haciendo insinuaciones sobre un tema sexual;
 6. Tocando o pasar rozando a otra persona de una forma no autorizada, personal u ofensiva (contacto que no sea accidental ni imprevisto);
 7. Mirando fijamente a otra persona de una forma ofensiva o impropia (incluyendo “elevator eyes” [ojos de elevador] – mirando el cuerpo entero de un empleado);
 8. Llevando al trabajo revistas, fotos, dibujos, caricaturas, calendarios u artículos/objetos que sean sexualmente provocativos, o mirando u obteniendo dicho material en cualquier computadora de la oficina.
 9. Comunicando que un empleado recibirá un beneficio en su empleo o amenazando a tomar medidas desfavorables contra un empleado que se base en el empleado sometiendo o no a conducta sexual.
 10. Molestando a un empleado quien haya presentado una queja de acoso, discriminación o represalias.
- La Compañía hará todo lo posible a mantener el lugar de trabajo libre de cualquier conducta que causa un ambiente laborable intimatorio, hostil u ofensivo para nuestros empleados. Se necesita su cooperación para cumplir con esta meta reportando incidentes de acoso, discriminación o represalias.

Que Debe Hacer Si Piensa Que Nuestra Política Antiacoso, Antidiscriminacion y Antirepresalias Ha Sido Violada

Si usted se da cuenta o se entera que ha sucedido algo prohibido por esta política, le recomendamos avisarle a su supervisor o el supervisor del departamento en donde trabaja la persona quien cometió la violación. Puede además dirigirse al Departamento de Recursos Humanos o al Presidente. La Compañía hará todo lo posible a tratar el asunto de una manera confidencial como sea apropiado bajo las circunstancias. Debe usted reportar cualquier forma de acoso, discriminación o represalias, aun si la persona cometiendo la conducta no es empleado de la Compañía. Es la política de la Compañía tomar las medidas apropiadas para proteger a sus empleados contra el acoso, la discriminación o represalias, sin importar quien haya cometido el acoso, discriminación o represalias.

Las acusaciones de acoso, discriminación y represalias serán investigadas. Si la Compañía determina que el acoso, discriminación o represalias ha sucedido, se tomaran medidas correctivas y/o disciplinarias contra la persona quien violó esta política, hasta e incluyendo terminación de empleo. La Compañía no soportará represalias en contra de los empleados que se quejan de acoso, discriminación, o si proporcionan información relacionada con cualquier queja. La Compañía desea y anima a sus empleados a que reporten cualquier posible acoso, discriminación o represalias. Se requiere que los empleados cooperen con la Compañía durante cualquier investigación de acoso, discriminación o represalias proporcionando información sobre cualquier asunto bajo investigación.

Esta traducción se incluye únicamente para su conveniencia. El texto del original en inglés controlará en todos aspectos los derechos y obligaciones de un empleado.

EQUAL EMPLOYMENT OPPORTUNITY

Our policy is to select, place, train, and promote the best qualified individuals based upon relevant factors such as work quality, attitude, and experience so as to provide equal employment opportunity for all our employees in compliance with applicable local, state, and federal laws and without regard to non-work-related factors such as race, color, national origin, religion, creed, sex (including pregnancy), age, disability, genetic information, citizenship, or marital status. This equal opportunity policy applies to all Company activities, including but not limited to, recruiting, hiring, training, transfers, promotions, and benefits. If you have a disability that you believe requires an accommodation, you need to request the accommodation in writing to your Supervisor. Please include the nature of the disability, nature of restriction(s) and nature of accommodation(s) you request.

OPORTUNIDAD IGUAL DE EMPLEO

Es nuestra política seleccionar, apuntar, entrenar y promover a las personas mejores calificadas basado en factores pertinentes como calidad de trabajo, actitud, y experiencia para así ofrecer oportunidad igual de empleo para todos nuestros empleados en conformidad con las leyes pertinentes locales, estatales y federales y sin tomar en cuenta elementos no relacionados con el trabajo, tal como raza, color de piel, origen nacional, religión, credo, sexo (incluyendo embarazo), edad, incapacidad, información genética, ciudadanía, o estado matrimonial. La Compañía no tolerará la discriminación contra una persona por estar embarazada. Esta política de oportunidad igual de empleo se aplica a toda actividad de la Compañía, incluyendo pero sin limitarse a, contratación, entrenamiento, transferencias, promociones, y beneficios. Si en su opinión tiene una incapacidad que necesita un acomodo, debe solicitarlo por escrito a su Supervisor. Favor explique la naturaleza de la incapacidad, naturaleza de la(s) restricción(es), y el tipo de acomodo(s) que solicita.

Las traducciones de ciertas políticas en esta guía se incluyen únicamente para su conveniencia. El texto del original en inglés controlará en todos aspectos los derechos y obligaciones de un empleado.

EMPLOYEE ACKNOWLEDGMENT OF RECEIPT OF WHITTON'S ANTIHARASSMENT, ANTI-DISCRIMINATION AND ANTI-RETALIATION POLICY

I agree to comply with and acknowledge receipt of the Company's Anti-Harassment, Anti-Discrimination and Anti-Retaliation policy prohibiting inappropriate conduct based on age (40 and over), race, national origin, ethnicity, religion, sex (including pregnancy), gender, disability, or other protected categories. I understand that the Company wishes to provide a workplace free of harassment and discrimination and I agree to help them maintain this goal by what I say and do.

I understand that if I observe another employee or applicant being subjected to unprofessional or inappropriate conduct, I will report the incident to that worker's immediate supervisor or to the Controller or President.

I understand that it is my responsibility to report any inappropriate behavior, harassment or discrimination that I become aware of. I understand that if the Company does not know about harassment or discrimination in its workplace, it cannot effectively stop it from happening. I understand that the Company prohibits inappropriate conduct and that if I participate in inappropriate conduct, I will be subject to discipline up to and including termination. I further understand and agree that I will not retaliate against anyone who makes a complaint or is a witness in an investigation, and I understand that I will not be retaliated against for making a complaint.

Employee's Signature: _____

Employee's Name (Please print): _____

Date: _____



Social Media Policy

VER. JUN-29-2021

At Whitton Plumbing, Whitton Concrete, Whitton Framing and Whitton Management, hereafter referred to as (Whitton Companies), we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media.

This policy applies to all associates who work for Whitton Companies, or one of its subsidiary companies.

GUIDELINES

In the rapidly expanding world of electronic communication, *social media* can mean many things. *Social media* includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with Whitton Companies, as well as any other form of electronic communication. The same principles and guidelines found in Whitton Companies policies and three basic beliefs apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow associates or otherwise adversely affects members, customers, suppliers, people who work on behalf of Whitton Companies or Whitton Companies legitimate business interests may result in disciplinary action up to and including termination.

Know and follow the rules

Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

- ALL information relating to Whitton Companies is not to be posted on your social media platform. This includes but not limited to, company strategy, sales, finances, actions or incidents with our employees or any information occurring within our company.

Be respectful

Always be fair and courteous to fellow associates, customers, members, suppliers or people who work on behalf of Whitton Companies. Also, keep in mind that you are more likely to resolved work related complaints by speaking directly with your co-workers or by utilizing our Open Door Policy than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage customers, members, associates or suppliers, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant

to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or company policy.

Be honest and accurate

Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about Whitton Companies, fellow associates, members, customers, suppliers, and people working on behalf of Whitton Companies or competitors.

Post only appropriate and respectful content

- Maintain the confidentiality of Whitton Companies trade secrets and private or confidential information. Trades secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications.
- Do not create a link from your blog, website or other social networking site to a Whitton Companies website.
- Express only your personal opinions.
- Never represent yourself as a spokesperson for Whitton Companies.

Using social media at work

Refrain from using social media while on work time or on equipment we provide. Do not use Whitton Companies email addresses to register on social networks, blogs or other online tools utilized for personal use.

Retaliation is prohibited

Whitton Companies prohibits taking negative action against any associate for reporting a possible deviation from this policy or for cooperating in an investigation. Any associate who retaliates against another associate for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

Media contacts

Associates should not speak to the media on Whitton Companies behalf without contacting the Human Resources Department. All media inquiries should be directed to them.

Acknowledgement violation of this policy may result in disciplinary action up to and including termination.

Signature (La Firma)

Date (La Fecha)

Printed Name



Ethnicity

VER. JUN-29-2021

GENDER: (Please check one) ☐ Male ☐ Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

☐ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

☐ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

☐ I do not wish to disclose.

Signature (La Firma)

Date (La Fecha)

Printed Name



Waive all Benefit Coverages for 2021

VER. JUN-29-2021

I have been offered Medical, Dental, and Vision benefits. I have received the paperwork to sign up for these benefits for 2021. If I do not return the paperwork to the HR Department at the Mesa Office at 49 N Mesa Dr Mesa, AZ 85201 or at the Tucson office within 60 days of my hire date, I understand and agree that this will waive all Medical, Dental, Vision and Life Benefits Available for 2021.

I understand that I will not be able to change or add coverage until January 2022.

Me han ofrecido beneficios médicos, dentales y de visión. He recibido la documentación para inscribirse en estos beneficios para 2021. Si no devuelve la documentación al Departamento de recursos humanos en la oficina de Mesa en 49 N Mesa Dr Mesa, AZ 85201 o en la oficina de Tucson dentro de 60 días de mi fecha de contratación, entiendo y acepto que este renunciará a todo médico, Dental, Visión y vida beneficios disponibles para 2021.

Entiendo que no será capaz de cambiar o agregar la cobertura hasta enero de 2022

Signature (La Firma)

Date (La Fecha)

Print Name

File #

Arizona passes ban on cellphone use while driving. April 22, 2019

VER. JUN-29-2021

The law specifically prohibits drivers from any kind of cellphone use while driving — including to talk, text, type or browse social-media sites — unless they are using the device in a hands-free mode.

The following cellphone use is against the law while driving:

- Holding a cellphone in any way while talking on the phone, including propping it up with a shoulder.
- Writing, sending or reading any text-based communication including a text, instant message or email.
- Watching any kind of video, or recording video.

The following cellphone use is allowed while driving:

- Talking on the phone if using an earpiece, headphone device or device worn on a wrist.
- Using voice-based communication, such as a talk-to-text function.
- Using a
- GPS system.
- Using a handheld cellphone to call 911.

The law applies not just to cellphones but to any kind of portable wireless communication device or standalone electronic device.

There are certain exceptions, including for officials who respond to emergencies, and people who are witnessing a crime or in need of emergency help.

Police officers can issue warnings to drivers immediately.

In 2021, officers who see drivers using their phones can cite them.

Breaking the law is a primary offense, which means that police can pull over drivers for this reason alone.

The first time, a driver will be fined between \$75 and \$149. The second time and every time after that, a driver will be fined between \$150 and \$250.

Before Arizona enacted the statewide ban, many cities in Arizona already banned cellphone use while driving in some form. In the cities that already ban hand-held cellphone use while driving, those laws will stay in effect until the state law replaces them on Jan 1, 2021.

In the Phoenix area:

- El Mirage – prohibits handheld-cellphone use while driving.
- Fountain Hills – prohibits texting while driving.
- Glendale – prohibits handheld-cellphone use while driving.
- Phoenix – prohibits texting while driving.
- Surprise – prohibits handheld-cellphone use while driving.
- Salt River Pima-Maricopa Indian Community – prohibits texting while driving.
- Tempe - prohibits handheld-cellphone use while driving.

I understand and agree to follow the law stated above:

Name (Nombre): _____ Date _____

Signature (Firma) : _____



CV19 Employee Certification

VER. JUN-29-2021

In order to protect our employees, clients, and community, and to help ease the strain on the healthcare system by not requiring medical certification (except in certain circumstances), we are requiring that new employees to certify certain information. The Company, your coworkers, and your community are relying on your honesty and integrity. These guidelines and this form are subject to change, and the Company reserves the right to require certification and releases from a health care provider. Please initial next to the appropriate box that applies to you:

_____ **I was ill but my illness did not involve COVID-19** (no fever of 100.4 or higher, no shortness of breath, no coughing, or other signs or respiratory illness). I certify that I have been completely symptom free for at least 24 hours without using medication to treat the symptoms.

_____ **I had COVID-19 symptoms or a confirmed diagnosis of COVID-19** and either:
_____ I certify that I (1) have been fever free (temperature under 100.4) for at least 72 hours without the use of medication that reduced fevers, AND (2) my coughing and shortness of breath have improved AND (3) at least 7 days have passed since my symptoms first appeared;
OR

_____ I certify that I (1) have been fever free (temperature under 100.4) for at least 72 hours without the use of medication that reduced fevers, AND (2) my coughing and shortness of breath have improved AND (3) I have received two negative tests in a row, 24 hours apart.

_____ **I was quarantined due to travel or other reasons.** I certify that I have not been ill with any type of illness or symptoms, including but not limited to fever (100.4 or higher), coughing, shortness of breath, runny nose, or other symptoms in the last 14 days.

_____ **I was traveling.** I certify that I have not traveled to or visited any Level 3 Travel Health Notice Countries (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>) or any U.S. or other cities or states that have a high COVID-19 level or were on a shelter in place or stay at home order (if you have questions about locations, please speak with HR).

_____ **I was caring for or living with an individual who had COVID-19 symptoms or a confirmed diagnosis of COVID-19.** I certify both that it has been 14 days since I have cared for or had close contact (within 6 feet for period of time, been coughed or sneezed on, etc.) with an individual who had COVID-19 symptoms or a confirmed diagnosis, AND I have not been ill with COVID-19 or experienced COVID-19 symptoms.

_____ **I am not ill with COVID-19 symptoms, nor have I been diagnosed with COVID-19**

I swear under penalty of perjury that this certification is true and accurate. I understand that I remain an at-will employee. I agree to comply with all Company policies, practices, and procedures.

Employee Name: _____

Date: _____

Employee Signature: _____



Dress Code

VER. JUN-29-2021

While Whitton Companies does not require full business attire in the workplace, we do require a level of professionalism.

Therefore, please adhere to the following dress code policy.

Clothing that covers appropriate areas.

No spaghetti straps, tank tops, or off the shoulder clothing.

No short shorts, mini skirts, pajamas, or tight clothing.

Shoes to be worn at all times.

Tattoos are to be covered.

Reminder:

In addition a reminder of no cussing, obscenities, or foul language is to be used

Signature (La Firma)

Date (La Fecha)

Printed Name



EMPLOYMENT APPLICATION

ver. JUN-29-2021

Ofc: 480-892-6159

Application for Employment

Solicitud de empleo

☐ Plumbing

☐ Concrete

☐ Framing

Name - Nombre

Social Security # - Numero de seguro social

Address - Dirección

City, State, Zip - Ciudad, Estado, Código postal

Home Number - Telefono de casa

Cell No. Número de telefono celular

Date of Birth

Fecha de nacimiento

Dr. License # - Número de licencia

State - Estado Exp. Date - Fecha de vencimiento

Y N

Valid - Válido

Date you can start - Fecha en que puede empezar

18 Yrs or Older - Es usted mayor de 18 años

Yes ☐

No ☐

Are you legally eligible for employment in the United States?

Yes ☐

No ☐

¿Es usted legalmente elegible para empleo en los Estados Unidos?

Yes ☐

No ☐

Have you ever been convicted of a crime? ¿Ha tenido usted antecedentes?

Yes ☐

No ☐

Explain - Explique

In case of Emergency Notify

En caso de Emergencia Notificar

Phone # Número de teléfono

Previous Employment

Trabajo Anterior

Date Fecha Month Year		Name and Address of Employer dirección de su trabajo anterior	Nombre y	Salary Salario	Position Posición	Reason for Leaving Motivo de renuncia
From						
To						
From						
To						
From						
To						
From						
To						

REQUIREMENTS FOR FIELD EMPLOYMENT**REQUERIMIENTOS PARA TRABAJAR EN EL CAMPO**

Must be able to sustain repetitive motions of the body or its parts and handle heavy work. Must accept typical construction risks, including but not limited to frequent exposure to outside weather conditions, including extreme cold and/or extreme heat, airborne particles, dust, fumes, vibration and loud noises.

Must have minimum required safety equipment: Hard hat, safety glasses, and back brace.

Debe tener capacidad de movimiento para trabajos repetitivos y poder levantar objetos pesados. Debe aceptar riesgos del trabajo que incluyen pero no es limitado a ser expuesto a condiciones climáticas, incluye temperaturas extremas de frío o de calor, partículas en el ambiente, polvo, gases ambientales, vibraciones y ruidos fuertes. Debe contar por lo menos con el siguiente equipo de seguridad: casco, faja, y lentes.

I hereby authorize Whitton Companies to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services, to release information about my background including, but not limited, information about employment, education, consumer credit history, driving record, criminal record and general public records history. I release from all liability all persons, and companies supplying such information. I indemnify Whitton Companies against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. The information I have provided is true and correct and I fully understand the terms of this release.

Yo doy autorización a Whitton Companies para que contacte cualquier o a todas las corporaciones, ex-empleadores, agencias de crédito, instituciones educacionales, agentes del orden público, a la ciudad, el estado, condado y los tribunales federales, y servicios militares a que proveen información sobre mis antecedentes. Esto incluye pero no es limitado a información sobre mis empleos, educación, crédito, historial de manejo, antecedentes criminales y registros públicos. Eximo de toda responsabilidad a todas las compañías contra cualquier responsabilidad de dicha información. Indemnizo a Whitton Companies contra cualquier responsabilidad que pueda resultar de hacer tales solicitudes. Este acuerdo permanecerá en efecto la longitud de mi empleo. Creo que la información que he proporcionado es verdadera y correcta y que comprendo perfectamente los términos de este comunicado.

IF EMPLOYED, I UNDERSTAND THAT I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION
COMO EMPLEADO, ENTIENDO QUE SERE REQUERIDO A PROVEER PRUEBA DE IDENTIDAD Y AUTORIZACION LEGAL PARA EL TRABAJO

I HEREBY STATE THAT ALL INFORMATION THAT I PROVIDE ON THIS APPLICATION AND IN ANY INTERVIEW IS TRUE AND ACCURATE. I AM AWARE THAT FALSE STATEMENTS, MISREPRESENTATIONS OF FACTS, OR MATERIAL OMISSIONS MAY BE SUFFICIENT TO DISQUALIFY ME FOR EMPLOYMENT, OR IF EMPLOYED, MAY RESULT IN MY TERMINATION.

YO DECLARO QUE TODA INFORMACION QUE PROPORCIONE EN ESTA APLICACION Y EN CUALQUIER ENTREVISTA ES VERDAD Y EXACTO. ENTIENDO QUE CUALQUIER INFORMACION FALSA, MAL REPRESENTACION DE HECHOS, U OMISIONES MATERIALES SON SUFICIENTES PARA DESCALIFICARME PARA EMPLEO, O SI EMPLEADO, TIENE COMO RESULTADO MI TERMINACION

Signature - Firma

Date - Fecha

DO NOT WRITE BELOW THIS LINE**NO ESCRIBA DEBAJO DE ESTA LINEA**

Hired by _____

Date _____

Position _____

Flex ☐ Hourly ☐

Salary - Rate _____

Starting Date _____

Driver Yes ☐ No ☐

Mesa ☐ East ☐ West ☐ Tucson ☐



(Patient must present Authorization and Photo ID at the time of service.)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

☐ Injury ☐ Illness

Date of Injury _____

Substance Abuse Testing[★] (check all that apply)

☐ Regulated drug screen ☐ Breath alcohol

☐ Collection only ☐ Hair collect

☒ Non-regulated drug screen ☐ Rapid drug screen

☐ Other _____

Type of Substance Abuse Testing

☒ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments:

Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation[★]

☐ HAZMAT ☐ Medical Surveillance

☐ Other _____

Billing (check if applicable)

☐ Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: _____ Title: _____

Please print

Phone: _____ Date: _____

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)



Phoenix Locations

1. Peoria

14155 N 83rd Ave
Bldg 8, Ste 148
Peoria, AZ 85381
Mon-Fri: 7 am - 5 pm
Sat: 8 am - 12 pm
Ph: 623.487.8598
Fx: 623.487.8647

2. Phoenix Metro Center

12808 N Black Canyon Hwy
Phoenix, AZ 85029
Mon-Fri: 8 am - 5 pm
Sat: 8 am - 12 pm
Ph: 602.375.1155
Fx: 602.866.9169

3. Scottsdale

10335 N Scottsdale Rd, Ste A
Scottsdale, AZ 85253
Mon-Fri: 8 am - 5 pm
Ph: 480.991.9358
Fx: 480.483.3858

4. Estrella

2010 N 75th Ave
Phoenix, AZ 85035
Mon-Fri: 8 am - 5 pm
Ph: 623.245.6695
Fx: 623.245.3582

5. West

35th and Thomas
3532 W Thomas Rd, Ste 5
Phoenix, AZ 85019
Mon-Fri: 8 am - 5 pm
Ph: 602.272.7662
Fx: 602.269.2417

6. Southwest

51st and Buckeye
5340 W Buckeye Rd, Ste 3
Phoenix, AZ 85043
Mon-Fri: 8 am - 5 pm
Ph: 602.233.2117
Fx: 602.484.7930

7. Airport Phoenix

1818 E Sky Harbor Cir. N
Bldg 2, Ste 150
Phoenix, AZ 85034
24 Hours, 7 Days a Week
Ph: 602.244.9500
Fx: 602.244.9543

8. Rio Salado

1626 S Priest Dr., Ste 101
Tempe, AZ 85281
Mon-Fri: 8 am - 5 pm
Ph: 480.921.2273
Fx: 480.921.7114

9. Tempe

NE Corner Hardy/Southern
950 W Southern Ave
Tempe, AZ 85282
Mon-Fri: 8 am - 5 pm
Ph: 480.968.7200
Fx: 480.968.5100

10. Mesa

1710 W Southern Ave
Mesa, AZ 85202
Mon-Fri: 8 am - 5 pm
Sat: 8 am - 12 pm
Ph: 480.644.7900
Fx: 480.644.7800

11. East Mesa

NE Corner Baseline/Val Vista
1959 S Val Vista Dr, Ste 106
Mesa, AZ 85204
Mon-Fri: 8 am - 5 pm
Ph: 480.545.1398
Fx: 480.545.2706

- Work-related injuries receive immediate triage assessment.
- Pre-placement and DOT exam forms are provided, or you may use other DOT approved MER and/or MEC forms.
- No contract is required when working with Concentra. Our fees are competitive and adhere to the applicable state workers' compensation fee guidelines.
- Visit concentra.com/our-locations for a list of locations and driving directions.



Phoenix Locations

