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**Disclosure of Medical Information**

In order to monitor the health and well-being of its employees, it is imperative that ACV Enviro receives full disclosure of all medical information regarding services provided by, relating to, and in conjunction with their term of employment. This information will include data obtained from company required drug/alcohol tests, physicals and work-related injuries or illnesses. It will also include information from private physicians, therapy centers, etc. which is required to assess and/or determine an employee’s work status or the outcome of a work-related injury/ illness.

I hereby consent to disclosure of any medical information relative to my past, present, or potential work status with ACV Enviro by its contracted physicians, collecting and testing agencies and entities involved in the treatment, care, follow-up and therapy involving a work related injury or illness.

ACV Enviro - Primary Contacts

Donna Miller- Director of EHS

Tasha Perez- Human Resources Manager

Aida Garcia – Human Resources Manager

I acknowledge that I have read through the HIPAA Notice and have had all of my questions answered to my satisfaction, if applicable. I acknowledge that I understand the HIPAA policy and guidelines and will abide by all guidelines and rules as set forth in the manual.

**Please Initial:**

HIPAA Notice of Privacy Act

Employee Name:

Employee Signature:

Date:

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**

**ACKNOWLEDGEMENT**

I have read and I understand my company’s policy statements entitled:

**ZERO TOLERANCE POLICIES- HARASSMENT & VIOLENCE (HUM-OP-002-IDS):**

• I understand what harassment is and what I should do if I feel I am being harassed. • I understand that I will not be retaliated against for reporting harassment or assisting in a harassment investigation.

**Please Initial:**

Zero Tolerance Policy – Discrimination and Harassment

Zero Tolerance Policy – Sexual Harassment

Zero Tolerance Policy – Workplace Violence

I acknowledge that I understand the Company rules and guidelines and will abide by all guidelines and rules as set forth in the manual.

Company Rules (HUM-FM-008-IDS)

**Print Name:Nitendra Baichan Date: 03-22-2021**

**Signature: Svc Center:**

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**EMPLOYEE INFORMATION FORM *DEMOGRAPHICS***

First Name Middle Name Last Name Nickname/Preferred Name Social Security Number Street Address City

State Zip Code County **Telephone**: **Home** ( ) **Cell**: (201 )916-9462 **Gender:** ☐ Male ☐ Female **Date of Birth:** / / **Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Legally Separated Widowed **Smoker:** ☐ Yes ☐ No **Disability:** ☐ Yes ☐ No

***EMERGENCY CONTACTS (Please List Two)***

Name Relation Home Phone Business Phone / 631/ 796-7542 - Maria Castro - Spouse

Street Address Date of Birth Street Address City State Zip Code County

Name Relation Home Phone Business Phone /862 /307-6851 - Nina Skurka - Mother

Street Address Date of Birth Street Address City State Zip Code County

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***DEPENDENTS***

***Spouse***

First Name Middle Name Last Name

/ /

Social Security Number Date of Birth Street Address City

State Zip Code County ***Children***

First Name Middle Name Last Name

/ /

Social Security Number Date of Birth Street Address City

State Zip Code County **Relationship:** ☐ Child Living at Home ☐ Child Not Living at Home

First Name Middle Name Last Name

/ /

Social Security Number Date of Birth Street Address City

State Zip Code County **Relationship:** ☐ Child Living at Home ☐ Child Not Living at Home

First Name Middle Name Last Name

/ /

Social Security Number Date of Birth Street Address City

State Zip Code County **Relationship:** ☐ Child Living at Home ☐ Child Not Living at Home

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First Name Middle Name Last Name / / Social Security Number Date of Birth

Street Address City

State Zip Code County **Relationship:** ☐ Child Living at Home ☐ Child Not Living at Home

***FOR OFFICE USE ONLY***

***Payroll Information***

**Job Title:**

**Department/Division:**

**Direct Supervisor:**

**Employment Status:**

**Classification:**

**Effective Date:**

**Rate of Pay:**

**Veteran Status:**

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**Exhibit C- Authorization to Utilize Unencrypted E-Mail to Communicate Protected Health Information**

Thank you for your request to communicate with ACV Enviro's Custodian of Records by email regarding your or your minor dependent’s private health information. Your authorization also allows the Custodian to contact your service provider and/or a Temporary Custodian, if necessary, to assist you with your request. We want to make sure you know that email communications between us are not encrypted and therefore are not secure communications. If you elect to communicate from your personal computer, you should be aware that the internet is an unsecured source and others may have access to email communications between us. Therefore, we recommend that you use a password-protected attachment to transmit your PHI by e-mail. You must send the password to open the attachment in a separate e-mail for maximum protection of your transmission. Finally, email communications may become a part of your medical record and be accessible to ACV Enviro as needed.

If you agree to the foregoing terms, please indicate your acceptance by signing below and returning to:

ACV Enviro

Attn: Tasha Perez

1500 Rahway Avenue

Avenel, NJ 07001

Fax: 732-815-9660

E-mail to: tperez@acvenviro.com

ACCEPTED: Signature of Individual:

Authorized E-mail of Individual:

Date:

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**APPLICANT INFORMATION FORM**

To assist ACV Enviro in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This form is not part of the application form and will be kept in a separate, confidential file and will be used only for statistical and government reporting purposes.

|  |  |
| --- | --- |
| **Name Nitendra Baichan** | **Social Security Number 144-19-4412** |
| **Position(s) Applied For HHW Tech** | **Date 03-22-2021** |
| **How Did You Learn About Us?**  Advertisement, please identify source (name of newspaper, website, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment Agency Friend Relative  Walk-in Other \_\_Maria Castro\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Sex**:( Male) Female | |
| **Race/Ethnic Origin:** (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 Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.  \_\_1\_ **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.  \_\_\_ **American Indian 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 maintain 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. | |

ACV Enviro considers applicants for all positions without regard to race, color, religion, creed, sex, sexual orientation, national origin, age, marital status, military status, veteran status, physical or mental disability, or any other legally protected status.

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**Post-Offer Veteran Self ID form**

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

• A “disabled veteran” is one of the following:

• a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

• a person who was discharged or released from active duty because of a service connected disability.

• A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

• An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

• An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees

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HUM-FM-013-IDS Page 1 of 2 January 2017

belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

[ ] DISABLED VETERAN

[ ] RECENTLY SEPARATED VETERAN

[ ] ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

[ ] ARMED FORCES SERVICE MEDAL VETERAN

[ ] I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

[ ] I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. Show citation box

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when

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HUM-FM-013-IDS Page 2 of 2 January 2017

and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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HUM-FM-013-IDS Page 3 of 2 January 2017

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Page 1 of 2

|  |
| --- |
| Why are you being asked to complete this form? |

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities i To help us measure how well we are doing, we are asking you to tell us if you

.

have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

|  |
| --- |
| How do I know if I have a disability? |

You are considered to have a disability if you have a physical or mental impairment or medical condition that

substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness Deafness Cancer Diabetes Epilepsy 

Autism 

Cerebral palsy HIV/AIDS 

Schizophrenia Muscular 

dystrophy

Bipolar disorder 

Major depression Multiple sclerosis (MS) Missing limbs or 

partially missing limbs

Post-traumatic stress disorder (PTSD) Obsessive compulsive disorder 

Impairments requiring the use of a wheelchair Intellectual disability (previously called mental retardation) 

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON’T HAVE A DISABILITY

☐ I DON’T WISH TO ANSWER

\_\_\_\_\_\_\_\_\_\_\_\_\_ Nitendra Baichan\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_03-22-2021\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name Today’s Date

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Page 2 of 2

|  |
| --- |
| Reasonable Accommodation Notice |

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities.

Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples

of reasonable accommodation include making a change to the application process or work procedures,

providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

i

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal

employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract

Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required

to respond to a collection of information unless such collection displays a valid OMB control number. This

survey should take about 5 minutes to complete.

Form W-4 (Rev. December 2020) Department of the Treasury Internal Revenue Service

Employee’s Withholding Certificate

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

▶ Your withholding is subject to review by the IRS.

OMB No. 1545-0074 2021

Step 1:

Enter

Personal Information

|  |  |
| --- | --- |
| (a) Nitendra C | Baichan |
| Address 19 Pingry Pl , Elizabeth , NJ , 07208 Apt E6 | |
| Elizabeth, New Jersey, 07208 | |

(c) Single or Married filing separately

Married filing jointly or Qualifying widow(er)

(b) Social security number

Head of household (Check only if you’re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2:

Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3:

Claim

Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by $2,000 ▶ $ Multiply the number of other dependents by $500 . . . . ▶ $

|  |
| --- |
| 3 |
| 4(a) |
| 4(b) |
| 4(c) |

Step 4

(optional): Other

Adjustments

Step 5:

Sign

Add the amounts above and enter the total here . . . . . . . . . . . . . $

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

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

(c) Extra withholding. Enter any additional tax you want withheld each pay period . $ Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Here

▲

Employee’s signature (This form is not valid unless you sign it.) Nitendra Baichan

▲

Date 03-22-2021

Employers Only

|  |  |
| --- | --- |
| Employer’s name and address | First date of  employment |

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2021)

**USCIS** 

**Employment Eligibility Verification**

**Form I-9**

**Department of Homeland Security**

OMB No. 1615-0047

U.S. Citizenship and Immigration Services

Expires 08/31/2019

►**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 *(Baichan )* First Name *(Nitendra )* Middle Initial Other Last Names Used *(if any)*

|  |  |  |
| --- | --- | --- |
| E6 | Elizabeth | NJ |

Address *(19 Pingey pl )* 07208

Date of Birth *(11/20/1989)* U.S. Social Security Number 144-19 - 4412

Employee's E-mail Address: Norrisbai@gmail.com Employee's Telephone Number :201-916-9462

**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):**

|  |  |
| --- | --- |
| 1 1. A citizen of the United States | |
| 2. A noncitizen national of the United States *(See instructions)* | |
| 3. A lawful permanent resident(Alien Registration Number/USCIS Number): | |
| (expiration date, if applicable, mm/dd/yyyy):  4. An alien authorized to work until  Some aliens may write "N/A" in the expiration date field.  *(See instructions)*  *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.*  **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)*

**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*

Form I-9 07/17/17 N Page 1 of 3

**Employment Eligibility Verification** 

**Department of Homeland Security**

U.S. Citizenship and Immigration Services

**Section 2. Employer or Authorized Representative Review and Verification**

**USCIS**

**Form I-9**

OMB No. 1615-0047 Expires 08/31/2019

*(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** Citizenship/Immigration Status

Last Name *(Family Name)* First Name *(Given Name)* M.I.

Citizen

**List A**

**OR List B AND List C**

**Identity and Employment Authorization Identity Employment Authorization**

Document Title

Issuing Authority

Document Number

Expiration Date *(if any)(mm/dd/yyyy)* Document Title

Document Title

Issuing Authority

Document Number

Expiration Date *(if any)(mm/dd/yyyy)*

Document Title

Issuing Authority

Document Number

Expiration Date *(if any)(mm/dd/yyyy)*

Issuing Authority

Document Number

Expiration Date *(if any)(mm/dd/yyyy)*

Document Title

Issuing Authority

Document Number

Expiration Date *(if any)(mm/dd/yyyy)*

Additional Information QR Code - Sections 2 & 3  Do Not Write In This Space

**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 ACV Environmental Services Inc

Employer's Business or Organization Address (Street Number and Name) City or Town State ZIP Code 1500 Rahway Ave Avenel NJ 07001

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

**A.** New Name *(if applicable)*

Last Name *(Family Name)* First Name *(Given Name)* Middle Initial

**B.** Date of Rehire *(if applicable)* 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)*

**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

Form I-9 07/17/17 N Page 2 of 3

**LISTS OF ACCEPTABLE DOCUMENTS**

**All documents must be UNEXPIRED**

Employees may present one selection from List A

or a combination of one selection from List B and one selection from List C.

**LIST A**

**Documents that Establish Both Identity and**

**Employment Authorization**

**LIST B**

**Documents that Establish**

**Identity**

**OR AND**

**LIST C**

**Documents that Establish Employment Authorization**

**1.** U.S. Passport or U.S. Passport Card

**2.** Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

**3.** Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa

**4.** Employment Authorization Document that contains a photograph (Form I-766)

**5.** For a nonimmigrant alien authorized to work for a specific employer

because of his or her status:

**a.** Foreign passport; and

**b.** Form I-94 or Form I-94A that has the following:

(1) The same name as the passport; and

(2) An endorsement of the alien's nonimmigrant status as long as

that period of endorsement has

not yet expired and the

proposed employment is not in

conflict with any restrictions or

limitations identified on the form.

**6.** Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating

nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

**2.** ID card issued by federal, state or local government agencies or entities,

provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

**3.** School ID card with a photograph **4.** Voter's registration card

**5.** U.S. Military card or draft record **6.** Military dependent's ID card

**7.** U.S. Coast Guard Merchant Mariner Card

**8.** Native American tribal document

**9.** Driver's license issued by a Canadian government authority

**For persons under age 18 who are unable to present a document listed above:**

**10.** School record or report card **11.** Clinic, doctor, or hospital record **12.** Day-care or nursery school record

**1.** A Social Security Account Number card, unless the card includes one of the following restrictions:

(1) NOT VALID FOR EMPLOYMENT

(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION

(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION

**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)

**3.** Original or certified copy of birth certificate issued by a State,

county, municipal authority, or territory of the United States

bearing an official seal

**4.** Native American tribal document **5.** U.S. Citizen ID Card (Form I-197)

**6.** Identification Card for Use of Resident Citizen in the United

States (Form I-179)

**7.** Employment authorization

document issued by the

Department of Homeland Security

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274). Refer to the instructions for more information about acceptable receipts.**

Form I-9 07/17/17 N Page 3 of 3

*Employee Direct Deposit Enrollment Form*

**Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)** 

Company Code: \_\_\_\_\_\_\_ Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee File Number: \_\_\_\_\_\_\_\_

Payroll Mgr. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn’t always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

**Memo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|: 012345678|: 123456789” 0101

Routing/Transit #

(A 9-digit number always between these two marks)

Checking Account #

Check #

(this number matches the number in the upper right corner of the check – not needed for sign-up)

**IMPORTANT! Please read and sign before completing and submitting.**

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the even that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: Social Security #: \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ Employee Signature: Date:

**Account Information**

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. **Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Transit #: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1Checking 1Savings 1Other I wish to deposit: $ \_\_\_\_\_\_\_.\_\_\_\_ or 1Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Transit #: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1Checking 1 Savings 1Other I wish to deposit: $ \_\_\_\_\_\_\_.\_\_\_\_ or 1Entire Net Amount

3. Bank Name/City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Transit #: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 Checking 1 Savings 1 Other I wish to deposit: $ \_\_\_\_\_\_\_.\_\_\_\_ or 1Entire Net Amount

**ATTENTION PAYROLL MANAGER:**

**Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.**

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of ACV Enviro’s premises or with non-ACV Enviro employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.

I understand that, should the content be changed in any way, ACV Enviro may require an additional signature from me to indicate that I am aware of and understand any new policies.

I understand that my signature below indicates that I have read and understand the above statements and have received a copy of the ACV Enviro Employee Handbook.

Employee- Print Name Nitendra Baichan

Employee Signature NB

Date 03-22-2021

Human Resources Representative:

Date

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**PAYROLL CHANGE NOTICE**

**New Hire Rehire Change Separation Transfer Effective Date: Current Job Title:**

First Name Middle Name Last Name **Social Security Number: Division:**

**Employee Group/ Pay Rate: Payroll No.:**

**Check All Applicable Boxes FROM TO Job Title |**

**Employee Type |**

**Rate Change |**

**Promotion |**

**Demotion |**

**Employee E-mail |**

**Supervisor E-mail |**

**Transfer CO/Div/Dept |**

**Probation Period Complete |**

**Supervisor |**

**Office Location |**

**EEO Job Category |**

**Check Location |**

**Comments:**

**COMPLETE THIS SECTION FOR SEPARATIONS ONLY**

**Hire Date: Separation Date:**

**Last Day Worked: Eligible for Rehire: Yes No Resignation Discharge Layoff Retirement Completion of Assignment Remarks:**

**Exit Physical Keys/Codes Cobra Termination Letter Notification List Equipment Returned: Yes No Date:**

**Vacation Payout: Hours: Date:**

**Exit Physical Completed: Yes No Date:**

**HR Manager: Date:**

**Approved By: Date:**

*This electronic document is the controlled version. Users are responsible for ensuring that documents are the current version.* HUM-FM-005 Revised: October, 2015