

Personal Information

Personal Information

Please enter your name as it appears on your Social Security Card.

First Name Thomas
Middle Initial

Suffix

 Address 2

 Country
 United States

 State
 California

 City
 San Jose

 Zip/Postal Code
 95120

 Primary Phone
 (669) 292-3314

Direct Deposit

Direct Deposit

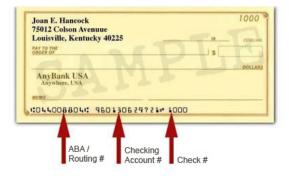
All JT4 employees are strongly encouraged to opt into our direct deposit system. When you set up your direct deposit, you must list at least one account. However, you can split your pay amongst as many as three bank accounts.

It takes about two pay periods for the direct deposit to take effect. So, in the meantime, see your local HR representative to pick up your paycheck.

To set up direct deposit for your paycheck, please fill out the form below.

Documents:

• Bi-Weekly Payroll Schedule



I elect to participate in Direct Deposit .

Yes

To add additional direct deposit accounts, click the "Add Direct Deposit" button below.

The "Remove Last Direct Deposit" will delete all entries for the last direct deposit account that you have entered.

Direct Deposit 1

Emergency Contacts

Emergency Contacts

We need to know who to contact on your behalf in the event of an emergency. Please list the names and contact information, including address and phone numbers, for at least two family members or friends.

To add additional emergency contacts, click the "Add Emergency Contact" button below.

The "Remove Last Emergency Contact" will delete all entries for the last emergency contact that you have entered.

Emergency Contact 1

 Primary Contact?
 Yes

 First Name
 Laura

 Last Name
 Braun

 Relationship
 Mother

 Address
 1318 Nancarrow Way

Address 2	
Country	United States
State**	California
City	San Jose
Zip Code	95120
•	
Primary Phone	(408) 890-0830
Seconary Phone	
Licenses and Certifications	
Licenses and Certifications	
Licenses and Certifications .	I do not have licenses/certifications
Professional Licenses	
License	
(If Other, please provide type.) Other	
Date Issued	
Date Expires	
Issued By	
License(If Other, please provide type.)	
Other	
Date Issued	
Date Expires	
Issued By	
License	
Other	
Date Issued	
Date Expires	
Issued By	
Professional Certifications	
Certification	
(If Other, please provide type.)	
Other	
Date Issued	
Date Expires	
Issued By	
Certification	
(If Other, please provide type.) Other	
Date Issued	
Date Expires	
Issued By	
Certification	
(If Other, please provide type.)	
Other	
Date Issued	
Date Expires	
Issued By	
Policies and Procedures Acknowledgement	
We have some other materials for you to read and acknowledge before vo	ur first day. When you click on a document it will open in a pop-up window for you to review. Once you've completed
reviewing all of the documents, please complete the acknowledgement at	the bottom of the screen. If you do not wish to agree to the ITALLIC policies and procedures as listed, please contact

your local HR representative for further instructions.

- Affirmative Action Policy

- Affirmative Action Policy
 Code of Business Ethics
 Employee Code of Conduct Policy
 Dress Code and Personal Appearance Policy
 Drug, Alcohol and Substance Abuse Policy
- Drug, Alcohol and Substance Abuse Scree ning Procedures
- Employee Personal Relationships Policy
 Equal Employment Opportunity Policy
 Holidays Policy

- JT4 Payroll Sch <u>edule</u>
- Sexual Harassment Harassment Policy
- Smoking and Tobacco Use Policy
 Time Recording Policy
- Workplace Violence Policy

I hereby acknowledge and agree to the JT4, LLC policies and procedures listed above.

Electronic Signature

Electronic Signature		
ELECTRONIC SIGNATURE: Please type your name as it is listed in the document above:		
I testify that this statement is true to the best of my knowledge:		
I authorize my Electronic Signature .	Thomas Braun Accepted	
Date	Mar 7, 2025 08:17 pm	