

# PRESTIGE INTERNATIONAL SECURITY, INC.



PPO16823

## HIRING PACKAGE

EMPLOYEE NAME: Syed L Hussain

DATE OF HIRE:

9043 RESEDA BLVD • NORTHRIDGE, CA 91324 • P: 818-576-0200 • F: 818-659-7303

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## HIRING PACKAGE

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## CONDITIONS OF EMPLOYMENT

Welcome to PRESTIGE INTERNATIONAL SECURITY (PIS), INC. We want to introduce you to our Conditions of Employment and minimum hiring requirements before you fill out your application.

As a pre-requisite of employment with Prestige International Security, Inc., you must understand and accept the following conditions and regulations:

1. You must be at least 18 years of age.
2. You must obtain a guard permit from the State of California and successfully complete all training by the state and PIS.
3. You must have and maintain a telephone at your place of residence at all times while working for PIS.
4. You must provide PIS with DMV-certified driving records if hired for a driving position.
5. You must wear the complete PIS uniform provided to you while on duty: BLACK SHOES AND A WHITE CREW NECK T-SHIRT. You must pay a refundable deposit for the uniform in three-installments. The deposit will only be refunded if uniform is returned dry-cleaned and in good condition (besides the usual wear and tear).
6. You must be capable of performing the essential functions of the job, with or without reasonable accommodations. This includes, but is not limited to, standing, walking for an entire shift, climbing stairs, and lifting/carrying up to 50lbs.
7. You must be literate in English.

**I ACKNOWLEDGE AND AGREE TO THE CONDITIONS OF EMPLOYMENT AT PRESTIGE INTERNATIONAL SECURITY, INC.**

PRINT NAME: Syed L Hussain

SIGNATURE:

*Syed L Hussain*

DATE: 06 / 26 / 2024



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## COMPANY RULES AND REGULATIONS

### 1. ABSENTEEISM:

Unexcused absences are grounds for disciplinary action. The company reserves the right to require a medical release or excuse from a doctor. You must contact the office in advance if you are not able to report to work at the scheduled time. A minimum of four (4) hours' notice should be given prior to the assigned shift if you are not able to report for duty. Unnecessary or habitual tardiness will not be tolerated. You must contact your supervisor or the office if you are going to be late. Failure to inform management of an absence or tardiness is grounds for termination.

INITIAL X S H

### 2. ALCOHOL:

Do not possess, take, consume, or be under the influence of any alcoholic substance before or while on duty.

INITIAL X S H

### 3. DRUGS:

Do not possess, take, consume, or be under the influence of any drug, barbiturate, form of narcotics or hallucinogen (including marijuana) before or while on duty. The company reserves the right to submit employees for testing using appropriate assessment procedures for alcohol and/or illegal drug usage.

INITIAL X S H

### 4. FIREARMS AND WEAPONS (BATON, MACE, ETC.):

Do not carry a firearm or a weapon unless required to do so. When required to carry a firearm or a weapon, you must have a valid license for the specified weapon you are carrying.

INITIAL X S H

### 5. LEAVING POST:

Do not leave your post without being properly relieved or securing the post in accordance with directions from your supervisor.

INITIAL X S H

### 6. OBEYING ORDERS AND SUPERVISORS:

Refusal or failure to obey post instruction, your supervisor, and/or other company authorities will not be tolerated.

INITIAL X S H



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## 7. PERSONAL WORK AND BUSINESS:

You will not engage in personal work or business on duty time; this includes, but is not limited to, other employment, hobbies, and vehicle repair or maintenance.

INITIAL X S H

## 8. TELEVISIONS, RADIOS, AND READINGS:

Televisions, radios, or any personal reading materials are not allowed while on duty (including newspapers).

INITIAL X S H

## 9. REPORTS:

Failure to submit required written reports will not be tolerated. Altering, or allowing others to alter, employee documents or post records will not be tolerated. Falsification of records in the transaction of company business, including misleading or withholding sensitive information, will result in dismissal.

INITIAL X S H

## 10. SLEEPING:

Sleeping on duty is strictly prohibited. You are expected to be adequately rested prior to reporting to your work assignment.

INITIAL X S H

## 11. TELEPHONES:

No personal calls will be made on location telephones. Customer and company telephone bills are regularly checked. Unauthorized use of telephones will result in the employee paying for the calls made and is grounds for termination.

INITIAL X S H

## 12. UNIFORM AND APPEARANCE:

You must always maintain a neat appearance. You must arrive on duty in the full uniform to be worn throughout your entire shift: shined shoes, uniform, insignia accessories, and equipment necessary for the discharge of your duties. Uniforms are company property; you must care for and maintain them in good condition. When company items are lost or damaged because of carelessness, negligence, or abuse, you will be charged for their replacement. When no longer in need, you must return and account for all company property issued to you.

INITIAL X S H



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## 13. CLIENT EQUIPMENT AND PROPERTY:

Do not use client's equipment including, but not limited to, tools, computers, copiers, telephones, and other office equipment. Destruction, damage, or unauthorized removal of PIS or PIS client property is prohibited.

INITIAL X S H

## 14. VISITORS:

Relatives, friends, and personal visitors of any kind are not permitted to remain on your post sites.

INITIAL X S H

## 15. ACCIDENTS AND INJURIES:

You must promptly report any accidents or injuries that occur while on duty; accidents or injuries may involve you or the client's equipment, property, or visitors.

INITIAL X S H

## 16. IMPROPER STATEMENTS:

Malicious or false statements that may damage the integrity and reputation of PIS, PIS employees, or PIS clients is prohibited.

INITIAL X S H

## 17. MEALS:

There are no off duty break periods for meals. Lunch is taken while on duty, unless otherwise instructed in post orders.

INITIAL X S H

**I HAVE READ AND UNDERSTAND ALL THE RULES AND REGULATIONS OUTLINED IN THESE DOCUMENTS.**

PRINT NAME: Syed L Hussain

Syed L Hussain  
SIGNATURE:

DATE: 06 / 26 / 2024



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## EMPLOYEE NON-DISCLOSURE AGREEMENT

For good consideration, and in consideration of being employed by Prestige International Security (PIS), Inc., the undersigned employee hereby agrees and acknowledges:

1. During the course of my employment, certain trade secrets of PIS may be disclosed to me. Such sensitive information includes but is not limited to:
  - a. Technical information: Methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs and research projects.
  - b. Business information: Customer lists, pricing data, sources of supply, financial data and marketing, production, merchandising systems and plans.
2. I will not during, or at any time after the termination of my employment with the PIS, disclose or divulge any trade secrets, confidential information or proprietary data of PIS. Using said information for myself or others, including future employees, is in violation of this agreement.
3. Upon the termination of my employment from PIS:
  - a. I will return to PIS all company documents and property.
  - b. PIS may notify any prospective employer or third party of the existence of this agreement and is entitled to full injunctive relief for any breach.
  - c. This agreement is binding upon me and my personal representatives and insures the benefit of PIS.

**I ACKNOWLEDGE AND AGREE TO THE TERMS OF THE NON-DISCLOSURE AGREEMENT  
AT PRESTIGE INTERNATIONAL SECURITY, INC.**

PRINT NAME: Syed L Hussain

SIGNATURE:

*Syed L Hussain*

DATE: 06 / 26 / 2024



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## CONDITIONS OF EMPLOYMENT & STANDARDS OF CONDUCT PERFORMANCE AGREEMENT

If you are injured while on duty, you must notify the office immediately during your scheduled shift. If you need to see a physician or doctor, the Dispatcher on duty will notify a supervisor or Prestige International Security (PIS), Inc. manager to direct you to our company doctor. If it is not life threatening, you must see our doctor or physician for treatment only. If you do not notify PIS of your injury or illness during the course of your work assignment, you will not be covered under any circumstances; furthermore, PIS will not be held liable for any injuries reported or injuries you have claimed. You must submit a written statement of facts regarding the injury or illness within twenty-four (24) hours of filing a work injury or illness claim. I have read the above statement and acknowledge my responsibility to immediately report any injury or illness while I perform my assigned duties as a security officer to Prestige International Security, Inc.

I hereby certify that I have read and understand the contents of the Prestige International Security, Inc. Employee Hiring Package. I agree to comply with the Conditions of Employment and Standards of Conduct and Performance and I understand and agree that if I should violate any item contained in the Conditions of Employment or Standards of Conduct and Performance I will have violated a condition of my employment and I will be subject to termination or other discipline.

*Syed L Hussain*  
SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:

### Statement of Physical Ability

I, Syed L Hussain, presently seek employment with Prestige International Security, Inc. It has been explained, and I understand, that as a Prestige Security Officer I may be required to perform activities requiring physical exertion. Such activities may include extended standing, walking, running, jumping, climbing, sitting, and the like. I hereby represent that I am physically capable, including a minimum of 20/30 corrected vision, to perform all the tasks required to be performed by me in the position as a security officer for which I am applying.

*Syed L Hussain*  
SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

### Worker's Compensation Notification

Prestige International Security, Inc. currently provides Worker's Compensation insurance benefits through Gallagher Bassett Services, Inc. and Everest Insurance Company. YOU as a Prestige Security Officer are entitled to receive medical benefits for any injury or illness incurred as a result of your employment. All incidents regarding medical attention, injuries, and/or illnesses must be reported to the supervisor or management immediately.

*Syed L Hussain*  
SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

EMPLOYEE'S NAME: Syed L Hussain

SSN: 545615609

PHYSICAL HOME ADDRESS: 9909 Hazard Ave Apt 12, Garden Grove CA 92844



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## REST PERIOD AND MEAL BREAK AGREEMENT

This agreement serves all Prestige International Security (PIS), Inc. security personnel working in the capacity of manager, supervisor, and security officer. Failure to comply with this requirement may result in civil penalties and can lead up to termination of employment. The named employee listed below and PIS mutually agree to waive rest and meal periods based on the following requirements.

### REST PERIODS

Employers are required to give each employee at least ten (10) minutes paid break for each four (4) hours worked (or major fraction of four (4) hours). If an employee works three and a half (3.5) hours or less, it is not required that a break be given to that employee. Breaks should be given to employees as near to the middle of the four (4) hours segment of time as is practical. If an employer fails to provide a rest period, the employer must pay the employee one (1) additional hour of pay at the employee's regular rate of compensation for each workday that the rest period is not provided, however notification to the employer must be presented by the employee. This additional hour is not counted for purposes of overtime compensation calculations (See appropriate Industrial Welfare Commissions (IWC) Order).

**Prestige International Security, Inc. provides non-exempt employees with the right and opportunity to take a 10-minute rest period for each four (4) hours of work. Employees are required to take these 10-minute rest periods near the middle of each four (4) hour shift. It is a violation of Prestige International Security, Inc. policy not to do so. These rest periods may not be combined or added to an employee's meal period. If for some reason the employee is unable to take a rest period in accordance with this policy, the employee must contact his/her supervisor and/or any other management member of Prestige International Security, Inc. and report this problem. Any employee who fails to follow Prestige International Security, Inc.'s Meal and Rest Period Policies as defined herein is subject to discipline including termination of employment.**

### MEAL PERIODS

An employer may not employ for a work period of more than five (5) hours per day without providing a meal period of not less than thirty (30) minutes, except that if the total work period per day of the employee is no more than six (6) hours, the meal period may be waived by mutual consent of both the employer and employee (See Labor Code §512 subsection (a)).

Employees are entitled to a minimum of a thirty (3) minute duty-free meal period every five (5) hours worked, however this does not excuse the employee to leave the premises while on duty. A second meal period is required if an employee works more than ten (10) hours per day unless the work period is less than twelve (12) hours, then the second meal period is "Duty Free." For a meal period to be "Duty Free" the employer cannot require that an employee perform any duties while on a meal break, furthermore the employee cannot leave the assigned posted work area and leave the premises while on a meal break or duty free time. An "On Duty" meal period is only permitted when the nature of the work prevents an employee from being relieved of all duties when, but written consent between parties, an on-the-job paid meal [period is agreed to. If an employer fails to provide a legally required meal period, the employer must pay the employee one (1) additional hour of pay at the rate of the employee's regular rate pay per day. This additional hour is not counted for purposes of overtime compensation calculations (See appropriate IWC Order and Labor Code §226.7).



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As previously stated, all employees are expected to work as a team and abide with the company policies and procedures regarding rest and meal periods. Once you begin working as a team, attitudes, expectations and the workplace will be much more productive and pleasurable experience.

Prestige International Security, Inc. provides non-exempt employees with the right and opportunity to take a 30-minute meal period that must be taken by the end of the employee's fifth (5<sup>th</sup>) hour of work after the employee began work each day. This meal period is mandatory unless the total hours to be worked that day are six (6) or less. In addition, employees who work more than ten (10) hours in a day have the right and opportunity to take a second 30-minute meal period. This second meal period is also mandatory unless the total hours to be worked that day are twelve (12) or less. All non-exempt employees are required to record the beginning and end of their meal periods. It is a violation of Prestige International Security, Inc. policy not to do so. If for some reason the employee is unable to take a meal period in accordance with this policy, the employee must contact his/her supervisor and/or any other management member of Prestige International Security, Inc. and report this problem.

By signing below you have read and understand the triple Rest and Meal Break Agreement policy and procedures. Failure to comply with the Department of Industrial Relations and Labor Board Code may result in a disciplinary counseling report to the employee. This rest period and meal break waiver agreement is freely and voluntarily entered and can be revoked at any time by the employee or PIS. This Rest Period and Meal Break will be filed in the employees personnel file.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:



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## EMPLOYEE ACKNOWLEDGMENT

I, Syed L Hussain, acknowledge and agree to my employment by Prestige International Security (PIS), Inc. and its divisions, subsidiaries, and successors. My employment by PIS is at will and subject to the following terms and conditions:

1. My employment by PIS is strictly at will employment, terminable by either PIS or myself at any time in either party's sole discretion. Without advance notice, PIS representatives will not modify this policy. I understand that at no time does any policy, procedure, custom, or statement, whether written or verbal, constitute a modification of this condition of my employment.
2. I have not been convicted of any crime or violation of law, other than that stated and explained in detail on my completed application form. Any change may result in immediate termination.
3. I understand that I am not employed by the facility to which I am assigned, but by PIS. I will not under any circumstances communicate to PIS clients working hours, rate of pay, benefits or similar subjects. I understand and agree that I may be required to work irregular hours and/or for different clients at various locations as directed by PIS.
4. If I am unable to report to my assigned post as scheduled, I will notify management at least four (4) hours in advance. Notice to a co-worker is not sufficient notice.
5. I understand that I must provide my own transportation to my work assignment. I will also provide a telephone number where PIS management can reach me when off duty.
6. I agree that my employment is contingent upon successful completion of background checks, acceptable physiological screening results, and acquisition of required state and/or federal licenses when applicable. I agree to voluntarily resign and promptly return all property issued to me by PIS in the event of my failure to obtain the required state and/or federal licenses required for employment.
7. I agree to pay for any damage or loss I cause to PIS or PIS client property due to gross negligence, as determined by PIS management with reasonable judgment.
8. I understand that should circumstances develop which indicate dishonesty, theft, or unsatisfactory performance for any reason I may be suspended indefinitely without pay, pending investigation and determination of the facts by PIS, Inc.
9. I understand that my services are contracted to the clients of PIS. I understand I will be transferred among facilities from time to time, which may include varying rates of pay, based on the client's contract. I agree to post transfers as the needs of PIS dictate.
10. PIS will provide BASIC SECURITY TRAINING prior to reporting for duty and ongoing training at no cost to the employees. I understand that in the event of resignation or termination by PIS with justifiable cause prior to completing 90 days of service, PIS may deduct the cost or portion of the cost of training from my final paycheck.
11. I understand that I will be issued certain specified items of clothing and equipment at the time of hire, which is property of PIS. I agree to return all items issued to me in good condition (aside from normal wear and tear) upon termination of employment. I understand the replacement cost of clothing and equipment I do not return is deducted from my paycheck.
12. I agree that any money owed to PIS resulting from loans advances, damaged property, lost property, or unauthorized use of property may be deducted unilaterally from my paycheck.



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13. I acknowledge receipt of a copy of PIS Rules and Regulations. I agree to abide by the manual thoroughly, familiarize myself with its contents, and keep it while on duty.
14. I understand PIS Rules and Regulations are general guidelines and will not be construed as an employment contract of any kind; PIS Rules and Regulations in no way supplements, contradicts, or modifies the terms of my employment acknowledgment. I also understand that PIS reserves the right to change its policies, rules, and regulations at any time, with or without notice, as deemed necessary, except as it relates to the at will employment policy stated in article (1).
15. I understand that certain benefits may be provided to me at designated locations. My eligibility for these benefits is based on the client's contract governing the post which I am assigned.
16. I understand and agree to cooperate with PIS and its clients in any investigation involving my employment or job performance. Being aware of this need in the security industry, I agree to voluntarily participate in any investigation, interrogation, or interview for any investigation. Unwillingness to cooperate in an investigation is grounds for termination of employment.
17. I hereby agree to indemnify and hold PIS harmless from any claims, actions, losses or expenses arising out of any deduction from my pay made in good faith by PIS in accordance with either article ten (10) or eleven (11) of this employment acknowledgment or arising from participation in any investigation, interrogation, interview, examination, test, or procedure conducted in accordance with article fifteen (15) of the employment acknowledgment or any related employment action by PIS.
18. I understand and agree to hold all confidential information of PIS in trust and confidence. Unless authorized by the president of PIS, I will not disclose stated confidential information to any person.
19. I acknowledge the names, addresses and other information of PIS clients constitute trade secrets of PIS and the sale or unauthorized disclosure of any PIS trade secrets obtained by me during my employment with PIS constitutes unfair competition. I agree not engage in any unfair competition with my employer.
20. For a period of one (1) year immediately following the termination of my employment with PIS I will not seek employment or work for any PIS clients.
21. In addition to my acknowledgment that my employment by PIS is strictly employment at will, terminable by either PIS or myself at any time, I further acknowledge that any breach of the provisions of this acknowledgment may be cause for immediate termination.

I, Syed L Hussain, **ACKNOWLEDGE AND AGREE TO THE TERMS OF EMPLOYMENT AT PRESTIGE INTERNATIONAL SECURITY, INC. AS STATED IN THIS DOCUMENT.**

SIGNATURE OF EMPLOYEE:

*Syed L Hussain*

DATE: 06 / 26 / 2024



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## EMPLOYMENT AGREEMENT

This Employment Agreement is made as of the date set forth below, by and between Prestige International Security (PIS), Inc. and the below named employee.

I, Syed L Hussain, acknowledge and agree that Prestige International Security (PIS), Inc. has hired me to perform services on behalf of the company. In the course and scope of such employment, I will have access to PIS client records and other confidential information. I acknowledge and agree to the following:

1. During the term of my employment, I will not directly or indirectly engage or practice in any business that is in competition in any manner with PIS.
2. I acknowledge and agree that the names, addresses and other information regarding PIS clients constitute trade secrets of PIS and the sale or unauthorized use or disclosure of any of PIS trade secrets obtained during my employment with PIS constitutes unfair competition. I promise and agree not to engage in any unfair competition with PIS.
3. I consent and agree that during the period of two (2) years immediately following the termination of my employment with PIS, I will not either directly or indirectly make known or divulge the name and/or addresses of any of the clients or patrons of PIS or with whom I became acquainted with during my employment to any person, firm or corporation. I consent and agree that I will not directly or indirectly, for myself or for any other person, firm, or company, call upon, divert or take away or attempt to call upon, divert, or take away trade secrets from PIS.
4. I consent and agree that for any violation(s) of any of the provisions of this employment agreement a restraining order and/or injunction may be issued against me in addition to any other rights the PIS may have.
5. For a period of two (2) years immediately following the termination of my employment with PIS, I will not seek employment or work for any PIS clients.
6. In the event that PIS is successful in any suit or proceeding brought or instituted to enforce any of the provisions of this employment agreement, or on account of any damages sustained by PIS as a result of my violation of this agreement, the I agree to pay PIS reasonable attorney's fees to be fixed by the court.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:



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## DISPATCH & ABSENCE POLICY

To all Prestige International Security (PIS), Inc. Security Personnel:

**When reporting for duty  
CALL 1-877-659-0419.**

- After you are greeted by the dispatcher, "Prestige Security," say **YOUR NAME, POST LOCATION, and if you are LOGGING IN/OUT**. For example, "This is Officer John Smith checking in at Costco Montebello." Personal Identification may be required if Dispatch Center has requested more information.
- **If Log-In/Out has been successful, Prestige Dispatcher will say, "ten four thank you." You may now hang up.**

### IF YOU ARE DIRECTED TO PRESTIGE SECURITY DISPATCH CENTER VOICEMAIL

- Simply follow the same instructions: leave your name, post location, and if you are logging-in/out from your post.
- Call the Dispatch Center again to confirm you were successfully logged in/out of the system.

### ADDITIONAL OFFICER INSTRUCTIONS

- Do not log in late. Arrive before your scheduled shift begins, allowing sufficient time to access a public phone at the post to log in for duty. If a customer requests your assistance for something (routine, non-emergency) before you have logged in, politely excuse yourself for 30 seconds and call the Dispatch Center.
- You may log in up to 15 minutes before your shift begins.
- Do not log out before the end of your shift.
- Do not leave early. You will only be paid for the hours you worked.
- If you log in late or log out early because of customer circumstances, you must report it immediately to Dispatch or you will not be paid correctly. Do not wait until the next day or when you receive your paycheck to correct the error. There are no exceptions.
- Never leave your post until your relief has arrived. Relief may be an officer or supervisor, client representative, or superintendent. Log out only after properly debriefing your relief about the shift's events. Notify Dispatch Center if your relief is late after 15-30 minutes of standing post.



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- If you cannot get to your post on time, call the Dispatch Center immediately. Then call your post supervisor if you have one. Before you report to your next regularly scheduled duty, you must contact your Operations Manager or his/her assistant to discuss your attendance.
- Request for Time Off at least seven (7) days in advance and request vacations at least thirty (30) days in advance from your Operations Manager. It is not approved until you get an approved, signed copy from the scheduling manager. Submit all requests to your supervisor.

## ABSENCE POLICY

An employee is expected not to be absent from work for any reason other than personal illness without making prior arrangements by calling the corporate office or by placing their request in writing with the corporate office. Unless prior arrangements are made in writing, an employee who, for any reason, fails to report to work must make a sincere effort to immediately notify the corporate office of his/her reason for being absent and submit proper documentation supporting the absence. If the absence, whether for a personal emergency, illness, or otherwise, is to continue beyond the first day of the initial absence, it is the responsibility of the employee to contact the corporate office on a daily basis to continue reporting the absence, unless written notification was submitted by fax or otherwise arranged. In certain cases exceptions will be made, such as the employee facing extenuating circumstances.

Any unauthorized absence without prior written notification will be deemed to be an absence without pay and can be grounds for disciplinary action up to and including dismissal. In the absence of such disciplinary action any employee who is absent for three consecutive days or more may be charged with unauthorized leave without pay; unauthorized leave of absence for more than three consecutive days will be deemed as a voluntary quit without pay. If an employee is No Call-No Show from a work assignment it may be considered as abandonment of employment and voluntarily quit from the assigned duties.

By signing below you have read and understand the Absence Notification Policies and Procedures Section IX.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:



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## EQUIPMENT POLICY & PROCEDURE

### GUARDTRAX

1. If there is a phone on the premises, I will use it only for calling Prestige International Security, Inc. Dispatch Center, the Police Department, or the Fire Department. I will pay for any personal calls made on my shift.
2. GuardTrax, Pro-Mag, or Proxiguard are all Tour Patrol Monitors and must be used properly and as instructed. I understand that if the GuardTrax, Pro-Mag, or Proxiguard Monitoring Systems register tape does not reflect my patrol rounds tours as required, the necessary hours will be deducted for failure to perform my duties.
3. The GuardTrax and other equipment must not be damaged, misplaced, or lost. I must check all equipment transferred to me from another security officer; I must do the same when transferring such equipment to my relieving officer.
4. If I damage, misplace, or lose company equipment, it is my responsibility to pay for the necessary repairs or replacement. If any PIS property or equipment (including uniforms) is damaged or stolen, I will notify my immediate supervisor and file a police report in the city of the incident where it occurred and submit all documentation to the PIS management.
5. If any item of the above articles one (1) through four (4) occurs the cost will be deducted from my payroll check immediately.

NOTE: Any damage the equipment incurs is grounds for immediate termination if it is determined that the damage was a result of an intentional act by a security guard. Additionally, any security guard having been found to have caused such damage is financially responsible for such damage. If any equipment is lost by a security officer, he/she is responsible for any replacement costs.

### CLIENT COMPUTERS

Unauthorized access of client computers by security officers caused a computer virus to invade their computer systems, resulting in thousands of dollars of damage and repairs. In some cases, Prestige International Security, Inc. has had to reimburse these clients costing the company a great deal of money.

We have instituted a zero tolerance policy regarding security guards accessing a client's computer. There is no post that requires any security guard to use a client's computer. Any personnel who access a client's computer will be terminated immediately. If any damage results from the access, the security guard responsible is liable for any resulting costs that the client or the company may incur from the damage.

Clients have installed software programs that monitor after-hours access to their computers and in some cases block access to pornographic websites. We have asked our clients to inform us of any unauthorized computer access.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:



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## OFFICER-CLIENT ETIQUETTE

It is company policy that all guard personnel NOT discuss personal or job related problems such as pay dates, receipt of W2 forms, hours or any pay discrepancies with any client or client representative. All complaints must be made directly to Prestige International Security, Inc. directly and in writing. Violation of this policy is grounds for write up or termination.

*Syed L Hussain*  
SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:



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## SALARY AGREEMENT

I, Syed L Hussain, employee of Prestige International Security (PIS), Inc. acknowledge that I may be assigned to an account that pays a premium level of pay per the contractual rate of the account.

If, for any reason, I am assigned to another account that is priced so that a lower level of pay exists, I accept the fact that my salary will be reduced to the level my new assignment will afford.

I acknowledge that as policy of Prestige International Security, Inc. the first day of work is considered training and will not be deemed payable hours (unless approved by PIS management).

I accept that I will not be paid for the 8 hours of training I complete at my assigned post unless approved by the client representative and PIS management.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:



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## PAYROLL CHECK NOTIFICATION

As per Prestige International Security (PIS), Inc. payroll policy #2.330.10., paychecks will be distributed in the following manner. This form must be filled out completely and then submitted to the head office for payroll processing. Field support supervisors are not required to distribute payroll checks at any client sites.

I, Syed L Hussain, hereby authorize Prestige international Security to:

I hereby request my paycheck be held at the corporate office for pickup. I further understand and acknowledge that my check will be held for no more than three days at which time it will be mailed to my home address.

*Please be advised that all paychecks will be held for no more than three (3) days at the PIS corporate office after payday.*

*Unclaimed paychecks will subsequently be mailed to the address listed on your W-4 filing tax return.*

I hereby request my paycheck be directly deposited into my personal banking account.

*Please complete Employee Direct Deposit Authorization Form.*

I hereby request that my paycheck be mailed to the following address:

*If no address is listed on this form, it will be mailed to the address listed in my personnel file.*

EMPLOYEE NAME: Syed L Hussain

ADDRESS: 9909 Hazard Ave Apt 12

CITY: Garden Grove

STATE: CA

ZIP: 92844

TELEPHONE #: 657 357 9533

Syed L Hussain  
SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE PROCESSED:



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## PAYROLL DEDUCTION AUTHORIZATION

The undersigned hereby authorized Prestige International Security, Inc. to deduct the sum amount payments of \$50.00 from my gross earnings each payroll period beginning:

NAME OF EMPLOYEE: Syed L Hussain

STARTING DATE:

### ITEMIZED AS FOLLOWS:

#### IN PAYMENT FOR AND/OR DEDUCTION:

#### AMOUNT:

Credit Union	\$ _____
Employee Savings Plan	\$ _____
401K Plan	\$ _____
Union Dues	\$ _____
Guard Card Training	\$ _____
Live Scan Fees	\$ _____
Payroll Advancement	\$ _____
Uniform Deduction	\$ _____
[ _____ ]	\$ _____
[ _____ ]	\$ _____
[ _____ ]	\$ _____

TOTAL: \$ \_\_\_\_\_

SIGNATURE OF EMPLOYEE *Syed L Hussain*

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:



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## Payroll Schedule

In California, the Industrial Welfare Commission (IWC) sets regulations regarding wage and hour requirements, including rules for regular hours, overtime, and double time pay. Here's a payment schedule that adheres to California regulations:

### **Regular Hours:**

Employees are entitled to their regular hourly rate for up to 8 hours of work per day or 40 hours per week.

### **Overtime Hours:**

For hours worked beyond 8 hours in a workday or 40 hours in a workweek, employees are entitled to overtime pay at a rate of 1.5 times their regular hourly rate.

### **Double Time Hours:**

For hours worked beyond 12 hours in a workday, employees are entitled to double time pay at a rate of 2 times their regular hourly rate.

For hours worked beyond 8 hours on the seventh consecutive day of work in a workweek, employees are entitled to double time pay at a rate of 2 times their regular hourly rate.

This payment schedule complies with California regulations regarding regular hours, overtime, and double time pay as specified by the IWC orders.



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## Payroll Calendar

### Month: January

Work Period: January 1<sup>st</sup> to January 15<sup>th</sup>

Pay Date: January 25<sup>th</sup>

Work Period: January 16<sup>th</sup> to January 31<sup>st</sup>

Pay Date: February 10<sup>th</sup>

### Month: February

Work Period: February 1<sup>st</sup> to February 15<sup>th</sup>

Pay Date: February 25<sup>th</sup>

Work Period: February 16<sup>th</sup> to February 29<sup>th</sup>

Pay Date: March 10<sup>th</sup>

This schedule continues throughout the year, with pay dates falling on the 25<sup>th</sup> of the month for work completed in the first half of the month and on the 10<sup>th</sup> of the following month for work completed in the second half of the month.



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## ON-DUTY MEAL BREAK AGREEMENT

This On-Duty Meal Break Agreement is intended to supplement the Rest Period and Meal Break Agreement already executed by Employee. In the event of conflict between the terms of the Rest Period and Meal Break Agreement and this On-Duty Meal Break Agreement, the terms of the On-Duty Meal Break Agreement will control.

Prestige International Security, Inc. (Employer) and Employee recognize that typically only one security officer is assigned to a single site where Employer is contracted to provide security services. For this reason, Employee cannot be relieved of all duties during Employee's thirty-minute meal period during a work shift lasting over five but not more than ten hours, when Employee is the sole security officer assigned to a site.

Employee agrees to an On-Duty Meal Break of 30 minutes during shifts lasting more than five but not more than the hours, where Employee is the only security officer assigned to a site during Employee's shift. Employee's On-Duty Meal Break shall be compensated by Employer at Employee's regular rate of pay.

**This On-Duty Meal Break Agreement may be revoked by Employee at any time, upon notice to Employer of any length.**

**By signing and dating this Agreement below, Employee represents that she or he understands the terms of this Agreement.**

**Employee:** Syed L Hussain      **Date:** 06 / 26 / 2024

Employee's Name

**Employee:** Syed L Hussain

Employee's Signature

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

PIS, Inc. Management Signature



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## UNIFORMS & APPEARANCE

- All Prestige International Security (PIS), Inc. security officers and field support supervisors shall possess a serviceable uniform and the necessary equipment to perform field duty for the duration of their shift.
- All uniforms and proper equipment shall be maintained in a clean, pressed, serviceable condition, and shall be ready at all-times for immediate use. Uniforms can be exchanged when their serviceability is no longer possible.
- Leather and Basket weave equipment shall be kept dyed and shined, and shall be replaced when it becomes cracked or worn.
- Prestige Security Officers shall wear only the uniform specified for their particular rank and assignment. Civilian clothing shall not be worn with any distinguishable part of the uniform when in client or public view.
- Black plain toe shoes are the only authorized shoe and shall be kept polished. Sneakers or tennis shoes are prohibited and can result in disciplinary action.
- Black socks shall be worn with the uniforms. NO white socks.
- Jewelry or personal ornaments shall not be affixed to any part of the uniforms or equipment. (No buttons, pins, or unauthorized badges, also no unauthorized rank.)
- The winter uniform shirt will belong sleeve shirt and tie. The winter uniform will be in season during November 15 through April 15 of each year.
- The summer uniform shirt will be a short sleeve shirt with white T-shirt. At no time should the security officer wear a T-shirt that has a logo, picture or words that can be seen through the uniform shirt. The summer uniform will be in season during April 16 through November 14 of each year.
- At no time are male officers allowed to wear earrings. Female officers can wear only one pair of earrings. The earrings must be small round balls/studs.
- Only two rings per hand can be worn. Only one bracelet and one wrist watch are allowed.
- The short sleeve shirts are to be button to the second top button; the T-shirt should be visible. Bomber Jackets and windbreakers are to be zipped up three-quarters of the way from the bottom.
- Only authorized gear should be worn, no officer is allowed to bring any equipment not authorized at his or her post. (i.e. firearms, baton, stun guns and other equipment) also no personal uniforms that do not conform to PIS standard issue.
- All PIS security officers wearing long sleeve shirts, jackets, windbreakers and or sweaters must at all times wear a regulation black tie.
- Sideburns shall not extend beyond a point even with the bottom of the ear lobe and shall terminate in a clean-shaven horizontal line. The flair (terminal position- of the sideburn) shall not exceed the width of the main portion of the sideburn. Goat-tee on male security officer is prohibited.
- Mustaches shall be short, neat trimmed, and of natural color. Mustaches shall not extend below the vermillion border of the upper lip or the corners of the mouth, and may not extend to the side more than one-half inch beyond the corners of the mouth.
- Prestige Security Officers shall be clean shaven when reporting for duty. A growth of whiskers shall be permitted only for medical reasons and documentation must be provided by the medical physician to the



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operations manager. A security officer with a medical condition, which precludes his shaving, shall be assigned duties requiring the least possible public exposure.

- A male officer's hair will be short. The hair cut should be tapered in the back and sides. The length of the hair will not extend below the top of collar. The length of the hair will not extend over the ears. The length of the hair will not extend passed the officer's eyebrows.
- A female officer's hair must not extend below the top of the collar. If the officer's hair is longer, then it must be held in place above the collar (pony-tail) position. Hair retaining items of the same hair color should be worn, no flashy colors.

## SUMMER UNIFORMS

**Prestige International Security (PIS), Inc. summer uniform shirts are worn  
APRIL 16 THROUGH NOVEMBER 14.**

- Noted above are the placement of your rank and open collar. Open collar is always to be worn with a clean white's" shirt, no "V" necks.
- T -shirts with logos or designs are not authorized.
- Pants, clip on ties are to be Prestige International Security, Inc.
- company issue.
- Plain toed black shoes (NO WHITE SOCKS) with dark blue or black socks. No sneakers or tennis shoes.

## WINTER UNIFORM

**Prestige International Security (PIS), Inc. winter uniform shirts are worn  
NOVEMBER 15 THROUGH APRIL 15.**

- All officers are required to change uniforms on the dates stated above. All officers are required to wear a black PIS issued clip on tie with tie bar, tie bar is to be placed just below the third button of the shirt, name tag, and PIS ribbons as noted above. Ranking officers will wear their rank both on the collar and shoulder boards.
- Prestige badge is always worn on the outer most portion of your clothing over the left breast pocket. Officers name plate should be centered below the top flap seem, of the right breast pocket any awards worn over the right breast pocket centered over the top seem, as noted per following pages.
- The silver whistle or handcuff key chain is to be worn, attached to the right top epaulet button, ran down to the outside pocket of the right breast pocket with the chain inside the pocket with flap closed.
- Prestige badge is always worn on the outer most portion of your clothing over the left breast pocket. Officers name plate should be centered below the top flap seem of the right breast pocket any awards are worn over the right breast pocket centered over the top seem, as noted per following pages.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024



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SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:

## UNIFORM MAINTENANCE POLICY

Prestige International Security (PIS), Inc.'s issued company uniforms will be provided to all employees free of charge. These company uniforms do not require dry cleaning, ironing or any special treatment. Prestige International Security, Inc. does not require its employees to spend any off-the-clock work time ironing the company uniforms unless the employee is specifically directed to do so. If an employee is requested to iron his/her company uniform, the employee is to contact his/her supervisor and the employee will be compensated for the time spent ironing. Any other uniform-related item should be maintained by the employees in a neat and clean condition. In the event that an employee intentionally damages his/her company uniform, such as making unapproved modifications to it, the employee is responsible for replacement costs including costs associated with returning the uniform to its proper condition.

If an employee is issued a company uniform that requires dry cleaning, Prestige International Security, Inc. will make arrangements to either provide a clean uniform to the employee or reimburse the employee for dry cleaning expenses. Should Prestige International Security, Inc. choose to reimburse the employee for dry cleaning expenses, Prestige International Security, Inc. will pay the employee \$.25 per hour for each hour the employee works in the company uniform.

Since company uniforms are the property of Prestige International Security, Inc., employees are required to return the uniforms to Prestige International Security, Inc. at the time of termination of employment. Should an employee fail to return his/her company uniform, Prestige International Security, Inc. hereby reserves the right to pursue all legal and equitable means at its disposal to seek return of the uniform or collect the cost of the uniform from the employee.

Employees should contact their supervisors or any other management member of Prestige International Security, Inc. if they have questions regarding company uniforms. Any employee who fails to follow Prestige International Security, Inc.'s Uniform Maintenance Policy as defined herein is subject to discipline including termination of employment.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024



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SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:

## EMERGENCY NOTIFICATION FORM

TODAY'S DATE: 06 / 26 / 2024

DEPARTMENT/SITE:

EMPLOYEE NAME: Syed L Hussain

CELL PHONE #: 6573579533

### IN CASE OF AN EMERGENCY, WHO SHOULD BE CONTACTED?

NAME: Syed Hussain

RELATIONSHIP: Son

DAYTIME PHONE #: 7144834494

ALTERNATE #(S):

NAME: Asra Hussain

RELATIONSHIP: Wife

DAYTIME PHONE #: 7148153216

ALTERNATE #(S):

### MEDICAL HISTORY

FAMILY DOCTOR:

PHONE:

HOSPITAL:

IN CASE OF EMERGENCY (specify prescribed medications, allergies, etc.):

# PRESTIGE INTERNATIONAL SECURITY, INC.

## Employment Application



### APPLICANT INFORMATION

Last Name	Hussain	First	Syed	M.I.	L	Date	06 / 26 / 2024	
Street Address	9909 Hazard Ave				Apartment/Unit #		12	
City	Garden Grove			State	CA	ZIP	92844	
Phone	6573579533			E-mail Address	princehussain1313@gmail.com			
Date Available			Social Security No.	545615609		Desired Salary		
Position Applied for								
Are you a citizen of the United States?			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If yes, explain			

### EDUCATION

High School				Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

### REFERENCES

Please list three professional references.

Full Name			Relationship			
Company			Phone			
Address						
Full Name			Relationship			
Company			Phone			
Address						
Full Name			Relationship			
Company			Phone			

Address	
---------	--

<b>PREVIOUS EMPLOYMENT</b>		
Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>MILITARY SERVICE</b>		
Branch		From To
Rank at Discharge		Type of Discharge
If other than honorable, explain		

<b>DISCLAIMER AND SIGNATURE</b>		
I certify that my answers are true and complete to the best of my knowledge.		
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.		
Signature	<i>Syed L Hussain</i>	Date 06 / 26 / 2024



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## PRE-EMPLOYMENT DRUG SCREEN & BACKGROUND CHECK

Prestige International Security (PIS), Inc. requires that all applicants for employment in any capacity or position, and especially in safety sensitive positions, be submitted to a drug screening test and criminal background check.

Applicants will not be hired until they pass pre-employment drug tests. Pre-employment testing identifies applicants who have consumed a prohibited drug in the recent past or who may have problems with the misuse of alcohol. This behavior has the potential to affect the workplace and may present an unacceptable safety risk not only to the applicant but to employees, coworkers, passengers, and the general public as well. Pre-employment testing identifies employees who could bring a drug or alcohol problem into Prestige International Security, Inc.

Employees assigned to a safety sensitive position in nature must pass a FRA/DOT test prior to any work assignment. Pre-employment testing under PIS policy will not qualify an employee to work in a safety-sensitive position. The test date of the previous test is not considered.

PIS, Inc. and HSSG Drug Policy allows management to assign an individual(s) from safety-sensitive employment (and all others) to submit a test when PIS, Inc. has a reasonable suspicion that the employee has used a prohibited drug or has misused alcohol as defined in this Policy. PIS, Inc. bases "*reasonable suspicion*" on specific, contemporaneous, facts, physical evidence, behavior, speech, or body odor of the employee. Management is relied upon to make a determination based on the symptoms, circumstances, facts, physical evidence, patterns of communications and behavior as to the action taken in each use.

All PIS, Inc. employees whom continue their employment with PIS, Inc. after ninety (90) days probationary period will take both the drug screening and background check free of charge; however, for those employees who fail or do not pass their ninety (90) day probationary status period, regardless of the circumstances, will be required to pay the full amount for all pre-employment testing.

If an employee drug screen is tested positive at the time of pre-employment drug screening the employee has the right to consult with his/her own physician and/or doctor and retake the drug screening test. However, the employee must pay for such consultation on his/her own expense and submit a physician or doctors documentation of the results.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

06 / 26 / 2024  
DATE:

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:



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## DISCLOSURE & AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, Syed L Hussain, understand that in connection with my application for employment with Prestige International Security (PIS), Inc. Prestige International Security, Inc. may conduct a background investigation and seek an investigative consumer report about me. I authorize Prestige International Security, Inc. and its authorized agents to conduct a background investigation and obtain an investigative consumer report as part of its employment inquiry. I understand that such reports may include information about my character, general reputation, personal characteristics, mode of living, credit worthiness, credit standing and/or credit capacity. I further understand that as part of the background investigative consumer report Prestige International Security, Inc. and its authorized agents may make inquiries concerning my work history, motor vehicle performance, work experience, reasons for termination of past employment from previous employers, motor vehicle operation history, court records (including criminal conviction records as permitted by law), personal financial status, credit history and references obtained from professional and personal associates. I understand that this information may be obtained from personal interviews with my professional and personal acquaintances.

Based upon such understandings, I hereby voluntarily and knowingly authorize all present and past employers, supervisors, educational institutions, consumer reporting agencies, credit bureaus, collection agencies, law enforcement agencies (DOJ), California State Agencies (CHP), Federal Agencies (FBI), National Personnel Record Centers (NPRC), and/or all other persons or entities having information about me to provide information about me to Prestige International Security, Inc. or its authorized agents. I further voluntarily, knowingly, and fully release Prestige International Security, Inc., its employees, officers, owners, agents, successors, and assigns, and all other persons or entities involved in this background investigation and/or preparation of the investigative consumer report (including but not limited to, investigators, credit agencies and entities or persons who provide information to Prestige International Security, Inc. or its authorized agents concerning me) from any and all claims or actions for any liability whatsoever related to the investigation or the results of the investigation agreed to herein.

I understand that any offer of employment by Prestige International Security, Inc. is contingent upon the outcome of this background investigation and that this Disclosure and Authorization is not an offer for employment by Prestige International Security, Inc. or a contract for employment with Prestige International Security, Inc.

I understand that I may receive free copy of any credit report requested by Prestige International Security, Inc. about me at the time the report is provided to Prestige International Security, Inc. if federal or state law so provide. I understand that Prestige International Security, Inc. obtains its credit reports from bureaus. If I am entitled to copies under federal or state law, I hereby

**(CIRCLE ONE) I hereby REQUEST/DECLINE** copies of any credit reports issued to Prestige International Security, Inc. about me. My signature below indicates that I have received and read this notice and authorize Prestige International Security, Inc. to obtain the stated reports. The following information is required to complete the background investigation.

PRINT FULL NAME (LAST, FIRST, MIDDLE):

Syed L Hussain

PRINT ANY OTHER NAMES YOU HAVE USED (LAST, FIRST, MIDDLE):

CURRENT MAILING ADDRESS:

9909 Hazard Ave Apt 12

CITY: garden Grove	STATE: CA	ZIP: 92844
SSN: 545615609	DATE OF BIRTH (MM/DD/YYYY): 04/06/1953	
DRIVER'S LICENSE #: C0038617	STATE ISSUING LICENSE: CA	DATE OF EXPIRATION:

I HAVE RECEIVED A COPY OF THIS NOTICE AND AUTHORIZATION.

*Syed L Hussain*  
SIGNATURE:

DATE: 06 / 26 / 2024



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## AT WILL EMPLOYMENT APPLICATION FORM WAIVER PLEASE READ CAREFULLY

In exchange for the consideration of my employment application by and Prestige International Security, Inc., I agree that: Neither the acceptance of this employment application nor the subsequent entry into any type of employment relationship, either in the position applied for or other type of employment position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Prestige International Security, Inc. practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of Prestige International Security, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of Operations of Prestige International Security, Inc. Both the undersigned and Prestige International Security, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Prestige International Security, Inc. may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in salary and in benefits.

I authorize an investigation of all statements contained in the employment application. I understand that the misrepresentation or omission of facts in the employment application called for is cause for dismissal at any time without any previous notice. I hereby give Prestige International Security, Inc. permission to contact schools, previous employers (unless otherwise indicated on the employment application), references, and others as listed in the Disclosure and Authorization for Background Check Investigation Form attached to the employment application, and hereby release Prestige International Security, Inc. from any liability as a result of such contract.

I also understand that: (1) Prestige International Security, Inc. has a drug screening policy that provides for pre-employment testing as well as testing after employment when there is "reasonable suspicion"; (2) Consent to and compliance with such policy is a condition of my employment; and (3) Continued employment is based on the successful passing of the Drug Screening Testing under such policy. I further understand that continued employment by Prestige International Security, Inc. may be based on the successful drug screening testing of job-related physical examinations paid for by employee or employer.

I understand that, in connection with the routine processing of the employment application, Prestige International Security, Inc. may request from a Consumer Reporting Agency an investigative consumer report including information as to my credit history, records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Prestige International Security will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the FCRA Federal Credit Reporting Act FCRA, 15 U.S.C § 1681 & § 1681U.

I understand that my employment with Prestige International Security, Inc. shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Prestige International Security, Inc. is terminable at will for any reason by either party.

### PRESTIGE INTERNATIONAL SECURITY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure applicants that their employment opportunity with Prestige International Security, Inc. depends solely on their requirements, qualifications and employment experience.

*Syed L Hussain*

SIGNATURE OF EMPLOYEE:

DATE: 06 / 26 / 2024

SIGNATURE OF PRESTIGE MANAGEMENT:

DATE:

**NOTICE TO EMPLOYEE**  
*Labor Code section 2810.5*

**EMPLOYEE**

Employee Name: Syed L Hussain

Start Date: \_\_\_\_\_

**EMPLOYER**

Legal Name of Hiring Employer: PRESTIGE INTERNATIONAL SECURITY, INC.

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  Yes  No

Other Names Hiring Employer is "doing business as" (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Physical Address of Hiring Employer's Main Office:

9043 RESEDA BLVD NORTHRIDGE, CA 91324

Hiring Employer's Mailing Address (if different than above):  
\_\_\_\_\_  
\_\_\_\_\_

Hiring Employer's Telephone Number: (818) 576-0200

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**WAGE INFORMATION**

Rate(s) of Pay: \_\_\_\_\_ Overtime Rate(s) of Pay: \_\_\_\_\_

Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission

Other (provide specifics): \_\_\_\_\_

Does a written agreement exist providing the rate(s) of pay? (check box)  Yes  No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  Yes  No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

UNIFORM CLEANING REIMBURSEMENT \$0.10 PER HOUR

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: SEMI-MONTHLY / 10TH & 25TH OF MONTH

## WORKERS' COMPENSATION

Insurance Carrier's Name: STATE COMPENSATION INSURANCE FUND  
Address: P.O. BOX 748170 LOS ANGELES, CA 90012  
Telephone Number: (888) 782-8338  
Policy No.: 90622386-13  
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

### PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  1. requesting or using accrued sick days;
  2. attempting to exercise the right to use accrued paid sick days;
  3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption):\_\_\_\_\_

### ACKNOWLEDGEMENT OF RECEIPT

(Optional)

(PRINT NAME of Employer representative)

Syed L Hussain

(SIGNATURE of Employer Representative)

(PRINT NAME of Employee)

Syed L Hussain

(Date)

(Date)

(SIGNATURE of Employee)

06 / 26 / 2024

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.



## Direct Deposit Enrollment/Change Form

Company Name Prestige Int'l Security, Inc Client Number \_\_\_\_\_

Employee/Worker Name Syed L Hussain Employee/Worker Number \_\_\_\_\_

**EMPLOYEE/WORKER:** Retain a copy of this form for your records. Return the original to your employer.

**EMPLOYERS:** Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

<b>COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY</b>				
Type of Account	Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<b>One of the following is required to process this enrollment (check one):</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Voided check with name imprinted (no starter checks)</li> <li><input type="checkbox"/> Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)</li> <li><input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative MUST be included)</li> <li> </li> <li><input type="checkbox"/> Other Bank Documentation – If this box is checked the employer must sign this confirmation: I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.</li> </ul>				
<b>Employer Signature:</b> _____ Date _____				
<small>*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.</small>				

<b>COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY</b>			
Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	Change My Deposit Amount to:
			<input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
			<input type="checkbox"/> From _____ % to _____ % of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

<b>EMPLOYEE/WORKER CONFIRMATION STATEMENT</b>			
<b>PLEASE SIGN IN BLACK/BLUE INK ONLY</b>			
<p>I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.</p>			
 <b>Employee/Worker Signature</b>	<u>Syed L Hussain</u>	<b>Date</b>	<u>06 / 26 / 2024</u>

**Note:** Digital or Electronic Signatures are **not** acceptable.

DP0002 12/13



PPO16823

# PRESTIGE INTERNATIONAL SECURITY, INC.

9043 RESEDA BLVD • NORTHRIDGE, CA 91324 • P: 818-576-0200 • F: 818-659-7303

WWW.PRESTIGEINTERNATIONALSECURITY.COM

ATTN: Prestige International Security Inc.  
EMPLOYEE

All employee time sheets are **DUE NO LATER THAN THE 2<sup>ND</sup> AND THE 17<sup>TH</sup> OF EVERY MONTH. NO EXCEPTIONS.** Each employee is personally responsible for their time sheet. Late and/or missing time sheets can result in delayed payment for hours worked.

This is necessary to make sure payroll is run efficiently and on time. This will ensure every employee is paid promptly and in a timely manner.

This is Prestige International Security Inc. policy. Failure to comply will result in an automatic verbal/written warning. Three (3) warnings will result in termination.

**FAX TIME SHEETS ONLY.** We will not accepted any time sheets through email.  
**FAX: (818) 659-7303**

Thank you,

Fahim Memon  
President, Prestige International Security Inc.

I have read and understand the contents of this letter and will act in accord with these policies and procedures as a condition of my employment with Prestige International Security Inc.

Syed L Hussain

*Syed L Hussain*

06 / 26 / 2024

Print name

Signature

Date

**STATE LICENCE # PPO16823**



# PRESTIGE INTERNATIONAL SECURITY, INC

9043 RESEDA BLVD NORTHRIDGE, CA 91324 P. (818) 576-0200 / F. (818) 659-7303

PPO16283

## STANDARDS OF CONDUCT & SAFETY ACKNOWLEDGEMENT FORM *PRESTIGE INTERNATIONAL SECURITY, INC.*

DATE: 06 / 26 / 2024

I, Syed L Hussain, have received a copy of the *Standard of Conduct and Safety* from Prestige International Security, Inc. I have read and understand these Standards of Conduct, and I agree to abide by them. I understand that a violation of these standards can result in disciplinary action, up to and including termination as an employee of PIS Inc.

Syed L Hussain

Employee Signature

06 / 26 / 2024

Date

PIS, Inc. management signature

Date

*Fahim Memon*

President, Prestige International Security Inc.  
9043 Reseda Blvd.  
Northridge, CA 91324



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name) <b>Hussain</b>	First Name (Given Name) <b>Syed</b>	Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name) <b>9909 Hazard Ave</b>		Apt. Number (if any) <b>12</b>	City or Town <b>Garden Grove</b>	State <b>CA</b> ZIP Code <b>92844</b>
Date of Birth (mm/dd/yyyy) <b>04/06/1953</b>	U.S. Social Security Number <b>545615609</b>	Employee's Email Address		Employee's Telephone Number <b>6573579533</b>
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input checked="" type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____		
Signature of Employee <i>Syed L Hussain</i>		Today's Date (mm/dd/yyyy) <b>06 / 26 / 2024</b>		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment  
(mm/dd/yyyy):

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

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. 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. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		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  <b>For persons under age 18 who are unable to present a document listed above:</b>	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  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .
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		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.

### Acceptable Receipts

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

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9

Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator	Date (mm/dd/yyyy)		
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial (if any)	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator	Date (mm/dd/yyyy)		
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial (if any)	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator	Date (mm/dd/yyyy)		
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial (if any)	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator	Date (mm/dd/yyyy)		
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial (if any)	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,  
Reverification and Rehire (formerly Section 3)**

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

USCIS  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name (Family Name) from <b>Section 1.</b>	First Name (Given Name) from <b>Section 1.</b>	Middle initial (if any) from <b>Section 1.</b>
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

**Employee's Withholding Certificate**

OMB No. 1545-0074

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.

2024

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial  Syed L	Last name  Hussain	(b) Social security number  545615609
	Address  9909 hazard Ave Apt 12		
	City or town, state, and ZIP code  Garden Grove, CA, 92844		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
	Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .		

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

<b>Step 2: Multiple Jobs or Spouse Works</b>	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 <b>only one</b> of the following.		
	(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b>		
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b>		
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate			

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

<b>Step 3: Claim Dependent and Other Credits</b>	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 \$ _____	3 \$ _____
	Multiply the number of other dependents by \$500 . . . . . \$ _____	
Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .		
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a) \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b) \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	4(c) \$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.  <i>Syed L Hussain</i>		
	Employee's signature (This form is not valid unless you sign it.)	Date	
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

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

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

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

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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

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

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

### Step 4 (optional).

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

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

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

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



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

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . .

1 \$ \_\_\_\_\_

- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

- a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . .

2a \$ \_\_\_\_\_

- b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . .

2b \$ \_\_\_\_\_

- c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . .

2c \$ \_\_\_\_\_

- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . .

3 \_\_\_\_\_

- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . .

4 \$ \_\_\_\_\_

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



- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . .

1 \$ \_\_\_\_\_

- 2** Enter: { • \$29,200 if you're married filing jointly or a qualifying surviving spouse  
• \$21,900 if you're head of household  
• \$14,600 if you're single or married filing separately } . . . . .

2 \$ \_\_\_\_\_

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .

3 \$ \_\_\_\_\_

- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .

4 \$ \_\_\_\_\_

- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . .

5 \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

<b>Higher Paying Job Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



# PRESTIGE INTERNATIONAL SECURITY, INC

9043 RESEDA BLVD NORTHRIDGE, CA 91324 P. (818) 576-0200 / F. (818) 659-7303

PPO16283

## Guard Card Acknowledgement

**From:** Fahim Memon, President & CEO  
Prestige International Security, Inc.  
9043 Reseda Blvd, Northridge CA 91324

**To:** PIS, Inc., Employees

I, Syed L Hussain, currently posses a valid guard card. This guard card was issued to me by the California Bureau of Security and Investigative Services. Guard card number G505137.

**Employee Name:** Syed L Hussain

**Employee Signature:** Syed L Hussain

**Date:** 06 / 26 / 2024

California USA

DRIVER LICENSE

CLASS C

DL C0038617

EXP 04/06/2029

END NONE

LN HUSSAIN  
FN SYED LIAQAT

9909 HAZARD AVE APT 12  
GARDEN GROVE, CA 92844

DOB 04/06/1953  
SIN 100  
RSTRNONE

04061953

EYES BRN

HAIR BRN

SEX M

WGT 146 lb

ISS 03/25/2024

03/25/2024

03/25/2024

DD 03/25/202461147/BBFD/29



S. Syed Hussain

545-54-5609

SYED LIAQAT HUSSAIN  
RECEIVED  
140

THIS NUMBER HAS BEEN ESTABLISHED FOR

Syed Liaqat Hussain  
Signature

SIGNATURE

Remove your new Pocket Registration  
from the receipt portion and carry it  
with you at all times.

(Please cut along the dotted lines)

**Bureau of Security and Investigative Services**



P.O. Box 989002  
West Sacramento, CA 95798-9002  
(800) 952-5210  
Email: [bsis@dca.ca.gov](mailto:bsis@dca.ca.gov)



**GUARD REGISTRATION**

Must Hold Valid BSIS Firearms Permit to Work Armed

Registration No. G5005137 Expiration 06/30/2026

SYED LIAQAT HUSSAIN  
9909 HAZARD AVE #12  
GARDEN GROVE, CA 92844

Receipt No.  
1351313

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