

Gilmore Construction Corporation

New Hire Employee Package

Employee Name

Employee No.



GILMORE

A Higher Standard

EMPLOYMENT ENROLLMENT PACKAGE

Managers/ Supervisors:

All the forms as listed below must be completed and returned with the first payroll of each new hire or rehire. Please review all the forms for completeness and sign the supervisor's approval for hire.

<input type="checkbox"/>	Employee Status Change	Manager/Supervisor completes
<input type="checkbox"/>	Employment Application / Resume	Employee Completes
<input type="checkbox"/>	Employment Policy	Employee Reads & keeps
<input type="checkbox"/>	Confidentiality Agreement	Employee Reads & Signs
<input type="checkbox"/>	W-4 Form	Employee Completes
<input type="checkbox"/>	I-9 Form	Employee Completes
<input type="checkbox"/>	Authorization for Background Check	Employee Completes
<input type="checkbox"/>	Affirmation of Legal Work Status	Employee Completes
<input type="checkbox"/>	Two Forms of Identification	Copy & Attach to I-9
<input type="checkbox"/>	Basic Job Safety Rules	Employee Reads & keeps
<input type="checkbox"/>	Craftsmen Tool Requirements	Employee Reads & keeps
<input type="checkbox"/>	Drug Screening Memo	Employee Reads & Signs
<input type="checkbox"/>	Vehicle Policy	Employee Reads & Signs
<input type="checkbox"/>	Authorization For Direct Deposit	Employee Completes
<input type="checkbox"/>	Acknowledgment Receipt	Employee Completes

Employee: _____

Date of Hire: _____

Supervisor's Approval: _____ Date _____



EMPLOYEE STATUS CHANGE

Employee: _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

New Hire

Re Hire

Layoff - Reduction In Force

Quit (Explain)

Other (Explain)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Promotion

Demotion

Wage Adjustment

Terminated (Explain)

Note: _____

Classification: _____

Current Rate: _____ New Rate: _____

Supervisor Approval: _____

Date Approved: _____

Date Effective: _____





EMPLOYMENT APPLICATION

Gilmore Construction's policy is to provide every individual a fair and equal opportunity to seek employment and advancement at the Company without regard to race, color, religion, sex, age, national origin, marital status, disability, veteran status, ancestry, medical condition, sexual orientation, or citizenship status of qualified individuals. Gilmore Construction Company is an "Equal Opportunity Employer."

Personal Information

First Name	Middle	Last Name	Social Security Number
Present Address			City/State/Zip Code
			How long?
Do you have the legal right to work in the USA?	Are you over 18 years old?	Residence Phone Number	Emergency Contact & Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Job Interest

Are you seeking a	<input type="checkbox"/> Full Time Position	<input type="checkbox"/> Part-time Position
Date Available	Expected Salary	
Position applying for		
Have you ever been employed by Gilmore Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give location and dates		

Miscellaneous

Have you ever been convicted of a felony in the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: (Convictions are not an automatic bar to employment.)		
Are you related to anyone employed by Gilmore Construction?	Name(s)	Department
<input type="checkbox"/> Yes <input type="checkbox"/> No		

All Applicants

Please read carefully before signing

I certify that any information I give during the course of applying for employment is true and complete. I understand that any false, incorrect or misleading information, or the omission of any pertinent information including that given at the time my application may be considered as sufficient reason for my discharge, if hired. I further understand that this application is not and is not intended to be a contract of employment and that, if I am hired, my employment is at will and can be terminated by either me or the company, with or without notice for any or no reason. This application will be in effect for 60 days from the date indicated below and, if employment is not offered within the 60-day period, I understand that I must reapply to be considered for future employment. I also understand that this application for employment in no way obligates the company to employ me.

I hereby authorize Gilmore Construction Company to investigate my former employment and other references and to make any further investigations deemed necessary in connection with my application for employment and I do hereby release Gilmore Construction Company, and all informants of all liability whatsoever resulting from such investigations.

Supplement to employment application

I understand that an offer of employment is subject to my completion, satisfactory to the Company, of all pre-employment procedures, and submission of documentation establishing my right to work in the USA.

Signature _____ Date _____

Work History (Including Military) List name and address of all former employers, beginning with the most recent (Attach an additional sheet if necessary).

Employers Name, Address, & Telephone Number	Dates of Employment From/To	Position/Job Description	Rate of Pay Starting/Last	Reason for Leaving	Supervisor Name & Title
1.					
2.					
3.					
4.					
5.					

List any additional skills, knowledge, experience or other relevant qualifications:

References (Business and professional – Do not include relatives)

Name	Employer Position	Address	Telephone Number	Years Known

Drivers License (List unexpired license)

Drivers License No.	Expiration Date	State of Issue	Type or Class of License

Education

Type of School	Name	Address / City / State	Graduated Yes / No	Degree or Certificate
High School				
Business, Trade, Technical, Vocational or Junior or Community College				
College or University				
Other Education Describe				

Experience

What experience have you had that would benefit our company?

Please check the following experience(s) that apply:

	Years of experience	Other Skills Specify
<input type="checkbox"/> Proof Reading/Writing Skills	_____	_____
<input type="checkbox"/> Customer Service	_____	_____
<input type="checkbox"/> Human Resources	_____	_____
<input type="checkbox"/> Administrative	_____	_____
<input type="checkbox"/> Management	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Do you have any commitment to or interest with another employer or business, which might affect your employment with us? ☐ Yes ☐ No If yes, please explain:

ADMINISTRATIVE SKILLS

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Machinery (List)	Other Software (List)
<input type="checkbox"/> PC	<input type="checkbox"/> PowerPoint	_____	_____
<input type="checkbox"/> 10-key	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Publisher	_____	_____
<input type="checkbox"/> PBX System	<input type="checkbox"/> MS Word	_____	_____

POLICY STATEMENT

Welcome to Gilmore Construction Corporation. We hope your job here with our company is a rewarding and beneficial association for both yourself and us. You are one of our most important resources.

There are a few basic policies that are extremely important to the your success within our Company. The mutual respect and ethical conduct exhibited by all of our employees to each and every person can not be compromised and willful misconduct will not be tolerated.

SAFETY

Construction is a inherently dangerous profession. Our employees are considered professional and are expected to perform professionally in every respect, especially when it comes to the safety of yourself and others. **SAFETY IS OF THE HIGHEST PRIORITY.** Don't compromise. Keep aware. Keep informed and help others to be informed. Read your Basic Job Safety Orders. Understand and follow them. A comprehensive safety program has been implemented by the company to help minimize the hazards associated in the construction industry, but it does not work without EVERYONES PARTICIPATION.

DRUGS, NARCOTICS AND ALCOHOL

The use, sale, possession, distribution, dispensing, and/or manufacturing of illegal drugs or narcotics is not permitted by law. Violation of this law, whether on company property, the project site or anywhere else will subject the employee to disciplinary action, up to and including termination. If an employee uses or is under the influence of alcohol on company property or project sites will also subject the employee to disciplinary action, up to and including termination.

A drug test is mandatory for any employee involved in a work related injury. Testing positive for drugs or alcohol is a violation of Company policy and the employee will be subject to disciplinary action, up to and including termination.

DESIGNATED HEALTH CARE PROVIDER

ALL work related injuries or illnesses will be treated by the company's designated health care provider, **Denver Occupational & Aviation Medical Clinic or Concentra Medical Centers** and should be listed on your jobsite bulletin board. If you are treated by an authorized medical provider for a work related injury or illness, **YOU WILL BE RESPONSIBLE FOR THIS TREATMENT. REPORT ALL INJURIES TO YOUR SUPERVISOR NO MATTER HOW MINOR.**



Gilmore Construction Corporation
CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT is made for the benefit of Gilmore Construction Corporation, a Colorado corporation (collectively "Gilmore"), by the corporation, individual or other entity whose name and authorized signature appears below ("Recipient").

Definitions

As used in this Agreement, the following terms shall have the following meanings:

A. "Gilmore's Business" shall mean any and all of Gilmore's business activities, ventures and undertakings, including, without limitation, Gilmore's business plans, strategies and targets.

B. "Gilmore's Assets" shall mean all of Gilmore's interests in properties and other assets, including real, personal and intellectual property interests.

C. "Confidential Information" shall mean details concerning Gilmore's Business and information concerning Gilmore's Assets, including, without limitation, all information, whether oral or written, which Gilmore or its representatives furnish under the terms of this Agreement, including, but not limited to, Gilmore's financial statements (including but not limited internal financial statements and audited financial statements), financial records and information of any kind, acquisition targets, business strategies, operating and market costs, pricing information, and customer lists, and all analyses compilations, studies, records or other data prepared by Gilmore or its representatives that contain or are generated from such information. Notwithstanding the foregoing, "Confidential Information" shall not include information that (1) was obtained on a non-confidential basis by Recipient from a source independent of Gilmore if such source is not subject to any prohibition against transmitting such information to Recipient by a contractual or fiduciary obligation to Gilmore; or (2) prior to or after the date hereof became or becomes generally known to the public other than by reason of Recipient's breach hereof or disclosure by a representative of Recipient.

D. "Recipient's Representatives" shall mean Recipient's accountants and attorneys.

Agreement

In consideration of Gilmore's willingness to share confidential information with Recipient, Recipient hereby agrees as follows:

1. Recipient acknowledges that Gilmore desires that all Confidential Information is to remain confidential and that it will be used by Recipient only (a) with Gilmore's express prior consent, and (b) directly in connection with Recipient's performance of services for and on behalf of Gilmore as an employee, officer, director or shareholder of and under the direction of Gilmore. Recipient will not (i) act upon or use any Confidential Information for the benefit of others, (ii) disclose Confidential Information to any person or entity other than Recipient's attorney or accountant or, (iii) compete with Gilmore while an employee, officer, director or shareholder of Gilmore. Before Confidential Information is provided to Recipient, Recipient's attorney or accountant shall be informed of the confidential nature of the Confidential Information, be advised that such information is to be kept confidential, and shall agree to be bound by this Agreement by signing a copy of this Agreement.

2. At any time that Recipient is no longer an employee, officer, director or shareholder of Gilmore, Recipient and Recipient's Representatives will promptly return or destroy all notes, memos, spreadsheets and other documents in its possession that contain or reflect Confidential Information, without retaining any copies thereof; provided, however, that Recipient may retain one copy of the Confidential Information solely for the purposes of evidencing the Confidential Information in the event of litigation or threatened litigation or governmental inquiry relating to the Confidential Information.

3. If Recipient or any of Recipient's Representatives are required by any court or legislative or administrative body to disclose any Confidential Information, Recipient shall provide Gilmore with prior notice of such requirement in order to afford Gilmore an opportunity to seek an appropriate protective order. However, if Gilmore is unable to obtain or does not seek such a protective order, and Recipient or its Representatives are, on the advice of their counsel, compelled to disclose Confidential Information under pain of liability for contempt or other censure or penalty, disclosure of such information may be made without liability under this Agreement.

4. Recipient acknowledges that any disclosure or use of Confidential Information made in violation of this Agreement may seriously and adversely affect the interests of Gilmore, and that Gilmore may suffer significant and irreparable damages as the result of any such disclosure or use. Accordingly, in the event of a breach of this Agreement, Gilmore shall be entitled to equitable relief, including injunctive relief and specific performance, in addition to any damages and other remedies available to Gilmore at law.

5. Recipient agrees to indemnify and hold Gilmore harmless from any loss, cost, liability or other damages, including, but not limited to, reasonable legal fees and expenses, arising out of any breach by Recipient or its Representatives of the terms of this Agreement.

6. Gilmore has not made any representations or warranties, express or implied, as to the accuracy or completeness of the Confidential Information. Recipient agrees that Gilmore shall not have any liability to Recipient or any of Recipient's Representatives resulting from the use of the Confidential Information or any errors therein or omissions therefrom. Only those representations and warranties that are made by Gilmore in a definitive agreement (if one is executed), and subject to such limitations and restrictions as may be specified in such definitive agreement, will have any legal effect.

7. No failure or delay by Gilmore in exercising any right, power, or privilege hereunder shall operate as a waiver thereof or preclude exercise of any other or further right, power or privilege hereunder.

8. This Agreement shall be governed by and construed in accordance with Colorado law.

9. This Agreement is binding upon Recipient and her, his or its heirs, successors and assigns and is expressly for the benefit of Gilmore and its successors, assigns, subsidiaries and affiliates. Recipient shall cause Recipient's Representatives to comply with the provisions of this Agreement and shall indemnify Gilmore from and against any damages that may result from a failure to do so.

This Agreement has been made and submitted to Gilmore on the ____ day of _____, 20__.

Employee Signature: _____

Print Name: _____

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2015	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)		Date			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

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

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

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

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
 5. Sign and date the attestation on the date Section 2 is completed.
 6. Record the employer's business name and address.
 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion 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 (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

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

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

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Background Check Disclosure Form

Through this document it is being disclosed to me, and I understand that a Consumer Report or Investigative Consumer Report (collectively, "Consumer Report") is being requested by Gilmore Construction Corporation ("Company") as part of my application for employment or in relation to a promotion, reassignment or retention as an employee. The Consumer Report will be prepared by InfoCubic, LLC and its designated agents and representatives.

I understand that the Consumer Report may include a comprehensive review of my background including information about my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am or have been acquainted, or who may have knowledge concerning any such items of information. The Consumer Report may also contain information includes, but is not limited to, the following areas: work experience, criminal history records (from local, state, federal, international and other law enforcement agencies' records), motor vehicle records, educational verification, license verification, credit history, civil cases and sanction lists.

I understand that I may request more information about the nature and scope of all information about me contained in the consumer reporting agency's files, and that I have the right to inspect those files with reasonable notice during regular business hours and may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required. I may also request a copy of any report and "A Summary of Your Rights Under the Fair Credit Reporting Act" by contacting Info Cubic, LLC, 9250 E. Costilla Ave, Suite 525, Greenwood Village, CO 80112, 1-877-360-4636. For a copy of Info Cubic's privacy practices, visit <http://www.infocubic.com/privacy/>. The scope of this notice and authorization is all-encompassing; however, allowing Company to obtain from any outside organization all manner of Consumer Reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby authorize the obtaining of a Consumer Report/Investigative Consumer Report at any time following receipt of this Authorization, and throughout the length of my employment with Company to the extent permitted by law until I withdraw my authorization in writing. To this end, I hereby authorize any law enforcement agency at the local, state, federal or international level, educational institution, employer, information service bureau, company, corporation or government agency to furnish any and all information requested by Info Cubic, LLC, 9250 E. Costilla Ave, Suite 525, Greenwood Village, CO 80112, 1-877-360-4636, another organization acting on behalf of the Company and/or the Company itself for the purposes of preparing the Consumer Report.

I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be valid as the original.

Signature: _____ Date: _____

The following is for identification purposes only to perform the background check and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last)

Previous Name(s) Known By

_____-_____-_____
Social Security Number

Email Address

_____/_____/_____
Date of Birth (MM/DD/YYYY) (For Background Purposes Only)

Driver License Number

State

Current Address

(_____)_____
Phone

City

State

ZIP/Postal Code



Revision Date: 09/01/14
Expiration Date: 10/01/17

Colorado Affirmation Form Instructions Employment Verification Law, § 8-2-122, C.R.S.

Overview of the Colorado Employment Verification Law

The employment verification law applies to all public and private employers in Colorado, and is in addition to separate federal Form I-9 requirements. Employers must comply with the provisions of the law for all Colorado employees hired on or after January 1, 2007. There are two main requirements, both of which must occur within 20 calendar days of hire: (1) an affirmation requirement, and (2) a requirement to make and retain copies of employee identity and employment authorization documentation (copies of the employee's identity and employment authorization documents which were presented for completion of the Form I-9). Visit www.colorado.gov/cdle/evr for more information.

Completion of the Affirmation Form

1. The attached affirmation form is designed for use by Colorado employers. By signing the form, the employer affirms to all four of the employment eligibility components for the employee listed.
2. The employer must have completed an affirmation form for all Colorado employees hired on or after January 1, 2007.
3. Effective October 1, 2014, Colorado employers must use the Division affirmation form with a revision date of 09/01/14.
 - a. The 09/01/14 version of the form must be used for all Colorado employees hired between October 1, 2014 and October 1, 2017.
 - b. The 09/01/14 version of the form cannot be used for Colorado employees hired prior to September 1, 2014.
4. The form must be completed within 20 calendar days after hiring each employee. Review the information below if you have not adhered to this requirement.
5. The employer, not the employee, is responsible for filling out and completing the form in a timely fashion. The form may be completed by the employer's designee or representative.
6. The following items on the form must be legibly completed by the employer. The employer may not leave any of these items blank or incomplete:
 - a. Employee name and date of hire (Month/Day/Year).
 - b. Employer name, signature, and date of employer signature (Month/Day/Year).

Retention of the Affirmation Form

Forms must be retained by the employer for the duration of the employee's employment. The employer must produce copies of the form to the Colorado Division of Labor upon request, but does not have to submit forms absent a request.

Failure to Properly Complete the Affirmation Form or Work Eligibility Documentation Requirements

The employer must provide accurate and complete information on the form. Provision of false or fraudulent information on the form may subject the employer to a significant fine and/or additional penalties.

If the employer has not properly completed the affirmation form within 20 calendar days of hiring the employee, or the employer has not made and retained copies of employee identity and employment authorization documentation within 20 calendar days of hiring the employee:

1. **DO NOT** complete an affirmation form for the affected employee(s). The employer cannot complete a valid form once the 20 calendar days have elapsed since hire.
2. **DO NOT** backdate or otherwise enter incorrect information onto the form for the affected employee(s). The employer must not enter false or fraudulent information onto the form.
3. **DO NOT** attempt to make and retain copies of employee identity and employment authorization documentation if you did not comply with this requirement within 20 calendar days of hiring the employee. Seeking such documentation after the 20 calendar days have elapsed does not comply with Colorado law, and may also violate separate federal immigration laws.

DO comply with the employment verification law for all new hires going forward. The employer must: (1) properly complete affirmations, and (2) make and retain copies of employee identity and employment authorization documentation, within 20 calendar days of hire for all employees hired after the discovery of the historical noncompliance.

Following the steps above, and engaging in other appropriate compliance actions, may reduce the likelihood of a fine, or may mitigate the value of a fine, depending upon the circumstances. Consult with an attorney for legal advice.

This form cannot be used for employees hired prior to September 1, 2014.



Revision Date: 09/01/14
Expiration Date: 10/01/17

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: _____
Last First Middle Date of Birth

Social Security Number: _____ Date of Hire: _____ (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 calendar days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) _____ Official Title _____

Signature of Employer (or Designated Representative) _____ Date Signed by Employer _____ (MM/DD/YYYY)

Business or Organization Name _____ Employer Phone Number _____

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This mandatory affirmation is provided by the Colorado Division of Labor. Visit www.colorado.gov/cdle/evr for more information.

BASIC JOB SAFETY RULES

Your safety on the job is extremely important. As an employee you become a partner on the safety team which is concerned with preventing injuries to fellow as well as to yourself. **Safety is a full time job and is everyone's responsibility.**

The following basic list of safety rules was prepared for your protection. Any workman disregarding them or otherwise failing to cooperate in the overall STOP ACCIDENTS effort will be subject to disciplinary action, up to and including termination.

1. In order to work safely, use good judgment and common sense. Accidents are caused by lack of knowledge, inattention and thoughtlessness. By thinking and practicing safety in your work, ACCIDENTS CAN BE AVOIDED. Know how to do your job. Determine the possible hazards. Do not expose yourself to taking chances, or by using unsafe methods, tools or equipment.
2. You must report all injuries, no matter how minor, to your Supervisor immediately.
3. When driving, you must have a valid driver's license and must observe speed limits, stop signs and other regulations at all time. Disregard of this rule will be cause for dismissal. Only authorized employees will be allowed to operate company vehicles.
4. Lack of knowledge of safe practices will not be accepted as an excuse for violation of safety rules. If you do not know, ask.
5. Notify all person who might be endangered by the work you are doing.
6. Insist on the observance of safe practices by fellow workers.
7. All persons entering the work area will be required to wear a hard hat at all times. If you show up on the job without your hard hat, you will not be permitted to work.
8. You will be expected to park your car in designated parking areas. You will not be permitted to park in other areas on the job.
9. Call to the attention of your Forman or Supervisor any condition that you think is unsafe.
10. Be aware of all equipment working in your area, especially backing vehicles.
11. Do not ride on loads or outside of pickups or trucks. No one is to ride on the truck beds.
12. Hoesplay on the job is strictly prohibited. This is grounds for immediate dismissal.
13. Intoxication, drinking or the possession of liquor or drugs on the job is positively forbidden.
14. Regarding all electrical wiring, either in the air or lying on the ground as though it were carrying high voltage. DO NOT TOUCH it until it has been established beyond all doubt that the line is dead.



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15. If you use a fire extinguisher, let your Foreman or Supervisor know immediately so that it may be laid aside for refilling. If you do not know how to use a fire extinguisher, get training from your Supervisor or Foreman.
 16. Wear gloves when handling broken concrete or other rough materials.
 17. Use proper eye protection when chipping concrete, using cutting torch, welding, sandblasting or cleaning the air jets and other such operations.
 18. Use all safety equipment where needed, safety belts, life jackets, goggles, etc.
 19. Use caution when carrying loads across icy or slippery surfaces.
 20. Do not attempt to lift objects that are too heavy or too awkward. GET HELP. Use proper lifting methods at all times. Lift with your legs, not your back.
 21. Do not smoke in areas where explosives, combustible or flammable materials are stored.
 22. You will be expected to do your part to help maintain job "housekeeping". Remember a clean job is a good and safe job. If you see boards with nails in them or other debris lying around, pick them up and dispose of them in a proper area. If you are stripping forms, make sure the nails are pulled and the panels and lumber are properly stacked at the same time the forms are coming down.
 23. All exposed openings must be barricaded or covered.
 24. Keep out from under suspended loads.
 25. Do not remove guards or other safety devices from machinery or equipment except when machinery or equipment is stopped, locked out and removal is required to make repairs.
 26. Stop belts, conveyors and other Mechanized equipment before repair work is started on them.
 27. Stand clear of any taut cables and lifting devices.
 28. Do not work on poor or unsafe ladders or scaffolds. Ladders must be of safe, sound construction and be free of defects. Ladders must be tied at the top and adequately secured at the bottom.
 29. Make certain that the area in rear is clear before backing vehicles.
 30. If you are operating a vehicle or machine, make sure your windshield, windows and the inside of the cab are clean. Books, newspapers, pop bottles, etc. will not be permitted inside truck cabs. If there is a fire extinguisher, or first aid kit in your vehicle, make sure it is properly filled, stocked and in good order.
 31. Tools have burrs, cracks, mushroomed heads, broken, loose or splintered handles, must not be used.
 32. Use tools only for the purposes for which they are designed.
 33. Do not let tools lay around in the work area. Return all tools and other equipment to proper place after use.



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34. All portable electric hand tools must be grounded.
 35. Keep electrical cords and tools out and away from water. Lace electrical cords and air hoses so they pose the least possible tripping hazard. This is important on ramps, walkways and scaffolds particularly. Report all defective electrical equipment at once.
 36. Check air lines and pneumatic tools prior to use to assure couplings are securely connected. Be sure air is shut off line before removing the tools or before breaking connection.
 37. Never toss or throw tools or materials; hand them or use hand lines.
 38. Protect tools from falling when working from scaffolds or other elevations.
 39. Machinery must be shut down before cleaning, refueling, repairing or oiling.
 40. All tubular steel scaffolding shall be properly constructed, supported and secured for safe usage. Handrails and toe boards are required for platforms above 4 feet. Fall protection equipment is required for any exposed fall distance over 4 feet.
 41. The use of radios, portable radios, or walkmans is strictly prohibited.



BASIC JOB SAFETY RULES

Employee Acknowledgment

I have read and retained a copy of the Safety Rules. I understand my responsibilities to my employer and to my fellow workers to perform my work in a safe manner. I am aware if I violate the above safety rules, disciplinary action will be imposed which could include termination.

Employee Signature

Date

Witness



TOOLS REQUIRED BY EMPLOYEES

The following tools will be required (at the minimum) for those employees designated at the top of the list. You must have these tools within one week of your starting date. Properly identify all your tools.

Anyone who abuses Gilmore Construction Corporation tools or equipment will be terminated immediately, and will pay for such abuse from their termination check.

A. ALL CLASSIFICATIONS OF EMPLOYEES MUST PROVIDE THE FOLLOWING

1. Hard hats
2. Eye protection
3. Proper footwear
4. Proper clothing
5. Weather protection
6. Leather gloves

B. LABORERS' REQUIRED TOOLS*

1. Nail apron
2. Hammer
3. 25-foot tape
4. Nail puller (cats paw)
5. Lineman's pliers
6. Utility Knife
7. Phillips Screwdriver
8. Blade Screwdriver
9. Crescent Wrench - 8 inch
10. Carpenter Pencil

C. APPRENTICE CARPENTERS' REQUIRED TOOLS*

1. Leather pouches
2. 25-Foot tape
3. Utility knife
4. Tri-square or layout square
5. Chalk box and dry line
6. Framing hammer
7. Trim hammer
8. No.1 & No.2 phillips screwdriver
9. Small & Large blade common screwdrivers
10. Channel locks
12. Tool container
13. 4 foot level
14. Plumb bob - 16 oz. Min
15. Carpenter pencils
16. Lineman's pliers
17. Crescent wrench - 8 inches
18. 14 gage - 100' OSHA approved extension cord



D. FRAMING CARPENTERS' REQUIRED TOOLS*

1. Leather apron
2. Framing hammer
3. 25 – foot tape
4. Chalk box and dry line
5. Tie wire spool
6. Utility knife
7. Combination square
8. 100 – foot tape
9. 4 – foot tape
10. Framing square
11. Circular saw
12. 14.4 volt (min) cordless drill with speed bore bits 5 ¼" to 1"
13. Plumb bob – 16 oz. Min
14. #1, #2 & #3 phillips screwdrivers; small and large straight screwdrivers
15. Hammer 3lb
16. Large nail bar
17. Hack saw
18. Wonder bar
19. Channel locks
20. Crescent wrench – 8 inch
21. Foxtail broom
22. Cold chisel – ¾ inch
23. Pencil(s)
24. Tool Container
25. 14 – gage 100' OSHA approved extension cord

E. FINISH CARPENTERS' REQUIRED TOOLS*

- 1-30 Same as Framing Carpenter, plus:
31. Router and bits
32. Saber saw
33. Chisels – complete set
34. Belt sander
35. Pad sander
36. Nail sets – complete set
37. Scribes
38. Countersink bits
39. Bevel square
40. Formica tools – file, roller & router bits
41. C-Clamps
42. Bar clamps
43. Back saw
44. Wrenches- complete set
45. Coping saw
46. Screwdriver bits
47. Key hole saw
48. 14 gal 100' OSHA approved extension cords



DRUG SCREEN TESTING

All Gilmore Construction employees will be required to take and pass a drug screening prior to start of employment.

Denver Occupational & Aviation Medicine Clinic is the drug screen company Gilmore Construction uses. There office location is listed below.

Denver Occupational & Aviation Medicine Clinic
10515 East 40th Avenue, Suite 105
Denver, Colorado 80239
303.373.5353 Phone
Monday – Friday – 9:00 a.m. to 5:00 p.m.

If you receive a "Non Negative" result on any of the five panel items that have been tested, Gilmore Construction will terminate or not extend an offer of employment.

I agree to take the Gilmore Construction Pre-Employment Drug Screening Test as part of the job acceptance process. I understand if I receive a "Non-Negative" result Gilmore will not extend an offer of employment.

Applicant Signature

Date



Gilmore Construction

Vehicle Policy

Gilmore Construction is committed to promoting safety and responsible driving for all of its employees. To ensure that this commitment is followed through, the Company has adopted a vehicle policy that requires all employees who operate company owned, leased/rented, or car allowance vehicles during the performance of their jobs, to do so in a lawful and safe manner. Use of the aforementioned vehicles will be strictly for the business of the Gilmore and will by no means be considered available for personal use in any way.

Management is responsible for the implementation and on-going administration of this policy. An employee who, at the Company's request and through the Company's authorization, is asked to operate:

- a rented vehicle, leased vehicle, or vehicle for which the Company provides car allowance while on Company business will do so only from licensed agencies that rent/lease vehicles meeting all state/provincial registration and inspection requirements as well as the safety requirements of this policy.
- a company vehicle will do so for company business only and will be required to submit an authorization form to Human Resources. No unauthorized persons will be permitted to operate a company vehicle.

Since the Company has the sole discretion in determining who may operate company or company-sponsored vehicles, the Company has the right to review any appropriate documents including driving records, proof of a valid license, automobile insurance information etc. and must be made aware of any driving violations, changes to driver information and driver status immediately.

Employees are expected to take all steps necessary in avoiding endangering themselves and others while operating company or company-sponsored vehicles on company business. To ensure this, employees authorized to operate company/company-sponsored vehicles are expected to:

- ensure that all occupants, including himself/herself, wear safety belts when the vehicle is in operation.
- ensure that the vehicle to which the employee is assigned is maintained in a safe driving condition.
- refrain from using cellular telephones (unless they are equipped with hands-free operations), texting, personal listening devices, and from conducting any other activities which may impede the driver's ability to focus on safely operating the vehicle while it is in motion.
- comply with respective laws governing motor vehicle operations.

Any individual who is in violation with the safety expectations listed above may be subject to potential disciplinary action by the Company up to and including termination.

Employee Signature

Date

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME: GILMORE CONSTRUCTION CORPORATION

I hereby authorize GILMORE CONSTRUCTION CORPORATION, hereinafter called COMPANY, to initiate credit entries to my
() Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called
DEPOSITORY, and to credit the same to such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in
such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE NAME _____ EMPLOYEE NUMBER _____

(PLEASE PRINT)

DATE _____ SIGNED X _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY
REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED
IN THE AUTHORIZATION.

(Instructions Attached)

INSTRUCTION FOR FILING OUT THE DIRECT DEPOSIT FORM

1. Fill in the name of your bank, credit union or financial institution on the line that says: Depository Name.
2. Fill in the city, state, and zip code where your bank is located.
3. Provide the routing number, and account number for your account (located on the bottom of your check).
4. (a) For checking accounts, submit a copy of one of your checks with the word "**VOID**" written across the front of the check copy or a deposit slip with the routing number and account number at the bottom.
(b) For saving accounts, submit a copy of one of your deposit slip. Be sure the routing number and account number is at the bottom of the deposit slip.
5. Sign and date the Authorization Agreement for Direct Deposit, and submit the **authorization, check copy or deposit slip** to the Accounting Dept.

ACKNOWLEDGMENT

I hereby acknowledge that I have read, understand and received the following:

1. Company Policy Statements
2. Basic Job Safety Rules
3. Craftsmen Tool Requirements

I hereby acknowledge the company policies concerning medical treatment for work related injuries and illnesses and acknowledge that if I am treated by an unauthorized provider, I will be responsible for the expenses of said treatment.

I hereby acknowledge the company safety policies and policies concerning the use of drugs, narcotics and alcohol. It is understood that if I violate these policies, I may be terminated.

I have read, and understand and agree to the policies and procedures outlined here in the orientation packet and video.

EMPLOYEE SIGNATURE

DATE

WITNESSED BY

DATE

