



NEW HIRE PAPERWORK CHECKLIST
SynFast Oil Change

New Hire Name : _____ **Date Submitted:** _____
Store Name : _____ **Submitted By** : _____
New Hire Start Date: _____ (SCM or DM only)

Item #	Mark (x)	Item Name
1		Employer Use Only * SERVICE CENTER MANAGER USE ONLY*
2		Employee Profile Information
3		Equal Employment Opportunity Records
4		Acknowledgment of Receipt of Basic Employment Policies
5		Direct Deposit Authorization
6		Form I-9 Employment Eligibility Verification (2 Pages) Need Copy of Documents
7		Form W-4 (2018)
8		Uniforms Purchase Program Agreement
9		Application for Employment (2 Pages)
10		Bump Hat & Safety Goggle Agreement + Handbook Agreement
11		Workplace Injury + Motorcycle Agreement + Alternate Workweek Schedule
12		Code of Safe Practices (2 Pages)
13		Change Cash Handling Practices
14		Anti-Harrasment Policy
15		Final Wages Agreement + Employee Timecards + Safety Training
16		How Can I Report a Problem?
17		Commitment to Excellence
18		Acknowledgment And Agreement with SynFast Oil Change Arbitration Policy
19		Position Statement on Drugs and Alcohol in the Workplace (2 Pages)
20		Our Professional Code of Conduct and Honesty
21		Confirmation of Receipt

OTHER FORMS (ONLY IF NEEDED)

1		Background Check Information (2 Pages) * ONLY FILL OUT IF HIRING A SERVICE CENTER MANAGER (SCM) Or the *FELONY BOX ON APPLICATION CHECKED "YES"
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of Pages **27** **Total Pages (Not include other Forms)**

Make sure all pages are completed and signed by SCM and the New Hire before e-mailing to payroll@synfastoilchange.com

Incomplete or missing pages will not be processed



APPLICATION FOR EMPLOYMENT

SYNFAST OIL CHANGE is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, national origin, sex, age, marital status, sexual preference, or a physical or mental disability.

THANK YOU FOR YOUR INTEREST IN SYNFAST OIL CHANGE IF YOU NEED HELP TO FILL OUT THE APPLICATION FORM OR FOR ANY PHASE OF THE EMPLOYMENT PROCESS, PLEASE NOTIFY THE PERSON THAT GAVE YOU THIS FORM AND EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR NEEDS IN A REASONABLE AMOUNT OF TIME.

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			HOME PHONE
CITY, STATE, ZIP		SOCIAL SECURITY NUMBER	BUSINESS/MESSAGE PHONE
POSITION DESIRED		DRIVER'S LICENSE NUMBER	PAY DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN: _____ POSITION: _____			DATE AVAILABLE FOR WORK
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?			ARE YOU 18 YEARS OR OVER?
ARE YOU AVAILABLE FOR FULL TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT DAYS, HOURS CAN YOU WORK?			
PLEASE REVIEW THE JOB DESCRIPTION FOR THE POSITION YOU ARE APPLYING FOR. ARE YOU ABLE TO PERFORM THESE TASKS WITH OR WITHOUT AN ACCOMMODATION? <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT IF YOU HAVE INDICATED THAT YOU CAN PERFORM THE REQUIRED TASKS WITH AN ACCOMMODATION; HOW WOULD YOU PERFORM THE TASKS, AND WITH WHAT ACCOMMODATIONS? _____ _____ _____			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, GIVE ALL DATES, PLACES, CHARGES, AND DISPOSITION. CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT CONSIDERATION. <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION/TRAINING

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	GRADUATION DATE	DEGREE/DIPLOMA OBTAINED
HIGH SCHOOL					
COLLEGE					
VOCATIONAL OR TECHNICAL					
OTHER					

Typing Speed _____ Shorthand Speed _____ Other Office Machines _____

SPECIAL SKILLS

You may exclude those which indicate your race, creed, sex, marital status, age color, national origin, or disability. Include skills such as bilingual, honors, awards, publications, patents, professional societies and other extracurricular activities which may relate to the job you are applying for.

EDUCATION/TRAINING

List all work experience including military, beginning with your present or last position.

1	EMPLOYER	TELEPHONE ()	INDICATE IF <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) FROM TO
	NAME AND TITLE OF SUPERVISOR		
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES		REASON FOR LEAVING
2	EMPLOYER	TELEPHONE ()	INDICATE IF <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) FROM TO
	NAME AND TITLE OF SUPERVISOR		
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES		REASON FOR LEAVING
3	EMPLOYER	TELEPHONE ()	INDICATE IF <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) FROM TO
	NAME AND TITLE OF SUPERVISOR		
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES		REASON FOR LEAVING
4	EMPLOYER	TELEPHONE ()	INDICATE IF <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) FROM TO
	NAME AND TITLE OF SUPERVISOR		
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES		REASON FOR LEAVING

May we contact the employers listed above? YES NO If "Yes," indicate the number(s) above, and also indicate the best time of day to contact employer.

Other names under which your former employers would know you: _____

Positions that require operating a company vehicle must submit, upon acceptance of a formal employment offer, a current motor vehicle report (MVR), that is not more than three days old. MVR's will be reviewed to determine the individual's insurability based on Synfast Oil Change insurance carrier and company policy. Failure to be insured may be cause for termination of employment.

I authorize Synfast Oil Change, Inc. to investigate all information provided on this application. Continued employment is contingent on Synfast Oil Change verifying all the information presented on my application.

I understand that falsification of data so given may prevent me from being offered employment, or if hired, will subject me to immediate termination for cause.

In consideration of my employment, I agree to conform to Synfast Oil Change policies and procedures. I understand that no manager or representative of Synfast Oil Change, other than the General Manager or Owner has any authority to enter into any agreement for employment, or to make any agreement contrary to the information contained in this application.

In absence of a written contract, I understand that my employment and compensation may be terminated with or without cause, and with or without notice, at any time, at the option of either Synfast Oil Change or myself.

I have read and understand the above.

Date: _____ Signed: _____

Employer Use Only

(PLEASE PRINT CLEARLY)

Worksite Employer Name: _____ Worksite Employer Code: _____

First Name: _____ Middle Name: _____ Last Name: _____

Social Security No.: _____ Original Hire Date: _____ TotalSource Start Date: _____ File Number: _____ Background Check: _____
(If different) (If not auto-assigned), Yes No
(If YES, include a Consent to Conduct Background Investigation Form)

Employment Profile Information

<p>Title: _____</p> <div style="border: 1px solid black; padding: 5px;"> <p>EEO Class <i>(Required; Select the job category that most closely relates to this position within your organization)</i></p> <p><input type="checkbox"/> Executive/Senior Level Officials and Managers</p> <p><input type="checkbox"/> First/Mid-Level Officials and Managers</p> <p><input type="checkbox"/> Professionals <input type="checkbox"/> Craft Workers</p> <p><input type="checkbox"/> Technicians <input type="checkbox"/> Laborers and Helpers</p> <p><input type="checkbox"/> Sales Worker <input type="checkbox"/> Operatives</p> <p><input type="checkbox"/> Administrative Support <input type="checkbox"/> Service Workers</p> </div> <p>Workers' Compensation Code: _____</p> <p>Benefit Class Code: _____</p>	<p>Division Code: _____</p> <p>Department _____ <small>(If a new department# is needed, please create below)</small></p> <p>New Department #: _____</p> <p>New Department Description: _____</p> <p>Job Cost Code #: _____ <small>(If a new job# is needed, please create below)</small></p> <p>New Job #: _____</p> <p>Job Description: _____</p>
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Compensation: _____ per:		<input type="checkbox"/> Hour	<input type="checkbox"/> Two Weeks	<input type="checkbox"/> Month	<input type="checkbox"/> Tipped
		<input type="checkbox"/> Week	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Year	
Hourly Rate 2: _____	Hourly Rate 3: _____				
<small>(If Used)</small>		<small>(If Used)</small>			
Pay Frequency:	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly (26 pay periods/yr.)	<input type="checkbox"/> semi-monthly (24 pay periods/yr)	<input type="checkbox"/> monthly	
Pay Type:	<input type="checkbox"/> Salary	<input type="checkbox"/> Hourly	FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt		
Pay Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Regular	<input type="checkbox"/> Temp	

Notes to TotalSource _____

Signature of authorized representative or worksite employer: _____

Title: _____ Date: _____

(PLEASE PRINT CLEARLY)

Name of Worksite Employer: _____

Employee Name: (First, Middle Initial, Last): _____

Social Security Number: _____

Birth Date: _____

Contact Information

Home Address

Street 1: _____

Street 2: _____

City: _____

County: _____

State: _____ Zip: _____

Are you subject to any city or local income taxes? Yes No
If so, please provide the city and/or locales below:

Lived-in	Worked-in
_____	_____
_____	_____
_____	_____

Electronic Contact Information

Home Email: _____

Business Email: _____

Gender: Male Female

Maiden Name _____

Phone

Primary Phone: _____

Secondary Phone: _____

Work-in State: _____

Marital Status: Single Married
 Divorced Widowed
 Common-Law

Ethnic Group: Are you Hispanic or Latino? Yes No

If not Hispanic or Latino, please indicate below:
 White Black or African American
 Asian American Indian/Alaska Native
 Two or more races Native Hawaiian or other Pacific Islander

Emergency Contact Information

Contact #1

Name: _____

Primary Phone: _____

Secondary Phone: _____

Relationship: _____

Notes to TotalSource: _____

Contact #2

Name: _____

Primary Phone: _____

Secondary Phone: _____

Relationship: _____

Authorized Client Signature: _____ Date: _____

KB-9106 Employee Data

Acknowledgment of Receipt of Basic Employment Policies

I understand that my Company has enlisted the services of ADP TotalSource to help administer payroll, provide applicable employee benefits and assist with human resources and risk management. By my signature below, I acknowledge the following:

- If I work in one of the following states that I have received the Basic Employment Policies applicable to that state: CA, CT, HI, MA, MD, ME, MT, NJ, RI, SC, TN, VT.
- These Basic Employment Policies describe important information about ADP TotalSource and my Company.
- My co-employment relationship with ADP TotalSource and my Company is that of an employee-at-will and is entered into voluntarily. My at-will employment is described in greater detail in page 3 and 4 of this booklet.
- These policies are neither a contract for employment, express or implied. I have had an opportunity to read and will comply with both the policies contained here and any revisions made to them. These policies supersede any and all prior editions.
- Should my employment end, for whatever reason, ADP TotalSource is not responsible for payment of any accrued and/or earned vacation, sick, paid time off, bonus, commission, severance or expense reimbursement pay that my Company may have promised me. I further acknowledge that the responsibility, if any, to pay me any of the above amounts remains at all times with my Company.

Company Name: _____

Employee's Printed Name: _____ Position: _____

Employee's Signature: _____ Date: _____

[PLEASE SUBMIT THE SIGNED AND DATED FORM TO YOUR SUPERVISOR.]

Direct Deposit Authorization

Employee Name: _____

Last 4 Digits of SSN: _____ Date: _____

Worksite Employer: _____

Company Code: _____ Paygroup: _____

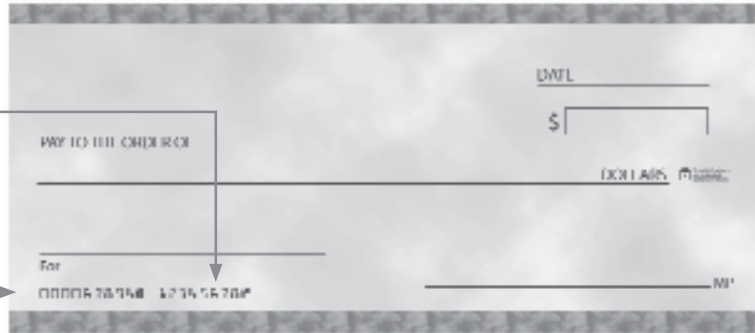
- I choose to waive Direct Deposit Authorization (Otherwise complete Direct Deposit Authorization information below) Employees are allowed to set up a maximum of five direct deposit accounts. A maximum of three checking accounts and two saving accounts are allowed.

Account Number:

Your bank account number follows the transit number on the lower, left corner of the check.

Transit Number:

A nine-digit number located in the left corner of the check.



	Account Type	Transit/ABA Number	Account Number	Full Net Deposit	Partial Deposit (Check if partial deposit)	Amount
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

- Send remainder as a live check.

Authorization Statement

By signing the Direct Deposit Authorization form below you are agreeing to the following:

- I authorize ADP TotalSource and the bank listed above to deposit my net pay or a portion thereof as indicated into my account each pay date.
- If funds to which I am not entitled are deposited to my account, I authorize ADP TotalSource to direct the bank to return said funds to ADP TotalSource.
- I understand that my deposit may not be credited to my account until midnight on the pay date indicated on the check voucher.
- I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.
- I understand that each new account will go through a pre-notification process that may take two payroll periods to complete.

Employee Signature: _____ Date: _____





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
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 filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, 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 ▶					
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

**Generic Black Work Shirt
Purchase Program Agreement**

I _____ agree to purchase 11 black work shirts from Synfast Oil Change.

At no cost to me, Synfast Oil Change will provide all normal laundering and cleaning for these 11 work shirts. I agree to pay for the 11 black work shirts the amount of \$242. I also agree and authorize a payroll deduction of \$24.20 will from my paycheck for 10 consecutive pay periods until the total cost of the shirts are paid.

If I have a current uniform deposit held by Synfast Oil Change it will be refunded when I return my existing uniforms to Aramark in good condition. Once refunded I agree this refund to be applied as a reduction of the total amount of the 11 black work shirts on this agreement.

If my employment terminates before I have paid the full amount of the black work shirts I agree and authorize Synfast Oil Change to deduct the full unpaid cost from any unpaid wages due to me.

Optional Refund Program

Provided only if Synfast Oil Change has a current agreement with a uniform maintenance company which allows for a return of my 11 work shirts).

Upon leaving work at Synfast Oil Change, I have the option of returning all 11 black work shirts in good condition and Synfast will reimburse the amount of \$242 that I paid for them, less any cost for damaged shirts. I also understand that I must return the complete set of 11 black shirts immediately and provide written and signed "Shirts Return Receipt" at the end of my employment to my store SCM.

I agree to purchase 11 black work shirts from Synfast Oil Change as follows:

Size: _____

Short Sleeve _____

Long Sleeve _____

Recommend that you purchase at least 5 short sleeve shirts for use in hot weather.

Employee Signature: _____

Date: ____/____/____

EDUCATION/TRAINING

List all work experience including military, beginning with your present or last position.

1	EMPLOYER	TELEPHONE ()	INDICATE IF <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) FROM TO
	NAME AND TITLE OF SUPERVISOR		
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES		REASON FOR LEAVING
2	EMPLOYER	TELEPHONE ()	INDICATE IF <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) FROM TO
	NAME AND TITLE OF SUPERVISOR		
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES		REASON FOR LEAVING
3	EMPLOYER	TELEPHONE ()	INDICATE IF <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) FROM TO
	NAME AND TITLE OF SUPERVISOR		
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES		REASON FOR LEAVING
4	EMPLOYER	TELEPHONE ()	INDICATE IF <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	ADDRESS		EMPLOYED (STATE MONTH AND YEAR) FROM TO
	NAME AND TITLE OF SUPERVISOR		
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES		REASON FOR LEAVING

May we contact the employers listed above? YES NO If "Yes," indicate the number(s) above, and also indicate the best time of day to contact employer.

Other names under which your former employers would know you: _____

Positions that require operating a company vehicle must submit, upon acceptance of a formal employment offer, a current motor vehicle report (MVR), that is not more than three days old. MVR's will be reviewed to determine the individual's insurability based on Synfast Oil Change insurance carrier and company policy. Failure to be insured may be cause for termination of employment.

I authorize Synfast Oil Change, Inc. to investigate all information provided on this application. Continued employment is contingent on Synfast Oil Change verifying all the information presented on my application.

I understand that falsification of data so given may prevent me from being offered employment, or if hired, will subject me to immediate termination for cause.

In consideration of my employment, I agree to conform to Synfast Oil Change policies and procedures. I understand that no manager or representative of Synfast Oil Change, other than the General Manager or Owner has any authority to enter into any agreement for employment, or to make any agreement contrary to the information contained in this application.

In absence of a written contract, I understand that my employment and compensation may be terminated with or without cause, and with or without notice, at any time, at the option of either Synfast Oil Change or myself.

I have read and understand the above.

Date: _____ Signed: _____

BUMP HAT & SAFETY GOGGLE AGREEMENT

It is Synfast Oil Change policy that while on duty, or in the work area, you MUST wear a bump hat and safety goggles. You understand and agree to follow company policy requiring you to wear a protective bump hat and safety goggles at all times while on duty, or when in the work area. You understand that the policy was established to protect you from injury and agree to take full responsibility from medical expenses and missed work time. You also understand that if you are warned by your supervisor and still fail to wear a bump hat or safety goggles, your employment with Synfast Oil Change may be terminated.

Employee Signature _____ Date _____
Witness _____ Date _____

HANDBOOK AGREEMENT

I have read and received a copy of the Synfast Oil Change employee handbook. I also agree to follow all company policies within the stated guidelines.

Employee Signature _____ Date _____
Witness _____ Date _____

I have read the California Employer Poster posted in the Service Center.

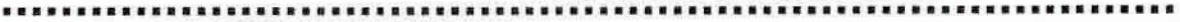
Employee Signature _____ Date _____
Witness _____ Date _____

WORKPLACE INJURY

If I injure myself while at work, I must inform my direct supervisor (Service Center Manager) or the manager in charge and my District Manager (DM) before seeking medical treatment. I also agree to go to the nearest emergency care facility, by contacting the emergency phone number on the California Employment Poster, designated by Synfast Oil Change for the service center where I work. If I do not follow this procedure, I understand that will be fully responsible for any and all medical costs. I agree to abide by the above policy set by Synfast Oil Change

Employee Signature _____ Date _____

Witness _____ Date _____



MOTORCYCLE AGREEMENT

I understand that it is Synfast Oil Change's policy that no employee is allowed to operate a motorcycle while conducting any company business. I hereby agree that I will not operate a motorcycle under any circumstances while I am fulfilling my employment obligations.

Employee Signature _____ Date _____

Witness _____ Date _____



ALTERNATE WORKWEEK SCHEDULE

The Synfast Oil Change Alternate Workweek Schedule is as followed:

If an hourly employee works more than 40 hours in a workweek, the hours in excess of 40 will be paid at a rate of time and a half. The workweek will begin on Sunday 12:01 am and end on Saturday at 11:59pm. The maximum workday will be 10 hours, and any hours worked in excess of 12 hours per day, unless a portion of the time is identified as make up hours, will be paid at the rate of double time rate.

Overtime may not be carried forward or backward to a different week. Make up time is available and must be within the same workweek. Employees will be able to request time off for personal obligations within reasons, and make-up time without the employer having to pay overtime.

Employee Signature _____ Date _____



CODE OF SAFE PRACTICES

It is our policy that everything possible will be done to protect employees, customers, and visitors from accidents. Safety is a cooperative undertaking requiring participation by every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline and up to and including termination. Supervisors shall insist that the employees observe all applicable company, State, and Federal safety rules and practices and take action as is necessary to obtain compliance. It is the responsibility of RFG Oil, Inc. to provide and review this code with each employee. It is the employee's responsibility to read and comply with this code.

To carry out this policy all employees shall:

1. Report all unsafe conditions and equipment to your supervisor.
2. Report all accidents, injuries and illness to your supervisor.
3. Means of egress shall be kept unblocked, well lighted and unlocked during working hours.
4. In the event of a fire, the alarm will sound, you must immediately evacuate.
5. Upon hearing the fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location.
6. Only trained workers may attempt to respond to a fire or other emergency.
7. Exit doors must comply with fire safety regulations during business hours.
8. Stairways should be kept clear of items that can be tripped over and all areas under stairways that are egress routes not to be used to store combustibles.
9. Materials and equipment will not be stored against doors or exits, fire ladders or file extinguisher stations.
10. Aisles must be kept clear at all times.
11. Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
12. All spills shall be wiped up promptly.
13. Files and supplies should be stored in such manner as to preclude damage to the supplies or injury to personnel when they are moved. Heaviest items should be stored closest to the floor and lightweight items stored above.
14. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
15. Never stack material precariously on top of lockers, file cabinets or other high places.
16. Never leave lower desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
17. Do not open more than one upper drawer at a time; particularly the top two drawers on tall file cabinets.

18. Always use proper lifting technique. Never attempt to lift or push an object which is too heavy. You must contact a supervisor when help is needed to move a heavy object.
19. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
20. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only once cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
21. Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from waste baskets. Newer heaters which
22. Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through the mesh. Newer heaters which are equipped with tip-over switches should be used.
23. Appliances such as coffee pots and microwaves should be kept in working order and inspected for signs of wear, heat or fraying cords.
24. Equipment such as scissors, staples, etc., should be used for their intended purposes only and should not be misused as hammers, pry bars, screwdrivers, etc. misuse can cause damage to the equipment and possible injury to the user.
25. Cleaning supplies should be stored away from edible items on kitchen shelves.
26. Cleaning solvents and flammable liquids should be stored in appropriate containers.
27. Solutions that may be poisonous or not intended for consumption should be kept in well labeled containers.

I, _____, have read and fully understand the Code of Safety Practices.
 (Print Name)

Employee Signature _____ Date _____

Witness/Manager _____ Date _____

SYNFAST OIL CHANGE CASH HANDLING PRACTICES

Depositing: Deposits of cash are to be made each night directly after closing. The closing PIC will need to take the deposit directly to the nearest bank and return directly to the service center with the corresponding ATM receipt. The deposit and cash drawer should be counted and verified with a second party to verify integrity and accuracy. The Manager is responsible for ensuring that whoever is responsible for making the deposit each night has the correct ATM card and is able to make the deposit. In the event that the ATM is not working, the employee making the deposit will proceed to the next closest ATM and make the deposit.

Cash Handling: Each morning, the opening Manager is required to verify that the register has the correct amount of money retained. The Manager is to verify that the deposit was made and that the receipt returned to the service center and logged appropriately. The Manager will verify that the Petty Cash was reconciled and faxed appropriately. The Manager will complete the Cash Summary located at the bottom of the Weekly Checklist, verifying that the cash variance was within the acceptable variance, +/-\$.10 per \$100 in Cash Sales.

Petty Cash: Petty Cash is to be reconciled each night and faxed to the office. Petty Cash is to contain the original receipt of purchase, the invoice for which the part was billed (when necessary), and the Receipt of Material for the part that was billed consisted with the Valvoline Instant Oil Change invoice (when necessary).

Note - It is important to verify the receipt of any Petty Cash faxed, as well, due to high volume of faxes, it is best practice to set a time to fax the Petty Cash in within the last hour of operation. Any missing Petty Cash is treated as cash shortage for which the Manager in charge is directly responsible.

A violation of any aspects of this policy will result in disciplinary action up to and including possible termination of employment.

I understand the Cash Handling Policy and agree to adhere to every aspect of this policy. I understand that if I violate the Cash Handling Policy I will be subject to disciplinary action that may include the suspension and/or termination of my employment.

Employee

Date

Area Manager/ Service Center Manager

Date

District Manager

Date

ANTI-HARRASMENT POLICY

Synfast Oil Change is committed to maintain a work environment free of all forms of discrimination. In keeping this commitment, we will not tolerate the harassment of Synfast Oil Change employees or applicants (male or female) by anyone, including any supervisor

WHAT IS HARASSMENT?

Sexual harassment is a form of sex discrimination and an "unlawful employment practice" under title VII of the 1694 Civil Rights Act and is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- Submission to or rejection of such conduct by an individual is used as the basis for employment decision effecting such individual; or
- Such conduct has the effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Unlawful harassment is verbal or physical conduct that denigrates or shows hostility, hate, or aversion toward an individual because of his or her race, color, creed, religion, sex, national origin, or other protected status.

Federal and State Laws as well as this policy prohibit behavior which:

- Has the purpose of effect creating an intimidating, hostile, or offensive work environment; or
- Has the purpose of effect of unreasonably interfering with an individual's work environment; or
- Otherwise adversely affects an individual's employment opportunities.

An employee who believes he or she has been the subject of sexual or unlawful harassment should

- Try to calmly, but firmly and promptly notify the alleged harasser that his or her behavior is unwelcomed. However, we recognize that sometimes a victim may find such confrontation difficult.

Employee Signature

Date

FINAL WAGES AGREEMENT

I agree to abide to company policy regarding my final paycheck upon termination. I understand that my final check will be mailed to my home address. I agree to inform Synfast Oil Change any changes to my address and W-4 withholding to maintain current records. I understand and take full responsibility that if I fail to inform Synfast Oil Change of any significant changes, this may delay arrival of my final paycheck and I will be charged \$25 stop payment fee if the check needs to be reissued.

Employee Signature _____ Date _____



EMPLOYEE TIMECARDS

All employees are required to sign their timecards each week. Unsigned time cards will not be processed. The signed time cards must be submitted to your supervisor, who will then submit to the Payroll Department, with all other paperwork on a weekly basis.

I, _____ understand that I must sign my timecard at the end of each work week. At Synfast Oil Change the official work week begins on Sunday at the start of business and ends on Saturday at the end of business. If I fail to sign my timecard, I will not be paid for that week.

Employee Signature _____ Date _____

Witness _____ Date _____



SAFETY TRAINING

I, _____, have attended and completed the one-half hour emergency response training and orientation program provided by my supervisor. I fully understand all locations of hazardous materials, safety equipment, safety location, emergency response plan location, emergency telephone roster, material safety data sheets, and I understand the proper use of all items listed above.

Employee Signature _____ Date _____

Witness _____ Date _____

HOW CAN I REPORT A PROBLEM?

It is every employee's responsibility to help maintain a work environment free from harassment. Employees who believe they have experienced or observed harassment must report the harassment immediately. He or she must notify a supervisor and/or an officer or the company and utilize the main office number (858)273-8539. Each complaint will be investigated on a priority and confidential basis. Synfast Oil Change will collect all the relevant information as part of a complete investigation, every effort will be made to conduct the investigation on a confidential basis, with disclosure made only where there is needed to know. If an investigation confirms that harassment has occurred, Synfast Oil Change will take prompt corrective action, including discipline and up to and including termination. There will be no retaliation against anyone filing a complaint.

I _____, fully understand that Synfast Oil Change is committed to maintaining a work environment that is free of all forms of discrimination.

I also understand that any harassing behavior such as verbal, nonverbal, or physical will not be tolerated. If the strict harassment policy has been violated, I understand that it could lead to the termination of my employment.

Employee Signature _____

Date _____

COMMITMENT TO EXCELLENCE

At Synfast Oil Change, service to our customer is the number one concern. Our quality of service depends upon:

1. Being courteous to **every** customer.
2. Demonstrating a pride of workmanship that will ensure trouble-free services.
3. Reflecting a positive attitude towards our customer, our products, and fellow employees.
4. Displaying a professional appearance at all times while on the job.
5. Making the effort to report to work each scheduled day so that customer needs can be met and fellow employees don't bear the burden of excess workload.
6. Accepting accountability for an assigned job and the successful completion of team goals.
7. Expressing concern for the company image/reputation and accepting the concept the "the employee is the company."
8. Following up published safety practices, knowing that the safe way is the best way.
9. Exerting the extra effort to follow-through; not expecting that someone else will do it.
10. Providing feedback to each customer about what action has been or will be taken.
11. Being the type of person known for impeccable honesty and strong character whose reliability is unquestioned.
12. Participating in the betterment of the company by recommending creative solutions when problems are identified.
13. Seeking continuous knowledge about our products and our industry in order to better inform our customers.
14. Contributing the highest level of productivity and constantly striving to be better than yesterday.

As an employee of Synfast Oil Change, I support these 14 quality measurements and my signature acknowledges my commitment to uphold these principles in my daily work performance.

Employee Signature _____

Date _____

Acknowledgment and agreement with Synfast Oil Change Arbitration Policy

My signature on this document acknowledges that I understand the above Arbitration policy and agree to abide by its conditions. I also acknowledge that I understand my employment is at-will and may be terminated at any time, with or without reason, by either Synfast Oil Change or myself. I further agree that, in accordance with Synfast Oil Change Arbitration Policy, I will submit any dispute - including but not limited to my termination - arising under or involving my employment with Synfast Oil Change to binding arbitration within one (1) year from the date the dispute first arose. I agree that arbitration shall be the exclusive forum for resolving all disputes arising out of or involving my employment with Synfast Oil Change or the termination of that employment. I agree that I will be entitled to legal representation, at my own cost, during arbitration. I further understand that I will be responsible for half of the cost of the arbitrator and any incidental costs of arbitration.

Employee name (printed)

Date

Employee Signature

Manager / Supervisor / Team Leader / Designated Company Representative – Signature

Note: The original of this form will be placed in your personnel file. Please contact our Main Office at 858-273-8539 for copies.

Position statement on drugs and alcohol in the workplace for Synfast Oil Change Employees Purpose

Synfast Oil Change is committed to taking steps to establish and maintain a safe, healthy and efficient workplace for all employees and customers. The state of one employee's health affects his or her work performance and possibly the work performance of co-workers.

These procedures have been developed to:

Establish a company-wide set of procedures to address employee drugs and alcohol use.

Ensure maximum safety, reduce the risk of accidental, on-the-job injury and encourage the reduction of absenteeism, tardiness and poor job performance. Promote a drug - and alcohol- free workplace.

Position

During work hours, Synfast Oil Change does not allow employees to be under the influence of illegal drugs, including abuse of prescribed drugs. Nor does Synfast Oil Change allow the sale, purchase, transfer, use or possession of any illegal drug. This is true of employees on company business or while on company property, including company-owned or company-leased vehicles. You may not work or report to work under the influence or enter the property under the influence of an illegal drug.

Synfast Oil Change also does not allow alcohol to be brought into work or consumed on company premises, including company-owned or company-leased vehicles, except as may be permitted by the company. You cannot work or report to work under the influence of alcohol.

If Synfast Oil Change has reasonable cause to believe an employee is in violation of our position on drugs and alcohol in the workplace, the company may require that employee to submit to a drug or alcohol test. If an employee is involved in a work related accident or any accident with a company vehicle, Synfast Oil Change may also require the employee to submit to drug and alcohol testing. Under these circumstances, an employee would normally be driven to and from the testing site. In an employee does not adhere to these rules and instructions, or if any employee does not submit to a drug/alcohol test and/or if an employee receives a positive test result, he or she will be violating company rules and instructions and may be disciplined up to and including termination.

Definitions

Alcohol or alcoholic beverage: Any beverage that contains more than .5% alcohol.

Illegal Drugs: Any controlled substance that has no medical use under the circumstances in question; any legal drugs which have been attained illegally; any prescription drug not prescribed for the employee in question; any prescription drug taken in excess of recommended dosage.

Reasonable Cause: Observed problems in an employee's ability to perform his or her job in a

safe, efficient, or satisfactory manner. "Problems" include performance deficiencies, physical symptoms or other overt evidence, including possession of drugs at work that impede the quality of the employees work.

Ability to do the job: Being physically and mentally capable of interacting with the work environment in a responsible and effective manner, conducting work related duties and responsibilities, including equipment operation, with good judgment and efficiency, without endangering the immediate or long term safety and health of employee's and business relationships.

I have read this position statement on drugs and alcohol in the workplace. I have been given an opportunity to ask questions about the position statement and I understand it. I understand that by continuing my employment at Synfast Oil Change, I am consenting to drug and alcohol testing under this position statement.

Print Name

Signature

Date

Our Professional Code of Conduct and Honesty

As an employee of Synfast Oil Change, I agree to the following:

My Pledge to our customers

- I will provide our customers with the highest quality service in a prompt and professional manner at a fair price.
- I will recommend only those services and products which a customer truly needs based on their vehicles' manufacturer's recommendations or as recommended by Synfast Oil Change based on their reputable research and findings. I will not recommend any fluid services based solely on sight or smell
- I will be open and honest with all customers and allow them to inspect or ask questions about any service I have performed.
- I will treat all customers with courtesy, respect and professionalism.
- I will be prompt, fair and courteous in responding to any customer concern or claim and will also promptly notify my superior.
- I will charge the customer only the fair price posted in my store or only on our approved price list.

My Pledge to my co-workers

- I will strive to keep our workplace safe, honest and enjoyable.
- I will treat all my co-workers fairly and with respect.
- I will not harass, demean, ridicule or discriminate against any of my co-workers.

My Pledge to my employer

- I will not perform any act of dishonesty. These acts include:
 - Performing any services for which my employer is not fully paid.
 - Theft of cash or any products.
 - Theft of any tools or other assets.
 - Not properly reporting the hours that I work.
- I will promptly report to my supervisor, if I witness, or have any knowledge of any act of dishonesty, any violations of the pledge, or any violations of Company Policy and Procedures.
- If at any time I believe that any suspicious behavior should be reported, I will call 877-201-6821.

I agree to comply with this pledge at all times. I understand that my failure to adhere to this pledge will result in corrective action, possibly including suspension and termination off my employment

CONFIRMATION OF RECEIPT

I have received my copy of the employee handbook for Synfast Oil Change. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

I understand that except for employment at-will status, any and all policies or practices can be changed at any time by Synfast Oil Change. Synfast Oil Change reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the president of Synfast Oil Change, no manager, supervisor, or representative of Synfast Oil Change has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the President has the authority to make any such agreement and the only in writing signed by the president.

I understand and agree that nothing in the employment handbook creates or is intended to create a promise or representation of continued employment and that employment at Synfast Oil Change is employment at-will; employment may be terminated at the will of either Synfast Oil Change or myself. My signature certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between Synfast Oil Change and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings and representations concerning my employment with Synfast Oil Change.

Employee's Signature

Date

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check. For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name _____ Middle Name _____ Last Name _____

Date of Birth ___/___/___ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ___/___/___ (Month/Day/Year) To ___/___/___ (Month/Day/Year)

City/State/ZIP _____

Prior Street Address _____

From ___/___/___ (Month/Day/Year) To ___/___/___ (Month/Day/Year)

City/State/ZIP _____

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date: (Month/Day/Year)
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If required, notarize here. When using an embossed seal,
please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires