



Mason's Professional Cleaning Service, LLC
 An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS
 Any job offer is contingent upon the satisfactory completion of drug testing, reference checking, and background investigation in accordance with the Conditions of Application.

PLEASE PRINT ALL INFORMATION

Application for Position of: _____

| | | | | | | |
|---|--|-------------------------|--------------------------------------|-----------------|-----------------------|------------------------|
| Last Name: | | First Name: | MI | Date of Birth: | Date available: | Social Security Number |
| Present Address (number & Street) | | | | Apt.# / Lot | Home Phone: () | |
| City | | State | | Zip Code | Message Phone: () | |
| Are you at least 18 years of age? YES NO | | Best time to reach you? | | E-Mail address: | | |
| What hours are you available to work? | | | What days are you available to work? | | | |
| Do you have your own transportation to get to work? YES NO | | | | | | |
| If your answer is no, then will you have dependable transportation? YES NO | | | | | | |
| Are there any criminal charges now pending? YES NO | | | | | | |
| Have you ever been convicted of a felony, misdemeanor, or other offense other than a minor traffic violation? YES NO | | | | | | |

If you answer yes to either of the previous questions, please provide a full explanation, attaching additional sheets as necessary.

EDUCATION AND TRAINING

Circle Highest Grade Completed: Secondary School 7 8 9 10 11 12 College 13 14 15 16 17+

If you have not completed high school, do you have a GED equivalency? YES NO

| | Name of School | Location | Major Area of Study | Graduated | Degree |
|-------------|----------------|----------|---------------------|-----------|--------|
| High School | | | | | |
| College | | | | | |
| College | | | | | |
| Vocational | | | | | |
| Other | | | | | |

Please list any position-relevant information not covered above:

IF APPLYING FOR A POSITION REQUIRING DRIVING:

| | |
|---|--|
| Do you have a valid driver's license? YES NO | Do you own or have use of a vehicle? YES NO |
|---|--|

WORK EXPERIENCE: Provide a complete and specific description. Start with your most recent job.
BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position. You may also attach a separate sheet with additional, pertinent information.

| | | | |
|---|--|--------------------|-----------------------------------|
| Your Title | | Kind of Business | Location (City & State) |
| Your Duties: | | Reason for Leaving | Name & Phone number of Supervisor |
| Total Time Employed: Full-Time / Part-time | | | |
| From (Month & Year) | | To (Month & Year) | |
| Monthly/Hourly Salary: Beginning:\$ Ending:\$ | | | |
| May we contact this employer as a reference? No Yes | | | |
| Employer | | | |
| Your Title | | Kind of Business | Location (City & State) |
| Your Duties: | | Reason for Leaving | Name & Phone number of Supervisor |
| Total Time Employed: Full-Time / Part-time | | | |
| From (Month & Year) | | To (Month & Year) | |
| Monthly/Hourly Salary: Beginning:\$ Ending:\$ | | | |
| May we contact this employer as a reference? No Yes | | | |
| Employer | | | |
| Your Title | | Kind of Business | Location (City & State) |
| Your Duties: | | Reason for Leaving | Name & Phone number of Supervisor |
| Total Time Employed: Full-Time / Part-time | | | |
| From (Month & Year) | | To (Month & Year) | |
| Monthly/Hourly Salary: Beginning:\$ Ending:\$ | | | |
| May we contact this employer as a reference? No Yes | | | |
| Employer | | | |
| Your Title | | Kind of Business | Location (City & State) |
| Your Duties: | | Reason for Leaving | Name & Phone number of Supervisor |
| Total Time Employed: Full-Time / Part-time | | | |
| From (Month & Year) | | To (Month & Year) | |
| Monthly/Hourly Salary: Beginning:\$ Ending:\$ | | | |
| May we contact this employer as a reference? No Yes | | | |
| Employer | | | |

CONDITIONS OF APPLICATION

(Please read carefully before submitting this application)

- **TRUE AND COMPLETE INFORMATION.** I understand that all the information I furnish in my employment application and related documents and during my employment interview(s) must be true and complete. I certify that all such information is or will be true and complete and that I have included any additional information or explanations that may be appropriate. I further understand that any false statement by me in this application or in any related document or the omission of any requested information will be cause for rejection of my application or for my dismissal if I have already been employed.
- **INVESTIGATION.** I hereby authorize the company to investigate all statements made in this application, any related documents, and in any employment interview. I understand that any offer of employment is contingent upon the satisfactory completion of such investigation. Except as otherwise specifically indicated in this application, I further authorize the company to obtain, and all employers, personal references, and academic institutions named in this application to provide, any information necessary to evaluate my suitability for employment. I release the company and all such employers, references, and academic institutions from any and all liability arising from their obtaining or providing information about my employment history, academic credentials, and suitability for employment as authorized in this application.
- **EMPLOYMENT AT WILL.** I understand that, except as otherwise provided by law or contract, all employment relationships between the company and its employees are terminable at will, meaning that if I am hired, my employment can be terminated at any time, with or without cause or without notice, at my option or the option of the company. I further understand that no employee or agent of the company is authorized to offer me an employment relationship inconsistent with the preceding sentence.
- **TERMS AND CONDITIONS MY CHANGE.** I understand that, except as otherwise provided by law or contract, if I am hired, any terms and conditions of my employment and any personnel policies that may be issued (whether in an employee handbook or other written document) are not intended to give rise to contract rights and are subject to change by the company at any time, with or without notice.
- **FORM I-9.** I understand that as a condition of employment, I will be required to complete and sign a Form I-9 at the time of hire, as well as present original documentation that both identifies me and establishes my legal right to work in the United States and that the company will verify my employment using the E-Verify system. Failure to timely do either or both of these (complete & sign Form & submit identification documents) may result in the withdrawal of any offer of employment with the company, without prejudice to future application. This applies to United States citizens as well as aliens.
- **DRUG TEST.** If the company offers me a job, I agree to submit to a drug test (if required). I understand that any job offer is contingent upon successful completion of any drug test. I hereby authorize the reporting of the results to any drug test to the company in accordance with applicable law. I further understand that, except as otherwise provided by law or contract, employees of the company may from time to time be required to submit to a drug test and I agree to take part in such tests if I am hired.
- **CONSENT TO CONSUMER REPORT.** If a conditional offer of employment is made, I understand that the company will conduct an independent background check by obtaining a consumer report on me from a consumer reporting agency to be used solely for employment purposes. I agree to cooperate with the company in providing any information necessary for this background check.
- **ACKNOWLEDGMENT.** I understand I may ask questions regarding any of the information regarding any of the information requested in this application or in any related document, and I acknowledge that any questions I asked were answered to my satisfaction. I further acknowledge that I have read and understand the preceding Conditions of Application and I hereby agree to the same.

Applications remain active for 180 days.

Signature of Applicant _____

Date: _____

Print Name _____

BLUE LINE INVESTIGATIONS

3025 Stage Road, Suite 42-146
Bartlett, Tennessee 38134
Phone: 901-266-7100 Fax: 901-266-7121
Web: BlueLineInvestigations.net
"Investigating Their Past to Secure Your Future"

Consumer Report Order Form

Submission Methods:
Fax: 901-266-7121

Upload: <https://www.bluelineinvestigations.net/upload.aspx>

Company Name: Mason's Professional Cleaning Service, LLC

SECTION A: Consumer/Applicant/Employee Information

REQUIRED SEARCH IDENTIFIERS:

Name: _____
Name Variation: _____
Name Variation: _____
Name Variation: _____

Date of Birth: ____/____/____
Social Security Number: ____-____-____
Drivers License#: _____ State: _____
Exact Name As Shown On Drivers License: _____

Current Address: _____ State: _____ City: _____ Zip: _____ From: _____ To: _____
Previous Address: _____ State: _____ City: _____ Zip: _____ From: _____ To: _____
Previous Address: _____ State: _____ City: _____ Zip: _____ From: _____ To: _____
Previous Address: _____ State: _____ City: _____ Zip: _____ From: _____ To: _____

SECTION B: To Be Completed By Requestor/End User

Please indicate which services you want by putting "x" in the appropriate box. Unless otherwise notified, Blue Line Investigations will enter the following services based on the information supplied in section A.

Please Check Search Scope: _____ 10 Year Search History _____ 7 Year Search History

- County Criminal Background - Felony/Misdemeanor
- Federal Criminal - U.S. District Court(s)
- Workman's Compensation
- Social Security Number Verification
- Credit Report
- Motor Vehicle Report (MVR)
- Global Watch (OFAC)
- Healthcare Providers Report (OIG)
- State Repository
- Employment Verification
- Education Verification

Criminal Database Search Options
 Nationwide
 Single State: TN

Sex Offender Registry Search Options
 Nationwide
 Single State: _____

Drug Testing Options
 Urine Instant - (Choose Panel) 5 6 9 10
 Urine Lab - (Choose Panel) 5 6 9 10

Visit our website bluelineinvestigations.net for definitions and details of each search, you can also find a complete list of our pre-employment screening services.

Thank you
for choosing **BLI**
Blue Line Investigations

This form is not meant to provide legal advice of any kind; legal advice should be sought from your legal counsel. Blue Line Investigations does not guarantee the legal accuracy of this document. Release #: 2012614

BLUE LINE INVESTIGATIONS

6025 Stage Road, Suite 42-146

Bartlett, Tennessee 38134

Phone: 901-266-7100 Fax: 901-266-7121

Web: BlueLineInvestigations.net

Investigating Their Past to Secure Your Future

Disclosure & Authorization

Disclosure Regarding Consumer and/or Investigative Report

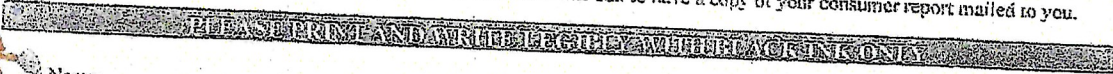
The employer/company, Mason's Professional Cleaners, Inc. (hereinafter known as "employer") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report and/or investigative report". Such consumer report may include information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The scope of the consumer/investigative report may include but is not limited to the following areas: criminal history records, sex offender's list, abuse registry, warrants and records, motor vehicle records, educational/employment verification, license verification, credit history, social security verification, civil cases, worker's compensation claims, OIG/GSA, OFAC/patriots act, any sanction list, FBI fingerprinting and drug testing. The employer, may obtain consumer reports and investigative reports now and throughout the course of your employment. You have the right upon written request to receive a copy of your consumer report(s). If an "investigative report" has been obtained, you also have the right to a description of the nature and scope of the investigation.

Acknowledgment and Authorization for Background Check

By signing below, I acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Report". I also certify that I have received a copy of "A Summary of Your Rights under the Fair Credit Reporting Act".

I understand by signing below, that I am authorizing Blue Line Investigations, 6025 Stage Road, Bartlett TN 38134 (901) 266-7100, www.blue-line-investigations.net and/or its Agents to obtain any and all consumer reports as listed in the above "Disclosure". Said consumer reports shall be made for the purpose of employment, promotion, reassignment or retention as an employee. I authorize any law enforcement agency, administrator, local, state or federal agency, institution, school or university, information service bureau or employer, to furnish any and all background information requested by Blue Line Investigations. I hereby agree that a telephonic (voice) or faxed copy of this document shall be valid as an original.

California, Minnesota and Oklahoma Applicants: please mark this box to have a copy of your consumer report mailed to you.



Name: _____ Date of Birth: _____

Signing Date: _____

Signature: _____

PLEASE RETAIN FOR YOUR RECORDS

This form is not meant to provide legal advice of any kind; legal advice should be sought from your legal counsel. Blue Line Investigations does not guarantee the legal appropriateness of this document.



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the instructions.

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

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

| | | | | | | | | | | | | | |
|---|--|-----------------------------|----------------------|--------------------------|--------------------------------|-----------------------------|--|--|---------------------------|--|--|--|--|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial (if any) | Other Last Names Used (if any) | | | | | | | | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State | | | | | | | |
| Date of Birth (mm/dd/yyyy) | | U.S. Social Security Number | | Employee's Email Address | | Employee's Telephone Number | | | | | | | |
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <p>USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance</p> | | | | | | | | | | | | | |
| | | | | | | | Signature of Employee | | Today's Date (mm/dd/yyyy) | | | | |
| | | | | | | | <p>If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the <u>Preparer and/or Translator Certification</u> on Page 3.</p> | | | | | | |
| | | | | | | | <p>Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.</p> | | | | | | |

Stop! Do Not fill out Section 2

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

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

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

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

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
 * Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|----|---|-----|---|
| <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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 | OR | <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 <li style="text-align: center;">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 | AND | <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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p> |
| <p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.</p> | | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. | OR | <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

7



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

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

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

| | | |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

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

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

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

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

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

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

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

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

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

8 * Fill out only if Translator needed



**Supplement B,
Reverification and Rehire (formerly Section 3)**
Department of Homeland Security
U.S. Citizenship and Immigration Services

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

| | | |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

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

| | | | |
|--|---|---------------------------------------|----------------|
| Date of Rehire (if applicable) Date (mm/dd/yyyy) | New Name (if applicable) Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (mm/dd/yyyy) | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | |
| Additional Information (Initial and date each notation.) | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | |

| | | | |
|--|---|---------------------------------------|----------------|
| Date of Rehire (if applicable) Date (mm/dd/yyyy) | New Name (if applicable) Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (mm/dd/yyyy) | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | |
| Additional Information (Initial and date each notation.) | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | |

| | | | |
|--|---|---------------------------------------|----------------|
| Date of Rehire (if applicable) Date (mm/dd/yyyy) | New Name (if applicable) Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | Expiration Date (if any) (mm/dd/yyyy) | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | |
| Additional Information (Initial and date each notation.) | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | |

9 * Fill out only if you are a Rehire

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

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

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

| | | | |
|--|---|-------------|----------|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ | | |
| | Multiply the number of other dependents by \$500 \$ _____ | | |
| | Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | | | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

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

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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

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


Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

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

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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

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



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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

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

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

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

12

Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$0 | \$700 | \$850 | \$910 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 |
| \$10,000 - 19,999 | 0 | 700 | 1,700 | 1,910 | 2,110 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 3,220 |
| \$20,000 - 29,999 | 700 | 1,700 | 2,760 | 3,110 | 3,310 | 3,420 | 3,420 | 3,420 | 3,420 | 3,420 | 4,420 | 5,420 |
| \$30,000 - 39,999 | 850 | 1,910 | 3,110 | 3,460 | 3,660 | 3,770 | 3,770 | 3,770 | 3,770 | 4,770 | 5,770 | 6,770 |
| \$40,000 - 49,999 | 910 | 2,110 | 3,310 | 3,660 | 3,860 | 3,970 | 3,970 | 3,970 | 4,970 | 5,970 | 6,970 | 7,970 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 | 11,080 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 3,420 | 4,620 | 5,820 | 6,930 | 7,930 | 8,930 | 9,930 | 10,930 | 11,930 | 12,930 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,620 | 8,820 | 9,930 | 10,930 | 11,930 | 12,930 | 14,010 | 15,210 | 16,410 |
| \$150,000 - 239,999 | 1,870 | 4,240 | 6,640 | 8,190 | 9,590 | 10,890 | 12,090 | 13,290 | 14,490 | 15,690 | 16,890 | 18,090 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,470 | 14,470 | 16,470 | 18,470 | 20,470 | 22,470 |
| \$365,000 - 524,999 | 2,790 | 6,290 | 9,790 | 12,440 | 14,940 | 17,350 | 19,650 | 21,950 | 24,250 | 26,550 | 28,850 | 31,150 |
| \$525,000 and over | 3,140 | 6,840 | 10,540 | 13,390 | 16,090 | 18,700 | 21,200 | 23,700 | 26,200 | 28,700 | 31,200 | 33,700 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$200 | \$850 | \$1,020 | \$1,020 | \$1,020 | \$1,370 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 |
| \$10,000 - 19,999 | 850 | 1,700 | 1,870 | 1,870 | 2,220 | 3,220 | 3,720 | 3,720 | 3,720 | 3,720 | 3,890 | 4,090 |
| \$20,000 - 29,999 | 1,020 | 1,870 | 2,040 | 2,390 | 3,390 | 4,390 | 4,890 | 4,890 | 4,890 | 5,060 | 5,260 | 5,460 |
| \$30,000 - 39,999 | 1,020 | 1,870 | 2,390 | 3,390 | 4,390 | 5,390 | 5,890 | 5,890 | 6,060 | 6,260 | 6,460 | 6,660 |
| \$40,000 - 59,999 | 1,220 | 3,070 | 4,240 | 5,240 | 6,240 | 7,240 | 7,880 | 8,080 | 8,280 | 8,480 | 8,680 | 8,880 |
| \$60,000 - 79,999 | 1,870 | 3,720 | 4,890 | 5,890 | 7,030 | 8,230 | 8,930 | 9,130 | 9,330 | 9,530 | 9,730 | 9,930 |
| \$80,000 - 99,999 | 1,870 | 3,720 | 5,030 | 6,230 | 7,430 | 8,630 | 9,330 | 9,530 | 9,730 | 9,930 | 10,130 | 10,580 |
| \$100,000 - 124,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,760 | 9,960 | 10,160 | 10,950 | 11,950 | 12,950 |
| \$125,000 - 149,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,950 | 10,950 | 11,950 | 12,950 | 13,950 | 14,950 |
| \$150,000 - 174,999 | 2,040 | 4,090 | 5,460 | 6,660 | 8,450 | 10,450 | 11,950 | 12,950 | 13,950 | 15,080 | 16,380 | 17,680 |
| \$175,000 - 199,999 | 2,040 | 4,290 | 6,450 | 8,450 | 10,450 | 12,450 | 13,950 | 15,230 | 16,530 | 17,830 | 19,130 | 20,430 |
| \$200,000 - 249,999 | 2,720 | 5,570 | 7,900 | 10,200 | 12,500 | 14,800 | 16,600 | 17,900 | 19,200 | 20,500 | 21,800 | 23,100 |
| \$250,000 - 399,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$400,000 - 449,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$450,000 and over | 3,140 | 6,490 | 9,160 | 11,660 | 14,160 | 16,660 | 18,660 | 20,160 | 21,660 | 23,160 | 24,660 | 26,160 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$450 | \$850 | \$1,000 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,870 | \$1,870 | \$1,870 | \$1,890 |
| \$10,000 - 19,999 | 450 | 1,450 | 2,000 | 2,200 | 2,220 | 2,220 | 2,220 | 3,180 | 4,070 | 4,070 | 4,090 | 4,290 |
| \$20,000 - 29,999 | 850 | 2,000 | 2,600 | 2,800 | 2,820 | 2,820 | 3,780 | 4,780 | 5,670 | 5,690 | 5,890 | 6,090 |
| \$30,000 - 39,999 | 1,000 | 2,200 | 2,800 | 3,000 | 3,020 | 3,980 | 4,980 | 5,980 | 6,890 | 7,090 | 7,290 | 7,490 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 2,820 | 3,830 | 4,850 | 5,850 | 6,850 | 8,050 | 9,130 | 9,330 | 9,530 | 9,730 |
| \$60,000 - 79,999 | 1,020 | 3,030 | 4,630 | 5,830 | 6,850 | 8,050 | 9,250 | 10,450 | 11,530 | 11,730 | 11,930 | 12,130 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,670 | 7,060 | 8,280 | 9,480 | 10,680 | 11,880 | 12,970 | 13,170 | 13,370 | 13,570 |
| \$100,000 - 124,999 | 1,950 | 4,350 | 6,150 | 7,550 | 8,770 | 9,970 | 11,170 | 12,370 | 13,450 | 13,650 | 14,650 | 15,650 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,060 | 11,260 | 12,860 | 14,740 | 15,740 | 16,740 | 17,740 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,860 | 12,860 | 14,860 | 16,740 | 17,740 | 18,940 | 20,240 |
| \$175,000 - 199,999 | 2,040 | 4,440 | 6,640 | 8,840 | 10,860 | 12,860 | 14,860 | 16,910 | 19,090 | 20,390 | 21,690 | 22,990 |
| \$200,000 - 249,999 | 2,720 | 5,920 | 8,520 | 10,960 | 13,280 | 15,580 | 17,880 | 20,180 | 22,360 | 23,660 | 24,960 | 26,260 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,370 | 11,870 | 14,190 | 16,490 | 18,790 | 21,090 | 23,280 | 24,580 | 25,880 | 27,180 |
| \$450,000 and over | 3,140 | 6,840 | 9,940 | 12,640 | 15,160 | 17,660 | 20,160 | 22,660 | 25,050 | 26,550 | 28,050 | 29,550 |

13



Employee Information Sheet

Employee's Name: _____

DOB: _____

SS#: _____

Address: _____

Phone# (Please specify if a Mobile or Home phone line)

Best number: _____

Alternate Phone# _____

Emergency contact name, number & Relationship:

Employee's Email: _____

Hire Date: _____

Work Location: _____

Employee ID Number: _____

Authorization for Direct Deposit - Employee Form

This authorizes Mason's Professional Cleaning Service, LLC (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name _____

Bank Routing # (ABA#) _____

Account # _____

Percentage or Dollar Amount to be Deposited to This Account _____

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name _____

Bank Routing # (ABA#) _____

Account # _____

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature _____

Printed Name _____

Employee ID # _____

Date _____

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.

Ver. 041708 DD

MLGW BUSINESS ETHICS POLICY AND STANDARDS OF BUSINESS CONDUCT
ETHICS POLICY, SECTION 4

Pursuant to the attached Ethics Policy, Section 4. Gratuities and other items of value, #6, the purpose of this Acknowledgment of Receipt is to ensure your compliance with the MLGW Code of Ethics Policy. This information is distributed to employees to confirm the understanding of these policies.

By executing this statement MPCS is acknowledging that all persons awarded a contract with MLGW of greater than \$5,000, to whom MLGW remits more than \$10,000 per year, or who receive approval for use of land from MLGW, shall execute a statement declaring under penalty of perjury that MPCS and its employees has not given, directly or indirectly, any prohibited Gratuity to any Officer, Employee, or Board Member or their immediate family, including spouses and other persons of similar close personal relationship, and file the declaration with the Chief Ethics Officer.

Please sign below this of Acknowledgment of Receipt.

Dorothy Mason
Dorothy Mason
Owner/President

DECLARATION OF STATEMENT

Signature _____

Name (Print) _____

Title _____

Date _____



CRIMINAL BACKGROUND CHECK FORM & RELEASE FOR CONVICTION

MEMPHIS LIGHT GAS & WATER DIVISION
HUMAN RESOURCES SERVICES DEPARTMENT
P.O. BOX 430
MEMPHIS, TN 38101-0430

I certify that the information given by me in this user profile is true and complete. I also grant MLGW and/or its authorized representative permission to verify my identity and perform an inquiry into my criminal history including periodic reviews throughout the course of my employment. I understand that any false information, misrepresentations, or concealment of facts is sufficient grounds for either my immediate discharge without recourse or refusal of employment by Memphis Light Gas and Water Division (MLGW), regardless of the time elapsed after discovery.

I understand and agree that all information furnished by me in this user profile may be verified by MLGW or a third party acting on behalf of MLGW. I hereby request and authorize all individuals and organizations named or referred to in this user profile and any records repository, or law enforcement agencies give MLGW all information relative to my employment, work habits, character, credit history, motor vehicle report, federal lists of excluded individuals, Global Watch alert and any criminal record, including City, State and Federal, and hereby release such individuals, organizations and MLGW from any liability for any claim or damage which may result. I understand that information provided by me in this user profile may be used for the purpose of a criminal background check and to periodically examine relevant Law Enforcement records in order to determine whether or not I have been convicted of a criminal offense.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. It is unlawful for an employer to refuse to hire; discharge; or otherwise discriminate with respect to compensation, terms, conditions, or privileges or employment because of an individual's age.

Have you ever been convicted for an offense other than a minor traffic violation(s) in the past (7) seven years? Yes _____ No _____
If yes, please explain. (Failure to disclose information within the (7) seven years will be grounds for disqualification or dismissal, if employed).

Name: _____
(First) (Middle) (Last)
Street Address: _____

City/State/Zip Code: _____

Social Security Number: _____

Driver's License Number & State _____

Date of Birth: _____

Contracting Company (if applicable): _____

MLGW Contact: _____

Email Address: _____

Mobile Number: _____

NERC yes no

Signature of Applicant

Date

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MPCS EMPLOYEE LUNCH BREAK POLICY AND ACKNOWLEDGEMENT

I understand that I am entitled to a meal period whenever I work five hours or more in a workday. I hereby certify and declare that I understand that I must abide by (Mason's Professional Cleaning Service, LLC (MPCS) company assigned daily work lunch schedule unless under extreme circumstances when I have no choice to release my work in time for lunch, I acknowledge that I am aware that I must notify MPCS with the reason, example: Client have you to do some type of immediate or emergency clean-up that went over your lunch scheduled time or if you are a part of a set up team setting up for an event for the client, etc.). You are also acknowledging that you understand that you are to utilize your full lunch schedule because the full lunch period will be deducted if you should not take the full lunch. You also acknowledge that you have a duty to clock out for lunch and back in for lunch daily, or it will be deducted.

Acknowledgement of Lunch Break Policy:

Signature: _____ Date: _____



MPCS EMPLOYEE TIME CLOCK POLICY AND ACKNOWLEDGEMENT

Mason's Professional Cleaning Service, LLC (MPCS) requires all employees to clock in and out during every shift. The ADP time tracking system will enable employees to more accurately keep track of working hours. It will also allow the Payroll Administrator to more efficiently process employee time worked.

In order for this system to work to its fullest potential, all employees are required to follow the guidelines and policy outlined below. An electronic timekeeping system is used to record all hours worked and leave taken during the reporting period for personnel. The automated time reports must reflect all regular hours worked for the period (including any authorized overtime, compensatory time, and any paid holidays, etc.). Adjustments to hours must be posted by the Payroll Administrator to avoid errors and omissions that may occur.

The ADP electronic time keeping system and associated work records are the official basis for recording hours worked for employees of MPCS. In order to ensure consistency of treatment of employees, the data recorded in the ADP system shall be considered as the "official" record of the workday. Any disputes over actual hours worked or attendance will be resolved by referring to the ADP records.

DAILY CLOCK IN/OUT REQUIREMENTS It is a job requirement that all employees must have a working phone that they can use to download the ADP time clock app and it is a requirement that employees keep their phones properly

charged while at work: • Employees MUST Clock in and clock out for their own scheduled shifts. • Clock out and back in for their own lunch. It is prohibited to abuse or take advantage of the time clock entries. **FALSIFICATION, TAMPERING AND UNAUTHORIZED VIEWING** Any falsification, tampering or unauthorized viewing of time clock records is grounds for disciplinary action, up to and including termination. This includes, but not limited to: • Any attempt to tamper with timekeeping hardware or software. • Clocking in for another employee who is absent or late. • Anyone interfering with other employees' use of the ADP system. Employees are NOT to clock in earlier than five (5) minutes before their scheduled start time. Employees are NOT to stay on the clock later than their scheduled end time, unless authorized and approved by the Project Manager. Employees CAN NOT make up for missed time.

CLOCK PROBLEMS If an employee is unable to punch in or out because of a time clock malfunction, connection issues or accidental oversight, it is the employee's responsibility to **immediately inform** his/her supervisor and/or payroll administrator and to also **present a screenshot** of the issue.

Employee Acknowledgment of an Agreement to Comply with the MPCS Employee Time Clock Policy.

Employee Signature: _____ Date: _____

ADDITIONAL CONDITIONS

(b) While on site, MPCS shall require and enforce Social Distancing (as hereinafter defined) among all employees to the extent then required by law. If Social Distancing is not then required by law, MPCS shall still require and enforce Social Distancing among all MPCS employees to the extent practicable while on site, until further written notice from the Client. As used herein, "Social Distancing" means keeping space between each person and other people. Persons practicing Social Distancing should stay at least six (6) feet from other people and avoid assembling in groups.

(c) For contact-tracing purposes, MPCS shall record the names and telephone numbers of all of MPCS employees who are on site each day; this may be accomplished through a daily sign-in sheet or other such documentation such as time clock. The daily sign-in sheets or other such documentation shall be maintained by MPCS for a period of twelve (12) months after the expiration or earlier termination of Client's contract, and MPCS shall provide copies of the same to the Client promptly upon request. This subsection (c) shall survive the expiration or earlier termination of this agreement.

MPCS shall, however, take appropriate action to ensure any person diagnosed does not return to the jobsite until medically cleared to return; and each person exposed to COVID-19 does not return to the jobsite until symptom-free for at least the number of days required by the CDC or days from the last known exposure to COVID-19.

(d) Indemnification and Waiver of Liability. By entering into this employment contract, Employee acknowledges and agrees that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By entering onto the jobsite, and in consideration of the benefit of this contract, all MPCS employees voluntarily assume all risks related to exposure to COVID-19 and forever waive and release from liability, discharge, indemnify and hold harmless Mason's Professional Cleaning Service, LLC (MPCS), and their respective, officers, board members, employees, agents, contractors, and volunteers (collectively, "MPCS Clients") against all liabilities, claims, suits, and damages for illness or injury, including death, related to exposure to COVID-19 except for gross negligence, willful and wanton misconduct, reckless infliction of harm or intentional infliction of harm by the individual or entity of the premises.

Acknowledgement that Applicant/Employee was given, read and/or understands the MPCS COVID-19 Conditions and Guidelines:

Signature of Applicant/Employee:
VI. Conclusion

Date signed:

This handbook has outlined the broad principles that guide our Company in its relations with employees. Specific information about Company insurance plans, or other benefits (if applicable) can be obtained in the office or by calling the MPCS Office Manager. It is quite possible that you may from time to time have questions about Company matters which directly affect you, or you may desire further information about how Company policies apply to your individual case. Should you be unable to find the complete answer to your particular question in this manual, feel free to ask your Project Manager or Supervisor. If he/she does not have the information readily available, he or she will get the answer for you.

A Representative of the Company in a management/supervisory position will conduct periodic inspections. A formal inspection will be conducted once each month by the Project Manager and a representative of the maintenance staff of the job site facility if required by the Client.

On a daily basis a member of the Company's (MPCS) supervisory personnel will conduct spot inspections and communicate any deficiencies to the deficient employee. Responses will be anticipated that same day/night.

Statement of Understanding

I have received, read, and agree to abide by the Company (Mason's Professional Cleaning Service, LLC) Employee Handbook and Rules and Regulations. I understand the policies and procedures set forth in the Handbook. I also understand that the Handbook is not a contract of employment, does not in any way limit the right of the Company to terminate my employment and that my employment may be terminated at any time, with or without notice, within the sole discretion of the Company management.

Applicant/Employee Signature

Date

MPCS Company Representative Signature

Date

CONTRACTOR'S BADGE WORKSHEET- EXTENDED

| ISSUE DATE | EXP DATE | BADGE NO. |
|------------|----------|-----------|
| | | |

AUTHORITY: 10 U.S.C. 8013; 44 U.S.C. 3101; and EO 9397

PURPOSE: Used to record information and details to determine installation entry suitability.

ROUTINE USES: Information may be disclosed to local, county, state and federal, law enforcement/investigative authorities or agencies.

DISCLOSURE IS VOLUNTARY: The Social Security Number is used to positively identify the individual. Failure to provide information on this form, or failure to provide true and correct information, may result in installation entry denial or other possible lawful actions.

CONTRACTOR'S INFORMATION

| | | | | | |
|----------------------------------|------|-------------|--------|------------|-----------|
| NAME (LAST, FIRST MI.) | | GENDER(M/F) | SSN | | D.O.B. |
| | | | | | |
| HOME ADDRESS | | CITY | STATE | ZIP CODE | PHONE |
| | | | | | |
| DRIVER'S LICENSE (NUMBER, STATE) | RACE | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR |
| | | | | | |

COMPANY INFORMATION

| | | | | |
|--|-----------------|------|-------|--|
| COMPANY/EMPLOYER | ADDRESS | CITY | STATE | PHONE |
| Mason's Professional Cleaning Service, LLC | 1422 Menager Rd | Mphs | TN | Office: 901-775-7778 Direct: 901-949-5482 |

VEHICLE INFORMATION

| | | | | | |
|-------|------|-------|-------|------|-------------------|
| TAG # | MAKE | MODEL | COLOR | YEAR | INSURANCE COMPANY |
| | | | | | |

BACKGROUND INVESTIGATION RESULTS

I authorize without reservation, any party or agency contacted to furnish any information about criminal convictions, motor vehicle, and other reports be released from any liability and responsibility for doing so. This authorization and consent shall be valid in original or electronic form.

| | | | |
|------|--------------|--------------------------|--------------------------------|
| DATE | NCIC RESULTS | DRIVER'S LICENSE RESULTS | NCIC ADMINISTRATOR (Signature) |
| | | | |

SPONSOR

| | | | |
|------------------------|------|-------|------------------|
| NAME (LAST, FIRST MI.) | UNIT | PHONE | LOCATION OF WORK |
| | | | |

ADDITIONAL REMARKS

| | | |
|----------------------|---------------------------------------|------------------------------------|
| CONTRACTOR SIGNATURE | BADGE ISSUING OFFICIAL (PRINTED NAME) | BADGE ISSUING OFFICIAL (Signature) |
| | | |

FOR OFFICIAL USE ONLY