

NEW HIRE CHECK LIST

Employees may not be allowed to begin work until their personal file is completed in full. All Items below must be filled out and completed in full. This top page may only be filled out by a manager, the employee must fill out all other pages wherever there is an X marked.

- Employee Application (The Original)
- I-9 Form with signature (Proof of eligibility to work in the USA)
 - Copy of valid passport

or

- Copy of valid Driver's License
- Copy of Social Security Card and or Birth Certificate
- W-4 Form with signature (Federal Tax Form)
- IT-2104 Form with signature (NY State Tax Form)
- New Hire Employee Payroll Form (Payroll Information)
- Emergency Contact Form
- Sexual Harassment & Discrimination Form
- Employee Handbook Acknowledgement Form

Once all the above information has been collected, the manager must sign below authorizing the approval for the employee to begin employment:

M

Manager's Signature

Date

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	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	
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	For persons under age 18 who are unable to present a document listed above:	5. Native American tribal document
	10. School record or report card	6. U.S. Citizen ID Card (Form I-197)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
		8. Employment authorization document issued by the Department of Homeland Security

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

Form W-4 (2009)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent. **A** _____

B Enter "1" if:
 {
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
 } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.**
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 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2009</div>
▶ Whether you are 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 Type or print your first name and middle initial. Last name		2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____				OPTIONAL X X X
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.				
X Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1	Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See <i>Worksheet 2</i> in Pub. 919 for details.)	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from <i>Worksheet 8</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2009 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3."	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is <i>less than</i> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it 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.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

Form fields for personal information: First name and middle initial, Last name, Your social security number, Permanent home address, Apartment number, City, village, or post office, State, ZIP code. Includes checkboxes for Single or Head of household, Married, and Married, but withhold at higher single rate. Note: If married but legally separated, mark an X in the Single or Head of household box.

Residency questions: Are you a resident of New York City? Yes [] No [] Are you a resident of Yonkers? Yes [] No []

Complete the worksheet on page 3 before making any entries.

Worksheet questions: 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) 1. [] 2 Total number of allowances for New York City (from line 31) 2. []

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

Worksheet questions: 3 New York State amount 3. [] 4 New York City amount 4. [] 5 Yonkers amount 5. []

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature and Date fields.

Penalty — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep page 3 for your records.

Employers only: Please mark an X in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire [] Employee claimed more than 14 exemption allowances for New York State []

Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department.) Employer identification number

Instructions

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
• You are no longer a dependent.
• Your individual circumstances may have changed (for example, you were married or have an additional child).
• You itemize your deductions on your personal income tax return.
• You claim allowances for New York State credits.
• You owed tax or received a large refund when you filed your personal income tax return for the past year.

- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
• The total income of you and your spouse has increased to \$100,000 or more for the tax year.
• You have significantly more or less income from other sources or from another job.
• You no longer qualify for exemption from withholding.
• You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, Certificate of Exemption from Withholding, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

Worksheet

Part 1 — Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6 Enter the number of dependents that you will claim on your state return (do not include yourself or, if married, your spouse) ... 6. _____

For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.

7 College tuition credit 7. _____

8 New York State household credit 8. _____

9 Real property tax credit 9. _____

For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.

10 Child and dependent care credit 10. _____

11 Earned income credit 11. _____

12 Empire State child credit 12. _____

13 Other credits (see instructions) 13. _____

For lines 14 and 15, enter 2 if either situation applies.

14 Head of household status and only one job 14. _____

15 Married couples with only one spouse working and only one job 15. _____

16 Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____
Divide this estimate by \$1,000. Drop any fraction and enter the number 16. _____

17 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 28.
All others enter 0 17. _____

18 Add lines 6 through 17 18. _____

19 If you are single or head of household, or married with both spouses working, and your total income is between \$100,000 and \$150,000, enter the appropriate number from the chart in Part 4. All others enter 0 19. _____

20 Subtract line 19 from line 18. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter 0 here and on line 1 and see *Additional dollar amounts* in the instructions. (If you have more than one job, or if you and your spouse both work, see instructions.) 20. _____

Part 2 — Complete this part only if you expect to itemize deductions on your state return.

21 Enter your estimated federal itemized deductions for the tax year 21. _____

22 Enter your estimated state, local, and foreign income taxes included on line 21 22. _____

23 Subtract line 22 from line 21 23. _____

24 Enter your estimated college tuition itemized deduction 24. _____

25 Add lines 23 and 24 25. _____

26 Based on your federal filing status, enter the applicable amount from the table below 26. _____

Single (cannot be claimed as a dependent) ...	\$ 7,500	Qualifying widow(er).....	\$15,000
Single (can be claimed as a dependent)	\$ 3,000	Married filing jointly.....	\$15,000
Head of household.....	\$10,500	Married filing separate returns.....	\$ 7,500

27 Subtract line 26 from line 25 (if line 26 is larger than line 25, enter 0 here and on line 17 above) 27. _____

28 Divide line 27 by \$1,000. Drop any fraction and enter the result here and on line 17 above 28. _____

Part 3 — Complete this part to compute your withholding allowances for New York City (line 2).

29 Enter the amount from line 6 above 29. _____

30 Add lines 14 through 17 above and enter total here 30. _____

31 Add lines 29 and 30. Enter the result here and on line 2 31. _____

Part 4 — This chart is for married couples with both spouses working, and single taxpayers or heads of household, with a combined income between \$100,000 and \$150,000. All others do not have to use this chart.

Enter the number of allowances (top number) on line 19; or the additional withholding (bottom dollar amount) on line 3.

Higher earner's wages ↓	Total income									
	\$100,000 to 105,000	\$105,000 to 110,000	\$110,000 to 115,000	\$115,000 to 120,000	\$120,000 to 125,000	\$125,000 to 130,000	\$130,000 to 135,000	\$135,000 to 140,000	\$140,000 to 145,000	\$145,000 to 150,000
under \$90,000	1 \$1.50	2 \$3.00	3 \$4.50	5 \$6.00	6 \$7.50	7 \$9.00	8 \$10.50	9 \$12.00	10 \$13.50	11 \$15.00
\$90,000 – \$100,000		1 \$1.50	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	8 \$12.00	9 \$13.50
\$100,000 – \$110,000		1 \$1.50	1 \$1.50	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	8 \$12.00
\$110,000 – \$120,000			1 \$1.50	2 \$3.00	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50
\$120,000 – \$130,000					2 \$3.00	3 \$4.50	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00
\$130,000 – \$140,000							3 \$4.50	4 \$6.00	4 \$6.00	5 \$7.50
\$140,000 – \$150,000									4 \$6.00	5 \$7.50

EMERGENCY CONTACT FORM

PLEASE WRITE CLEARLY TO AVOID DELAYS

X Employee Name _____

X Home Address: _____

X City, State, Zip: _____

X Home Phone: _____ Cell Phone: _____

X Email Address: _____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?

X Person Name: _____

X What is your relationship: _____

X Their Address: _____

X Their Home Phone: _____ Their Cell Phone: _____

DO YOU HAVE ANY MEDICAL CONCERNS WE SHOULD KNOW OF?

X _____ Yes _____ No

If yes, please explain: _____

NEW HIRE PAYROLL FORM

PLEASE WRITE CLEARLY TO AVOID DELAYED PAYROLL CHECKS !!!

X First Name: _____ Last Name: _____

X Home Address: _____

X City, State, Zip: _____

X Home Phone: _____ Cell Phone: _____

X Social Security Number: _____ - _____ - _____

X Date of Birth: ____/____/____ Check one: Married Single

X Federal Tax Allowances: _____ State Tax Allowances: _____

M Employee Class: Server Bartender Host Kitchen Other: _____

M Password I.D.: _____ (*Be sure to make Payroll ID & Emp.# the same*)

M Start date/Date of hire: ____/____/____

M Hourly Job Rates: (*Please check ALL that may apply*)

Dining Room server Training Host Runner Expo Busser

Bartender Cocktail Server Banquet Server Office Staff

Kitchen Line Dishwasher Prep Pantry Other: _____

M Main Position: _____ Wage: \$ _____

(*from above list*)

While all forms of harassment are prohibited, **The Company** has an explicit policy prohibiting the sexual harassment of its employees. Specifically, sexual harassment means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature.

Management has the responsibility to maintain a workplace free of any form of sexual harassment. That means that Management shall not threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development.

If you believe that the actions or words of a customer, delivery person, Manager or fellow employee constitute unwelcome sexual harassment, you have a responsibility to report that behavior to the Human Resources Coordinator or your immediate Manager immediately. All complaints of harassment will be investigated discreetly and promptly. Any employee, supervisor, or manager who, after investigation, is found to have engaged in harassment will be subject to appropriate disciplinary action, up to and including termination.

The company and its employees do not discriminate on the basis of race, religion, creed, color, gender, age, national origin, marital status, veteran status, sexual orientation, disability or any other protected group. This policy applies to all terms and conditions of employment, including, but not limited to hiring, placement, promotion, termination, layoff, transfer, leave of absence, compensation and training.

Discrimination based on any of the above groups is strictly prohibited. Any employee who engages in such conduct is subject to appropriate disciplinary action up to and including immediate dismissal.

Employees must notify their supervisor, manager or the owners directly should they be subject to or witness any sexual harassment and or racial discrimination. Any employee who makes management aware of sexual harassment or racial discrimination activities will not suffer adverse job consequences as a result of a complaint.

I have read and understood the above information regarding section 208.

X

Employee Name (Please Print)

X

Employee Signature

Date

Bazil & Mario's Safety in the Workplace Training

All employees are required to have this training by a manager or supervisor before working.

Preventing Burns:

- Do not overfill pots and never leave handles over flames
- Use DRY potholders, or mits to move hot food
- Do not filter fryer oil while it is hot
- Work clean, organized and calmly

Preventing Cuts:

- Use only sharp, clean knives
- Place a damp cloth under cutting boards to keep them from slipping
- Tuck fingers in while cutting
- Keep slicer clean while working with it
- Never use glassware to scoop ice

Preventing Slips & Falls

- All employees must wear anti-slip, closed toe footwear!!
- No running or horseplay on the property
- Report spills to a manager immediately, place a wet floor sign over spill
- Use a footstool or ladder to reach items, do not climb

Emergency Planning

- Notify a manger immediately
- Know where first aid kits and fire extinguishers are kept
- Only a manager is authorized to provide 1st aid
- Call 911 in extreme situations
- Fill out proper accident documentation immediately

Review the more detailed Safety Training Program:

I have reviewed the safety training material and understand the importance of working safely and keeping my work environment safe. I will report any unsafe working conditions to a manager immediately.

X

Employee Signature

Date

M

Manager Signature

Date