



**Ace Air Conditioning, Inc.**  
**New Employee Data Sheet**

2985 Enterprise Rd.  
Debary, FL 32713  
Volusia: (386) 668-8651  
Orlando: (407) 539-0434  
Visit Us At [www.aceac.com](http://www.aceac.com)

State License # CAC1813533

**Please fill this form out  
completely upon  
commencement of  
employment.**

**EMPLOYEE INFORMATION:**

EMPLOYEE HIRE DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ SOC. SEC. NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PERMANENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE NUMBER: \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

**COMPENSATION INFORMATION:**

(PLEASE CIRCLE WHERE APPROPRIATE)

JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ PAY RATE: \_\_\_\_\_ HOUR/WEEK/YEAR

STATUS: PART TIME / FULL TIME

ANY GARNISHMENT ORDERS INCLUDING CHILD SUPPORT? YES / NO (IF YES, PLEASE PROVIDE COPIES)

PAY PERIOD: WEEKLY / BIWEEKLY / MONTHLY / SEMI-MONTHLY

CLASSIFICATION: HOURLY / SALARIED ONLY / PIECERATE / SALARIED PLUS COMMISSION / COMMISSION ONLY

I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice. I understand Ace Air Conditioning is a drug free workplace. Drug test will be performed upon commencement of employment and randomly thereafter.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Form W-4 (2017)

**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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____				
<b>B</b>	Enter "1" if: <table><tr><td>• You're single and have only one job; or</td><td rowspan="3">} . . . . .</td></tr><tr><td>• You're married, have only one job, and your spouse doesn't work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You're single and have only one job; or	} . . . . .	• You're married, have only one job, and your spouse doesn't work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	<b>B</b>	_____
• You're single and have only one job; or	} . . . . .						
• You're married, have only one job, and your spouse doesn't 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</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	_____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____				
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____				
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b>	_____				
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b>	_____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>		• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.			
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.							
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.							
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.							

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2017</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . .		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

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

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$	_____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$	_____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$	_____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$	_____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$	_____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$	_____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$	_____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>		_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>		_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>		_____

**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.

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

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

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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

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

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

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



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

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

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

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

**Section 2. Employer or Authorized Representative Review and Verification**

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

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

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**





# Company Vehicle Use Policy



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

Vehicle #: \_\_\_\_\_

If you are authorized to use an Ace Air Conditioning company vehicle for business, you must adhere to the following policies and procedures when driving and fueling the vehicles:

1. You must not use the vehicle for personal use. If the vehicle is found being used after business hours or for non-business activities, you will subject to disciplinary action up to and including termination.
2. You must be a licensed driver. You must immediately notify management if your license status changes during the course of your employment at Ace Air Conditioning. You must not drive under any circumstances if your license is not valid, even if directed so by other employees.
3. You must not use your own personal vehicle for any company business or anything related to work.
4. You must have a driving record acceptable to our insurer. If the insurer doesn't accept your driving record, your employment with Ace Air Conditioning could be in jeopardy.
5. If you are involved in an accident, you may be liable for the insurance deductible.
6. You are responsible for following all the manufacturer's recommended maintenance schedules to maintain valid warranties and for following the manufacturer's recommended oil change schedule and maintenance requirements.
7. You are responsible for paying any moving violation tickets. Please park in appropriate areas, as Ace Air Conditioning will not pay parking fines.
8. You must keep the vehicle clean at all times, and washed and vacuumed as often as necessary. You will be reimbursed for your reasonable expense of keeping the vehicle clean. Please retain receipt for reimbursement. Van inspections will be performed periodically at management's discretion.
9. You must not under any circumstances allow persons not authorized or employed by Ace Air Conditioning to operate or ride in the vehicle.
10. **GAS CARD USE.** If you are authorized to use a gas card, you must fuel the vehicle only at gas stations that accept Wright Express. Before fueling, verify the station takes the gas card type. You should attempt to pay at the pump when possible instead of inside. When fueling, you will need to enter your pin (last 4 of social security number) and the correct vehicle mileage. Ensure all mileage entered is correct and rounded up from the tenths of a mile (ex. 21800.9 = 21801). If the employee enters the mileage incorrectly, when the bill is reviewed by accounting, if the mileage is found incorrect the employee's pay will be docked \$25 per transaction. **Under NO circumstances will gas be paid for or reimbursed to the employee when the gas card could have been used.**
11. Vehicle can only be filled with gas during NORMAL working hours.
12. Employee's personal tools are not insured against theft. It is the employee's option to leave their personal tools in the company van, or to remove them nightly. Unlocked trucks are the employee's responsibility if employee or company tools become missing.
13. Each truck is to be equipped with company-supplied tools as listed on the tool inspection forms for each department. Tools and van are to be issued and signed for by vehicle driver. Tools then become driver's responsibility.
14. Responsibility – Once tools are issued, driver will be accountable for tools' whereabouts and condition. Lost tools or damaged tools due to misuse will be replaced by company as necessary and charged to the employee.
15. If your keys are lost, see your manager immediately. A loaner key will be provided. The cost of the replacement key will be charged to the employee. Some key replacements can be as much as \$200.
16. If you are a service technician, member of management or have managements permission to take the company vehicle home with you, you understand the vehicle can be removed, taken, towed or driven from your home or residence at any time with no notice at the complete discretion of Ace Air Conditioning along with the entire contents of the vehicle including any personal tools contained in the vehicle. Any personal tools contained in the vehicle will be returned to you and available for pickup within 48 hours from the warehouse.

You are encouraged to use the parking area for your personal vehicle designated for our employees. Please keep in mind that the parking spaces adjacent to or in front of our building are for customer and visitors only. Remember to lock your vehicle every day and park within the specified areas. Your work vehicle should be parked in the space assigned to you.

\*\*\* I understand that my signature below indicates that I have read and understand the above company vehicle use policy and agree to abide by these rules. I understand that any deviations to this policy or misuse of company vehicle will be grounds for disciplinary action up to and including termination. I authorize Ace Air Conditioning to remove any penalties mentioned in the above policy from my paycheck.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Odometer Reading (If Applicable)

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

## POST HIRING MEDICAL QUESTIONNAIRE

**Welcome To Our Company!** This questionnaire is solely for the purpose of providing us with information. The questionnaire is not being used as the basis for deciding whether to employ you.

**Name:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
: \_\_\_\_\_

**Soc. Sec.#:** \_\_\_\_\_ **Driver's License:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Instructions:** Answer YES or NO to the following questions. If your answer is YES list the approximate date of injury or treatment and give the details (doctor hospital etc.) in the space for details after the last questions. Be sure to number your responses if you answered YES to more than one questions. Do not use checks. Do not skip any questions.

1. Have you ever had a back injury? _____ When? _____
2. Have you ever had a herniated intervertebral disc in your back? _____ When? _____
3. Have you ever had back surgery for removal of a disc ? _____ When? _____
4. Have you ever had a neck injury ? _____ When? _____
5. Have you ever had a herniated disc in your neck ? _____ When? _____
6. Have you ever had neck surgery for removal of a disc ? _____ When? _____
7. Have you ever had a knee injury ? _____ When? _____ Which knee? _____
8. Have you ever had surgery on either of your knees ? _____ When? _____ Which knee? _____
9. Have you ever had surgery on either of your shoulders? _____ When? _____ Which shoulder? _____
10. Have you ever had an elbow injury? _____ When? _____ Which elbow? _____
11. Have you ever had surgery on either of your elbows? _____ When? _____ Which elbow? _____
12. Do you have or have you ever had an amputation of your foot, leg, arm or hand? _____ When? _____
13. Do you have or have you ever had epilepsy? _____ When? _____
14. Do you have or have you ever had diabetes? _____ When? _____
15. Do you have or have you ever had cardiac disease (Heart Trouble)? _____ When? _____
16. Do you have or have you ever had total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75 percent bilaterally? _____ When? _____
17. Do you have or have you ever had cerebral palsy? _____ When? _____
18. Do you have or have you ever had multiple sclerosis? _____ When? _____
19. Do you have or have you ever had Parkinson's disease? _____ When? _____
20. Do you have or have you ever had vascular disorder? _____ When? _____
21. Do you have or have you ever had psychoneurotic disability following treatment in a recognized medical or mental institution for a period in excess of 6 months? _____ When? _____
22. Do you have or have you ever had muscular dystrophy? _____ When? _____
23. Do you have or have you ever had loss of hearing? _____ When? _____
24. Do you have or have you ever had mental retardation? _____ When? _____
25. Do you have or have you ever had any physical or mental condition which you believe may be permanent? _____ Briefly describe the condition _____

**(Please complete the reverse side of this questionnaire.)**



26.	Do you have or have you ever had high blood pressure? _____	When? _____
27.	Do you have or have you ever had varicose veins or leg ulcer? _____	When? _____
28.	Do you have or have you ever had tuberculosis? _____	When? _____
29.	Do you have or have you ever had allergies or asthma? _____	When? _____
30.	Do you have or have you ever had skin trouble? _____	When? _____
31.	Do you have or have you ever had reaction to serum or drugs? _____	When? _____
32.	Do you have or have you ever had kidney or bladder trouble? _____	When? _____
33.	Do you have or have you ever had ulcers? _____	When? _____
34.	Do you have or have you ever had head injury ? _____	When? _____
35.	Do you have or have you ever had cancer? _____	When? _____
36.	Do you have or have you ever had arthritis or rheumatism? _____	When? _____ Where? _____
37.	Have you ever been ruptured (has a hernia?) _____	When? _____ Which side? _____
38.	Do you have or have you ever had carpal tunnel syndrome? _____	When? _____ Which wrist? _____
39.	Have you ever had any injury, operation or any disability not covered by the above questions? _____ When? _____	
40.	Is there any question you do not understand? _____ Which questions? _____	
Space for Details:		
<b>All statements and information provided are true to the best of my knowledge and belief. Misrepresentations, as to preexisting physical or mental conditions, may void your workers' compensation benefits</b>		
Name of Applicant (Printed) _____		
Name of Applicant (Signed) _____		
<b>TO BE COMPLETED BY EMPLOYER</b>		
<b>Reviewed by:</b> _____ <b>Title:</b> _____ <b>Date:</b> _____ _____		

## Receipt & Acknowledgement of Ace Air Conditioning Employee Manual

The Ace Air Conditioning Employee Manual is an important document intended to help you become acquainted with Ace Air Conditioning. This Manual will serve as a guide to helping you become highly successful at Ace Air Conditioning.

Because the general business atmosphere of Ace Air Conditioning and economic conditions are always changing, the contents of this Manual may be changed at any time at the discretion of Ace Air Conditioning, Inc. No changes in any benefit, policy or rule will be made without due consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as an employee and on Ace Air Conditioning.

Please read the following statements and sign below to indicate that you have read and agree to the statements below, have received a copy of the Ace Air Conditioning Employee Manual and agree to abide by the policies contain therein.

- \* I have received and read a copy of the Ace Air Conditioning Employee Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of Ace Air Conditioning at any time. I understand that this manual replaces (supersedes) all other previous manuals for Ace Air Conditioning as of January 05. I understand I am bound to these rules and agree to abide by these rules while employed at Ace Air Conditioning, Inc.
- \* I further understand that my employment is terminable at will, either by myself or Ace Air Conditioning, regardless of the length of my employment or the granting of benefits of any kind. I understand that all benefits will cease upon termination of employment and any unpaid accrued benefits including vacation and incentive bonus will be forfeited at termination of employment.
- \* It is customary to provide two weeks notice if you intend to cease employment at Ace Air Conditioning. In the unfortunate event that employment is terminated, either by myself or Ace Air Conditioning, I understand an exit interview will be performed. An exit interview must be scheduled with management and at that time your final paycheck will be issued. This appointment may not coincide with the current pay date at that time.
- \* I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the President of Ace Air Conditioning.
- \* In the event of termination of employment, either by myself or Ace Air Conditioning, I understand any final balances owed from tool deductions, rejection fees, missing company provided tools, and any other balances owed to the company, will be deducted from my final paycheck.

Initials: \_\_\_\_\_

- \* I am aware that during the course of my employment confidential information will be made available to me, i.e., product & service designs, marketing strategies, customer lists, pricing policies and other related information. I understand that this information is critical to the success of Ace Air Conditioning and must not be given out or used outside of Ace Air Conditioning's premises or with non-Ace Air Conditioning employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.
- \* I understand that, should the content be changed in any way, Ace Air Conditioning may require an additional signature from me to indicate that I am aware of and understand any new policies.
- \* I understand that during the course of business, contact with many of Ace Air Conditioning's customers may be made daily and that business relationships may result. I agree to cease all contact with Ace Air Conditioning, Inc. customers when my employment at Ace Air Conditioning ceases.
- \* In the event of termination of employment, either by myself or Ace Air Conditioning, I hereby agree to return this manual in completion or reimburse Ace Air Conditioning \$150, which will be deducted from my last paycheck.

I understand that my signature below indicates that I have read and understand the above statements, have received a copy of the Ace Air Conditioning Employee Manual and agree to abide by the policies contain therein.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

The signed original copy of this agreement should be given to your manager. It will be filed in your HR personnel file.

Initials: \_\_\_\_\_

Employee Manual #: \_\_\_\_\_



## **Drug and Alcohol Policy** **(Office Staff)**



The following is a list of company policies that must be abided by. These are certain standards that must be followed in all circumstances for which you will be held accountable. Please read the following statements and sign below to indicate that you have read and agree to abide by the statements below.

- \* If you are issued a company provided cellular phone, you can use the unused cellular minutes for your own personal use. It is your responsibility to find out how many minutes are available for personal use, as any overage charges will be deducted from your paycheck. It is also your responsibility to take care of your cellular phone. If your phone is damaged because of misuse, you will be provided a new phone and the replacement cost will be deducted from your paycheck. You must charge your phone nightly and bring your phone to work every day.

Initials: \_\_\_\_\_

- \* In the unfortunate event that employment at Ace Air Conditioning is terminated an exit interview will be performed. An exit interview must be scheduled in advance with HR and at that time your final paycheck will be issued. This appointment may not coincide with the current pay date at that time. At the exit interview, the following items must be turned in: Gas Cards, Company Phone, and Company Manual. If the employee is employed less than 90 days, they are responsible for the cost of their drug testing (\$45). If any items are missing they must be turned in or they will be deducted from your final paycheck.

Initials: \_\_\_\_\_

- \* If you are given a random drug screening or drug screening due to suspicion, if the screen comes back with a positive result, the cost of this screen will be deducted from your paycheck.

Initials: \_\_\_\_\_

- \* If you choose to end your employment at Ace Air Conditioning, a two weeks notice is customary. All benefits and any unpaid incentive bonuses you have earned will be forfeited if your employment at Ace Air Conditioning ends.

Initials: \_\_\_\_\_

- \* Lunch breaks must be taken every day. For office staff, see your manager for the lunch break schedule, which ensures the proper coverage of necessary shifts. Make sure to take your assigned break at the scheduled time.

Initials: \_\_\_\_\_

- \* Ace Air Conditioning's payweek runs Monday – Sunday. You will be issued a timecard/badge to keep track of your time. You must swipe your timecard/badge when you arrive each morning, when you take a break and when you leave each night. Make sure not to forget to

punch in and out as excessive missed punches can be grounds for disciplinary action up to and including termination of employment. There are timeclocks inside and outside the building. The timeclocks inside the building will show you your current hours for the week. Timesheets will be posted and/or emailed at the beginning of each work week and must be signed and turned in by the end of the work day Tuesday for the changes to be added to payroll for that week. If there are any corrections, note them on the timesheet when you turn them in. If you are using Paid Time Off or Vacation Time, note that on the timesheet. **ALL SIGNED TIMESHEETS MUST BE TURNED IN BY EOD TUESDAY.** There will be no corrections made to your time if your signed timesheet is turned in later than EOD Tuesday.

Initials: \_\_\_\_\_

- \* Unexcused absences must be reported to your direct supervisor immediately. Unexcused absences will not be tolerated for any reason and are grounds for immediate termination. If time off is needed, use your personal time or vacation time in advance. Consult with your manager for any time off needed. You can only use your Paid Time Off for days requested in advance. Not showing up at your scheduled time will result in disciplinary action up to and including termination.

Initials: \_\_\_\_\_

- \* Paychecks will be issued after 4:00pm every Friday. If Friday falls on a holiday and the office is closed, then paychecks will be issued on Thursday. For a listing of all paid holidays, please refer to the PAID HOLIDAYS sections of the employee manual.

Initials: \_\_\_\_\_

I understand that my signature below indicates that I have read and understand the above statements and agree to abide by the policies contain herein.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date



## Dispute Policy



Ace Air Conditioning is committed to prompt and fair resolution of all disputes of any nature which may arise in the workplace. This policy governs all aspects of employment dispute resolution, including all legal claims that the employee may have against the company, up to and including discharge, and any claims of discrimination based upon race, color, sex, disability, religion, national origin, age or any other protected attribute, or any claims arising under any federal, state, local law or any common law. This dispute resolution procedure is a condition of employment with Ace Air Conditioning, Inc.

1. Employees should promptly discuss any problems or concerns that are related to their work in any way with their immediate supervisor. If the immediate supervisor is the cause of the problem or if the employee feels uncomfortable discussing the matter with the supervisor, issues may be raised initially with the Operations Manager.
2. Whenever issues are raised, both the company and the employee will make a good faith effort to resolve the matter by openly discussing the matter and attempting to reach a resolution. If resolution is not achieved, the issue may be referred to the President who will conduct an investigation as he/she deems appropriate and meet with the employee in a sincere effort to discuss, analyze and resolve the matter. If a mutual resolution is not reached, the President may issue a determination on the issue which shall be final unless the employee invokes mediation under this procedure.
3. If the employee is dissatisfied with the President's decision and the claim involves a material aspect of the employment or an allegation of violation of any law, the employee can request that the matter be submitted to mediation. The parties shall jointly designate a mediator, or if the parties cannot agree, the employer can request that a mediator be designated from any one of three or more certified mediation organizations located in the metropolitan area that the employee designates. The cost of the mediation shall be borne equally by the company and the employee, unless the parties agree otherwise. The company and the employer are obligated to make a good faith effort to resolve the issue through mediation.
4. If the matter is not resolved in mediation, either party may request that the matter be referred to arbitration by making a written request of the other party within sixty days of the conclusion of mediation. If the parties do not mutually designate an arbitrator, one will be selected under the rules and regulations of the American Arbitration Association for the arbitration of employment disputes. Upon the employee's request, an arbitration hearing will be held under the AAA Arbitration rules. The decision of the Arbitrator will be final and binding upon both parties. Judgment upon the arbitration award may be entered by any court having jurisdiction. The cost of the arbitration will be borne equally by the parties, unless otherwise directed by the arbitrator in the award.

---

Employee's Printed Name

---

Position

---

Employee's Signature

---

Date





## Drug and Alcohol Policy



Ace Air Conditioning is a 100% drug free company. Employees may be required to undergo drug and/or alcohol testing at a laboratory chosen by the company in the following situations:

1. Pre-employment screening to prevent hiring individuals who use illegal drugs or individuals whose use of legal drugs or alcohol indicates a potential for impaired or unsafe job performance.
2. Post accident that requires medical treatment, as well as the person who caused the accident.
3. Reasonable suspicion based on an employer's belief that an employee is using or has used drugs in violation of the company drug free policy. This can be drawn from specific visual or verbal factors that would lead a reasonable person, without any medical training but normal life experiences, to conclude the possibility of drug and/or alcohol use. Employees who refuse to be tested will be terminated.
4. Random drug testing as deemed necessary by the employer.
5. Routine fitness for duty testing may be conducted.

Any employee who refuses to submit to a drug and/or alcohol test will be subject to immediate termination. Any employee using, selling, purchasing, possessing, soliciting or distributing illegal drugs and/or alcoholic beverages on company property or company business will be in violation of this policy, resulting in immediate termination of employment.

\*\*\* I understand that my signature below indicates that I have read and understand the above company drug use policy and agree to abide by these rules. I understand that any deviations to this policy will be grounds for disciplinary action up to and including termination.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



## Direct Deposit Enrollment/Change Form\*

Company Name and/or Client Number \_\_\_\_\_

Employee/Worker Name \_\_\_\_\_ Employee/Worker Number \_\_\_\_\_

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

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

### COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name: _____
Routing/Transit Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Checking/Savings Account Number** <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Financial Institution ("Bank") Name _____	
I wish to deposit (check one): <input type="checkbox"/> ____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____.00 <input type="checkbox"/> Remainder of Net Pay	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name: _____
Routing/Transit Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Checking/Savings Account Number** <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Financial Institution ("Bank") Name _____	
I wish to deposit (check one): <input type="checkbox"/> ____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____.00 <input type="checkbox"/> Remainder of Net Pay	

### COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name: _____
Routing/Transit Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Checking/Savings Account Number** <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Financial Institution ("Bank") Name _____	
I wish to change my deposit amount to (check one): <input type="checkbox"/> From ____ % to ____ % of Net <input type="checkbox"/> From \$ _____.00 To \$ _____.00 <input type="checkbox"/> Remainder of Net Pay	

### EMPLOYEE/WORKER CONFIRMATION STATEMENT

#### PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

Employee/Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

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

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: \_\_\_\_\_

Employer/Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* All fields are required except Employee/Worker Number.

\*\* Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

**GROUP INSURANCE ENROLLMENT FORM**Unum Life Insurance Company of America  
2211 Congress Street, Portland, ME 04122Policy # 413562Division # 001

Employee Name (last name, first, middle initial)		Policyholder Name	
Employee Address (street, city, state, zip code)		Social Security Number	Date of Birth
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Salary \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	Hours Worked per Week	Occupation/Title
Full Time Date of Hire or Date you enter an eligible class		Class Description (if applicable)	

**Coverage Elections: Your employer will inform you of available coverage. Check yes to enroll; check no if you decline or coverage is not available.**

Life ☒ Yes ☐ NoLife Amount \$ 10,000LTD ~~XXXXXX~~ Yes ~~XXXXXX~~ NoAD&D ☒ Yes ☐ NoAD&D Amount \$ 10,000qSTD ☐ Yes ☐ NoDependent Life ☐ Yes ☒ No

Note: If you have chosen Life coverage over the Guarantee Issue amount for you or your spouse, you will also need to complete an Evidence of Insurability form. The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective on the first of the month coincident with or next following the date UnumProvident approves your Evidence of Insurability form. If you **do not apply** for any of the above coverage during your initial enrollment period and choose to enroll at a later date, you will need to complete an Evidence of Insurability form for all amounts of coverage.

**Beneficiary Information** (complete only if Life Coverage is selected)

Name (last name, first, middle initial):	Relation to You:	Benefit %:
If the Beneficiary(ies) named above are not living, then pay:		

**Request for Signature and Certification:**

I understand that my insurance coverage may be subject to exclusions, limitations, delayed effective dates and benefit offsets, as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_