

## COMPANY POLICIES AND PROCEDURES

I have received the following training and understand and acknowledge the company policies and procedures listed below. I further acknowledge that if I have any questions, I can contact Desiree Caldwell at ELITE HR LOGISTICS, INC at (916) 484-4300.

### INJURY & ILLNESS PREVENTION PROGRAM

TRAINING TOPIC	DATE COMPLETED	TRAINER'S INITIALS	EMPLOYEE'S INITIALS
COMPANY POLICIES			
INTRODUCTION TO FORKLIFT			
EXIT INTERVIEW			

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Recruiter Signature)

\_\_\_\_\_  
(Date)

## CELL PHONE POLICY

Clients of ELITE HR LOGISTICS, INC will in some instances issue selected employees a company cell phone, as appropriate to your duties and responsibility to facilitate communications with clients and or customers.

You must abide by the following at all times:

- Cell phones are for company business use only.
- No personal phone calls are ever to be made.
- As of July 2008, it is illegal to use your cell phone without a hands free devise while driving. Neither ELITE HR LOGISTICS, INC nor its clients will pay for any fines accrued by violating the cell phone law.
- All cell phones, chargers and/or accessories assigned to employees must be surrendered to the company upon termination, extended absence, or at the end of work assignment. Failure to return assigned items will result in 100% of the replacement cost to be deducted from the employee's next/final paycheck.

Any violation of this policy could result in immediate disciplinary action including, but not limited to termination of employment.

By signing below, you acknowledge you have read, understand and will abide by the above stated.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Recruiter Signature)

\_\_\_\_\_  
(Date)



## POLICIES AND PROCEDURES

1. *I am telephone accessible and I have reliable transportation.*
2. *I understand that I am expected to complete any job assignment I accept. If I do not complete the assignment, then ELITE HR LOGISTICS, INC can assume I voluntarily quit.*  
*I understand that I am an employee of ELITE HR LOGISTICS, INC and only I or ELITE HR LOGISTICS, INC can terminate my employment. When an assignment ends I must report to ELITE HR LOGISTICS, INC for my next job assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.*
3. *ELITE HR LOGISTICS, INC has a very strict "NO DRUG POLICY", and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.*
4. *When there is reasonable suspicion that I may possess illegal contraband I will be required to submit to myself, my personal property and anything of mine on company property or in the company truck to search and seizure. Refusal to consent to search will result in termination.*
5. *Once I have accepted a job, I must report to ELITE HR LOGISTICS, INC office to pick up a time sheet. Unless special arrangements have been made, I understand ELITE HR LOGISTICS, INC will not recognize pay for any hours worked by an employee in the absence of an individual time ticket signed by both the client and the employee.*
6. *If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact ELITE HR LOGISTICS, INC two hours prior to start time so you can call the client and/or find a replacement. My failure to do so may be grounds for dismissal and/or indicate that I have quit.*
7. *If I sustain an injury/accident on the job, I will inform the client and ELITE HR LOGISTICS, INC immediately after the accident. ELITE HR LOGISTICS, INC will coordinate with the client and me the proper procedure for treatment and reporting of the accident. Failure to do so will result in disciplinary action and may lead to termination.*
8. *I understand and will comply with ELITE HR LOGISTICS, INC Safety Rules and Regulations and Hazardous Communications program explained to me in ELITE HR LOGISTICS, INC orientation.*
9. *ELITE HR LOGISTICS, INC pays employees once a week. Our pay period starts on Monday and ends on Sunday. My check will be ready after 10:00 AM the Friday following the week worked (unless other arrangements have been made).*
10. *I understand that in order to be paid in a timely manner, time cards must be turned in no later than 9:00 AM each Monday following the week worked. Any late time cards will not be paid until the next payroll (next week).*
11. *By initialing, I voluntarily forfeit my lunch period if I am on duty less than 6 hours.*
12. *I am aware after 4.75 hours on duty it's required that I take a 30 minute lunch period. Failure to do so may lead to disciplinary action up to termination.*
13. *I have received a pamphlet explaining my rights and obligations in relation to Workers Compensation Insurance in the State of California.*
14. *I have read and fully understand the above statements regarding ELITE HR LOGISTICS, INC policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.*
15. *I understand that any physical threats of violence will result in immediate termination.*
- 16.



## ATTENTION COMMERCIAL DRIVERS

According to Sections 391.43 and 649-F of the Federal Motor Carrier Safety Regulations, Elite HR Logistics is required to keep a copy of all commercial drivers' Medical Examination Reports in their DOT file. If the driver does not provide this form, the cost of obtaining it will be debited from their paycheck.

I have read and understand the above information regarding my Medical Examination Report, and I understand that, in signing below, I am agreeing to allow Elite HR Logistics to debit the cost of obtaining my Medical Examination Report out of my paycheck.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

## ACKNOWLEDGEMENT OF AVAILABLE MODIFIED DUTY

Elite HR Logistics desires to provide our injured employees with the most expedient and quality medical care for their work related injuries.

Elite HR Logistics has developed a modified duty program that will allow our injured workers to return to work on a modified duty status by making accommodations for any work restrictions as outlined by a company authorized physician.

I understand that failure to report for modified duty will be considered an unexcused absence, and I will not be paid for any days missed.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Recruiter Signature)

\_\_\_\_\_  
(Date)

## ACKNOWLEDGMENT OF FEDERAL MOTOR CARRIER SAFETY REGULATIONS

To maintain compliance with section 395 of the Federal Motor Carrier Safety Regulations, drivers are required to turn in all time exemption logs / timecards as well as log books filled out in accordance with Federal Motor Carrier Safety Regulations in order to have your check released to you. If these are not turned in Elite HR Logistics will hold your check until we receive the documents we are required to have. If documents are turned in, but not completed correctly, we will provide you with any and all training necessary to be compliant with the Federal Motor Carrier Safety Rules.

I understand that this is a condition of my employment with Elite HR Logistics and the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Recruiter Signature)

\_\_\_\_\_  
(Date)

## CERTIFICATION OF ROAD TEST

Instructions to Carrier; If the road test is successfully completed, the person who gave it must complete this certificate of road test in duplicate, retain the original in the files of the employing carrier, and provide a copy to the person examined. (see 391.31 © (f) (g) (1) (2) of the Motor Carrier Safety Regulations)

\_\_\_\_\_  
(Driver's Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Operator's or chauffeur's License No.)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Type of Power Unit)

\_\_\_\_\_  
(Type of Trailer(s) )

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_\_\_  
consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Organization and Address of Examiner)



# EMPLOYER PULL NOTICE PROGRAM

## AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, ELITE HR LOGISTICS, INC.

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be release to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY <b>SACRAMENTO</b>	COUNTY <b>SACRAMENTO</b>	STATE <b>CA</b>
DATE	SIGNATURE AND TITLE OF EMPLOYEE X	

I, \_\_\_\_\_, of ELITE HR LOGISTICS, INC do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY <b>SACRAMENTO</b>	COUNTY <b>SACRAMENTO</b>	STATE <b>CA</b>
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-3646.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.



2331 Capitol Ave, Sacramento, CA 95816  
P: 916-484-4300 F: 916-553-4170  
[eliteteam@elitehrlogistics.com](mailto:eliteteam@elitehrlogistics.com) [www.elitehrlogistics.com](http://www.elitehrlogistics.com)

## DRIVER RECEIPT OF DOT DRUG AND ALCOHOL EDUCATIONAL MATERIALS

*INSTRUCTIONS: [382.601] DOT requires the company to provide all company drivers with educational material regarding drug and alcohol use and abuse, and the rules and regulations of DOT which apply to the Company's drivers. Each representative of a driver organization is also required to receive this information. This form should be used to document receipt of the required materials.*

*To the Drivers: DOT requires that each driver and/or organization must sign this form certifying receipt of these materials. Any driver refusing to sign this form will be considered insubordinate and subject to discipline. The original of this form will be retained for an indefinite time period in a separate file along with other company records maintained on the DOT drug and alcohol testing program. Drivers may request a copy of this certification.*

### **DRIVER'S CERTIFICATION:**

*The undersigned hereby certifies that he/she received the educational materials which the Company is required to provide me in accordance with 49 C.F.R. 382.601. I acknowledge and agree that I am responsible for reading, understanding and obeying all Company policies and DOT regulations regarding alcohol and drug use testing. I also understand that, because changes in the governing federal law or regulations may occur from time to time, terms and conditions of the Company's policy may also change without the Company being able to give me prior notice. Nonetheless, I agree to comply with the DOT's regulations and the Company's policies regarding drug and alcohol use and testing. I further understand and agree that I may be subject to disciplinary action and other liability for violating DOT's regulations and/or the Company's policies. I have been advised any questions with regard to these materials should be addressed to the Corporate Safety Director.*

*Prior to signing this Receipt, I read it carefully and had an opportunity to ask questions regarding its content.*

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

*Elite HR Logistics agrees to pay all fees for a DOT or pre-employment drug screen with the following exceptions: If any employee **No Shows/No Calls\*** on any day within the first week of an ongoing assignment and cannot furnish information as to why no attempt was made to contact Elite HR Logistics or the Client Company.*

*\* No Shows/No Calls being defined as not reporting to work as scheduled or not calling in un-available to Elite HR Logistics or to the Client Company prior to the scheduled day of work.*

*I agree to the above agreement and the exception to the agreement.*

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)



# NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

## I. NOTICE TO DRIVERS

*The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.*

*The following provision of this legislation became effective July 1, 1987:*

- 1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license. A limited exception is made for drivers who are subject to non-resident licensing requirements of any state. This exception does not apply after December 31, 1989.*
- 2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier and the state which issued the license to that driver of such convictions within 30 days.*
- 3. Any person applying for a job as commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.*
- 4. Any violation is punishable by a fine not to exceed \$25,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must notify the motor carrier the next business day after receiving notification of such action.*

## II. CERTIFICATION BY DRIVER

*I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.*

\_\_\_\_\_  
(Driver's Name)                      - - -  
(Social Security Number)                      (License No.)                      (Class)                      (State)

\_\_\_\_\_  
(Street Address)                      (City)                      (State & Zip)

*I further certify that the above commercial vehicle license is the only one held: or that I have surrendered the following licenses to the state(s) indicated.*

\_\_\_\_\_  
(License No.)                      (Class)                      (State)

\_\_\_\_\_  
(License No.)                      (Class)                      (State)

\_\_\_\_\_  
(Applicant Signature)                      (Print Name)                      (Date)





## DRIVER POLICY

Employees assigned to driving duties ("drivers") must at all times meet the following criteria:

- Drivers must have a current, valid driver's license for the state in which the employee performs his or her driving duties; and
- Drivers must maintain a clean driving record, i.e., must remain insurable under our company's liability insurance policy and maintain a DMV MVR with less than 2 points.

Any employee driving a Company vehicle or driving on Company business must observe all safety, traffic, and criminal laws of this state. No driver may consume alcohol or illegal drugs while driving a Company vehicle, while on Company business, while in a Company vehicle, or prior to the employee's shift if such consumption would result in a detectable amount of alcohol or illegal drugs being present in the employee's system while on duty. In addition, no driver may consume or use any substance, regardless of legality or prescription status, if by so doing, the driver's ability to safely operate a motor vehicle and carry out other work-related duties would be impaired or diminished. No driver may pick up or transport non-employees while in a Company vehicle or on Company business, unless there is a work-related need to do so. Any illegal, dangerous, or other conduct while driving that would tend to place the lives or property of others at risk is prohibited.

Anything a driver does in connection with the operation of motor vehicles whether in a personal vehicle or company vehicle can affect that driver's fitness for duty or insurability as a driver. Regardless of fault, circumstance, time, or place, any driver who receives a traffic citation from or is arrested by a law enforcement officer, or who is involved in any kind of accident while driving, must inform an appropriate supervisor about the incident immediately or as soon as possible thereafter. Any penalty, fine, imprisonment, fee, or other adverse action imposed by a court in connection with such an incident must be reported immediately to an appropriate supervisor. In both of the above situations, the matter will be reported to the Company's insurance carrier so that a prompt decision on continued coverage of the employee can be made. The driver involved in an accident or cited by a law enforcement official for violating a motor vehicle law must turn over any documentation relating to such incident as soon as possible to the employer, and must cooperate fully with the employer in verifying the information with other parties involved and with law enforcement authorities. While parking tickets will not affect a driver's insurability, any parking ticket issued on a vehicle that is being used for company business should be reported to an appropriate supervisor at the earliest possible opportunity.

Furthermore, any incident or accident caused as a direct or indirect result of driver negligence will be deemed a violation of this driver policy.

Any employee who violates any part of this policy, or who becomes uninsurable as a driver, will be subject to reassignment, disciplinary action, or termination from employment. The severity of the discipline is at the discretion of the Company. Depending on the nature of the offense, the Company reserves the right to skip any steps at its discretion. All employees with driving duties must sign the following agreement:

*I have read and understand the Company's Driver Policy, and I agree, in the event that I am ever involved in an accident, found to be uninsurable, or that I lack a clean driving record or a valid and current driver's license, that if necessary, I will accept whatever alternative assignment the Company may give me and that I understand that a reduction in pay, change in hours, change in duties, and/or change in work location may result from the reassignment. I further understand that the Company does not and cannot guarantee that any particular reassignment will be available in the event of a problem with my driver's license, driving record, or insurability as a driver, and that if no reassignment is possible, termination of my employment will occur.*

(Applicant Signature)

(Date)

(Recruiter Signature)

(Date)



**CERTIFICATE OF COMPLIANCE**  
**WITH CELL-PHONE/TEXTING BANS**

**Motor carriers:** The restrictions in 49 CFR Part 392 on using a mobile telephone or texting while driving apply to every operator of a "commercial motor vehicle" as defined in Section 390.5, including interstate vehicles weighing or rated at 10,001 pounds or more, vehicles placarded for hazardous materials, and certain vehicles designed or used for more than 8 passengers (including the driver). In-state operations of vehicles placarded for hazardous materials are also subject to the restrictions. Other in-state-only operations may also be subject, depending on state rules.

**Drivers:** Part 392 of the Federal Motor Carrier safety regulations contains restrictions on texting and the use of hand-held mobile telephones while driving a commercial motor vehicle (CMV), including the following:

1. **Texting ban (392.80):** You may not manually enter text into or read text into or read text from an electronic device while driving a CMV. This includes e-mailing, text messaging, using the internet, pressing more than one button to start or end a phone call, or any other form of text retrieval or entry for communication purposes.
2. **Hand-held-cell-phone ban (392.82):** You are prohibited from using a hand-held cell phone while driving a CMV. This includes talking on a phone while holding it in your hand (including push-to-talk), pressing more than a single button to dial or answer a cell phone, or leaving your normal, seated driving position to reach for a cell phone.

Except as prohibited under company policy, you are allowed to use a hands-free phone, a CB radio, a navigation system, a two-way radio, a music player, or a fleet management system for purposes other than texting. Texting and hand-held cell-phone use are **only** allowed if you need to contact emergency services or if you have stopped in a safe location off the road.

**Penalties: (383.51, 391.15):** CDL and non-CDL drivers can be disqualified for 60 up to 120 days and/or face fines of up to \$2750 for each violation.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Form W-4 (2018)

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

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

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

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

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

## General Instructions

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

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

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

#### Line C. Head of household please note:

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

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

#### Line F. Credit for other dependents.

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

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2018</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>		\$	
<b>7</b> I claim exemption from withholding for 2018, 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 . . . . . <b>7</b>					
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)	



**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
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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 Elite HR Logistics	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code
2331 Capitol Ave		Sacramento	Ca	95816

**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
----------------------------------------------------	---------------------------	-----------------------------------------------

## 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.**