



NEW HIRE INFORMATION FORM

PERSONAL INFORMATION

First Name _____ Middle Name _____
Last Name _____ Date of Birth _____ Over 18? Yes No
Primary Phone _____ Alternate Phone _____
Email _____ Confirm Email _____
Address _____
City _____ State _____ Zip Code _____
Social Security Number _____ Gender _____
Marital Status _____
Emergency Contact Name _____
Relationship _____ Emergency Contact Phone _____

COMPANY INFORMATION

Date of Hire _____

Store Name _____ STATUS: FULL TIME PART TIME

Primary Job Title _____ Primary Job Payrate _____

Recruiting Source: Craigslist Job Fair Indeed Ziprecruiter
Walk - In Referral Mission Website
Other (explain) : _____

TALENT KNOWS TALENT REFERRAL PROGRAM

Referring Employee: _____ Referring Employee's Home Store: _____

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

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

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

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



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: _____ OR 2. Form I-94 Admission Number: _____ OR 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)
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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 & 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.)

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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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Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

Employment History Bureau WOTC Questionnaire**Company: Mission Yogurt Inc.****Location: Mission Yogurt - Colorado**

As an employer we participate in the Work Opportunity Tax Credit (WOTC) program, and various State Tax Credit Programs. Please help us by completing the following questionnaire to determine your eligibility for these programs.

Please complete all questions. Your answers will be kept strictly confidential and WILL NOT influence your employment with us, affect your personal taxes, or any government assistance you or your family may be receiving.

First Name (please print)		Last Name		Social Security #	
Date of Birth	Home Zip Code & County		Start Date	Hourly Rate	Job Position
<input type="checkbox"/> Check if you have worked for this company before? If yes, when ____/____/____			Driver's License #	State Issued	

Yes No Not Sure

- ☐ ☐ ☐ 1. Have you received unemployment compensation in the last year? If yes, beginning _____ ending _____
- ☐ ☐ ☐ 2. Have you **OR** any member of your household received Food Stamps (SNAP) or Medicaid in the last 2 years?
- ☐ ☐ ☐ 3. Have you **OR** any member of your household received TANF, AFDC, Welfare or any government assistance in the last 3 years, including Medicaid?
- ☐ ☐ ☐ 4. Are you currently in **OR** have you ever been in a Vocational Rehabilitation program?
- ☐ ☐ ☐ 5. Are you a veteran of the United States Military? Military Service # _____
 Branch of Service: _____ Enlisted Date: _____ Discharge Date: _____
- ☐ ☐ ☐ 6. Are you a veteran who has been unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the last year?
- ☐ ☐ ☐ 7. Are you a veteran who has been unemployed for a period or periods totaling at least 6 months in the last year?
- ☐ ☐ ☐ 8. Are you entitled to compensation for a service-connected disability and discharged or released from active duty in the last year?

If you answered "Yes" or "Not Sure" to any of the questions above please complete the following.

Full Name of Primary Recipient	Relationship to You	S.S. # of Primary Recipient	
Agency Name	City / State Benefits Received	Caseworker's or Counselor's Name (circle one)	
Agency Address, City, State, Zip Code	Agency Phone Number ()	Date Benefits Began	Date Benefits Ended

Yes No Not Sure

- ☐ ☐ ☐ 9. Have you received Supplemental Security Income-SSI (not retirement or Survivor benefits) at any time in the last 3 months?
 City & State where benefits were received _____

Yes No Not Sure

- ☐ ☐ ☐ 10. Have you been convicted of a felony **OR** released from prison for a felony conviction in the last 12 months?

If the answer is "Yes" or "Not Sure" please complete the following.

State ____ or Federal ____ Conviction?	Parole or Probation Officer's Name & Address (Circle one)		Parole or Probation Officer's Phone Number ()	
City & County of Conviction / Incarceration		State	Date Convicted	Date Released

IMPORTANT-PLEASE READ, SIGN AND DATE

I hereby authorize the Dept. of Social Services, Social Security Administration for Supplemental Security Income, Military Records, Vocational Rehabilitation, Veterans Administration, or Dept. of Corrections to provide the verification or information requested by Employment History Bureau (EHB) or State Workforce Agencies (SWA) and release the information to those entities as requested. This information will be used for the sole purpose of determining my eligibility for Federal and State Tax Credits, including the Work Opportunity Tax Credit Program. If my employer or EHB determines in its discretion, based on any such information or documents, that any statement on my IRS Form 8850 is in error, I hereby authorize my employer or EHB to correct any such errors or omissions and to submit the IRS Form 8850. Under penalties of perjury, I declare that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____



Team Member Handbook Acknowledgement

I acknowledge that I have thoroughly reviewed a copy of the Mission Yogurt's ("Company") Team Member Handbook and that I have read and understand its contents. I understand the statements contained in Handbook do not create any contractual or other legal obligations. I also understand that the Company may modify or rescind any policy, benefit or practice at any time without prior notice.

I further understand that my employment is at will and may be terminated by me or the Company with or without cause and without prior notice. Any contract or covenant to terminate employment only for cause may be made only in writing signed by the President of the Company. Absent a written contract, this paragraph contains the entire understanding of the Company and me with respect to my employment by the Company. Any contrary terms or covenants, express or implied are null and void.

I have read the Mission Yogurt, Inc. Code of Conduct and fully understand and consent to the policy.

Code of Conduct

As a Company, we must work together to create a pleasant and desirable environment for all our Team Members and Guests. Please remember that the rules we have exist to protect your rights and the rights of others, and the interests and safety of all Team Members and Guests. We expect our Team Members to follow these rules of conduct in order to promote a positive and productive workplace environment and provide our Guests with amazing and remarkable experiences.

This Code of Conduct is meant to provide our Team Members with a quick reference of the policies and procedures outlined in the Mission Yogurt, Inc. Team Member Handbook.

Additional

9/22/16- Letter from DIA Airport Security

7/19/17- Designated Medical Providers for Work -Related Injuries and Illnesses Ac

knowledge of Employee Responsibilities in the Event of an on-the-job injury A

cknowledgement of the Drug and Alcohol Testing Policy

Footwear Policy

Sexual and Romantic Relationships in the Workplace

I have read and understand the policies

Team Member Printed Name: _____

Team Member Signature: _____ Date: _____

Hiring Manager Name: _____

Signature of Hiring Manager: _____ Date: _____



Benefits Waiver Form

(complete this form **ONLY** if you are waiving insurance)

You are eligible for benefits the first of the month following 60 days of employment.

I acknowledge that I have been offered the opportunity to purchase health/dental/vision/life insurance from Mission Yogurt, Inc. provided by Cigna. I have chosen to:

Full Name Printed: _____

Signature: _____

Date: _____

Store: _____

If my insurance circumstances change after I have completed this waiver form it is my responsibility to contact Human Resources at the Corporate Office at 303.252.7500.

Rights to Coverage:

If you choose to decline enrollment for yourself or dependents (including spouse) because of other health care coverage, you may enroll yourself, or your dependents in any one of Mission Yogurt's plans prior to open enrollment period, July 1st, prior to open enrollment period (under certain circumstances contact Human Resources). To do this, you must have involuntarily lost your other coverage and Mission Yogurt must receive your enrollment application within 10 days after your other coverage ended. Additionally, if you have new dependents as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependents. This is providing we receive your completed enrollment application within 30 days after the event.

Wants to enroll:

If you wish to enroll/review the benefits that Mission Yogurt offers and have not signed this waiver you will be contacted prior to becoming eligible.



Availability and Attendance Form

Team Member Name _____ Date Submitted _____
 Primary Phone _____ Email Address _____ Store _____

AVAILABILITY

Please use the below form to specify when you are available. Each day is broken into three shifts (Morning, Afternoon, Night).
 If you are unavailable for a shift please provide a reason. Actual shift hours will vary by location.

Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning Shift (4am - 12pm)							
Reason							
Afternoon Shift (8am - 4pm)							
Reason							
Night Shift (4pm - 12am)							
Reason							

- This availability form should accurately reflect when the employee is available to work. Weekly schedules are produced based on the information provided on this form.
- Part-Time Employees must be available to be scheduled for a minimum of 20 hours per week and a maximum of 30 hours per week. Full Time Employees must be available to be scheduled for a minimum of 30 hours per week and a maximum of 40 hours per week.
- Employees may increase their availability at any time but it does not guarantee movement to full time status if previously classified as part-time.
- Availability may not be decreased or changed within the first four months of employment unless employee is a student and a semester begins/ends. In such a case, the employee will be required to submit a copy of their class schedule.
- After four months changes to availability may be requested, however, all availabilities are subject to approval. Your current availability stays in effect if a new availability is not approved. Approval is based on the needs of the company in order to meet shift requirements.** If requested changes to availability do not fall within the parameters of the company's needs, the employee may not qualify for continued employment.
- Mission Yogurt will make every effort to accommodate employee preferences, but preferences are never guaranteed and employees are required to work their shifts as scheduled.
- All Requests for time off and vacation days must be made with Store Management and within store's specific policies.
- No Call, No Shows are considered abandonment of position and subject to immediate termination.
- You are required to disclose if you have a secondary employment, especially if it conflicts with your position with this company, which could make you ineligible for continued employment.

I understand my work schedule will be based on the days and times that I have indicated above. I also understand and agree to all the availability policies listed above.

Team Member Signature _____ Date _____

Manager Signature _____ Date _____ Approved: YES NO

Employee Status: Full Time Part Time Exempt



WAGE PAYMENT ELECTION AND CONSENT FORM

EMPLOYEE INFORMATION *(print and complete all fields)*

First Name		Middle Initial	Last Name	
Date of Birth (mm/dd/yyyy) ____ / ____ / ____		Social Security Number ____ - ____ - ____		Employee ID
Residential Address <small><i>(PO Box is not allowed if electing ALINE Card as wage payment method)</i></small>				Apt # (if applicable)
City			State	Zip Code
Home Phone () -	Mobile Phone () -		Email Address	

WAGE PAYMENT ELECTION

☐ **Direct Deposit** *(indicate amount of deposit to each account type and provide account number)*

Direct Deposit #1 \$ _____ Direct Deposit #2 \$ _____ Direct Deposit #3 \$ _____

☐ Checking ☐ Savings ☐ Checking ☐ Savings ☐ Checking ☐ Savings

Bank Bank Bank
Routing # _____ Routing # _____ Routing # _____

Account # _____ Account # _____ Account # _____

☐ **ALINE Card** *(indicate amount of deposit)*

You must check one box:

☐ **Full Deposit:** I want to receive 100% of my full net pay on my ALINE Card every payday

☐ **Partial Deposit:** I want to receive \$ _____ of my full net pay on my ALINE Card every payday

I confirm my authorization to be paid through the ALINE Card is fully voluntary. I acknowledge I have received and read the ALINE Card Fee Schedule, Cardholder Agreement, and Privacy Notice. I understand that in order to use the ALINE Card, I will need to accept and agree to the Cardholder Agreement and to pay the fees as indicated on the Fee Schedule by activating my ALINE Card. By electing ALINE Card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request an ALINE Card. **IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD ACCOUNT** - To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open a Prepaid Card account, ADP may require your name, address, date of birth, Social Security number, tax identification number and other information that will allow ADP to identify you. ADP may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.

CONSENT TO DEPOSIT WAGES

I authorize my employer (or its payroll service provider) to initiate credit entries each pay date to deposit my pay (either net or a portion thereof) into the checking, savings or ALINE Card account selected in this election and consent (the "Account"). If funds to which I am not entitled are deposited to my Account, I authorize my employer (or its payroll service provider), to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to my employer (either directly or through its payroll service provider), to the extent permitted by applicable law. I will review my pay statement to ensure that my wages are being deposited correctly into my Account each payroll period. I understand that I can change my election at any time by contacting my employer and that this authorization replaces any previous authorizations and will remain in full force and effect until my employer (or its payroll service provider) has received written notification from me of its termination and my employer (or its payroll service provider) and the bank has had a reasonable opportunity to act on said termination.

Employee Signature

Date

Return this completed application form to your manager (IF CHOOSING DIRECT DEPOSIT, YOU MUST INCLUDE A VOIDED CHECK TO EXPEDITE AND VERIFY ACCOUNT INFORMATION!!!!!!) to turn in to HR/Payroll Department.

The image shows a sample voided check from Banner Bank. Red lines and labels identify the following fields:

- Bank Name:** Points to the Banner Bank logo and contact information (1-800-272-9933, www.BannerBank.com).
- Check #:** Points to the check number 1234 in the top right corner.
- Banner Bank's Routing #:** Points to the first part of the MICR line at the bottom: 233710761.
- Your Account #:** Points to the second part of the MICR line at the bottom: 01 23456789.

Other visible text on the check includes: "YOUR NAME", "YOUR ADDRESS", "YOUR CITY, STATE ZIP", "Pay to the Order of", "Date", "\$", "Dollars", and a large "SAMPLE" watermark.



Mission Yogurt, Inc. BADGE CANCELLATION & RECOVERY PLAN

Effective April 22, 2020

The undersigned (Employee Name) _____ agrees and does hereby take full liability for the badge provided by Mission Yogurt, Inc. This liability form is for personal financial liability in case of loss, unreturned, unrecovered, DEN (Denver International Airport) badge, including theft or damage in connection with any activity or accommodation not related with Mission Yogurt, Inc.

A \$100 deposit will be required to be paid to Mission Yogurt, Inc. from employee until badge is returned; in case of job termination or resignation. Your \$100 deposit will be credited to your last paycheck if your badge is returned at your departure from Mission Yogurt, Inc. or a check in the amount of \$100 will be mailed or given once your badge has been returned us. Your initial \$100.00 badge deposit can be paid in full out of your first paycheck or can be deducted in increments starting with your first check.

Please initial how you would like the \$100.00 badge deposit deducted from your check.

_____ Please take one deduction of \$100.00 from my first check.

_____ Please take two deductions of \$50.00 starting from my first check.

_____ Please take four deductions of \$25.00 starting from my first check.

In case of loss, theft, or any personal related loss of badge, you must immediately notify Airport Security and Mission Yogurt, Inc. Also, you will be responsible for additional deduction/payment(s) of a new badge renewal fee/deposit.

The undersigned does hereby further agree to abide by all the rules and regulations that are presented by Mission Yogurt, Inc. and DEN.

Signature of Employee

Date

Printed Name Badge ID # Given

2020 OPTIONAL AGREEMENT TO WAIVE MEAL PERIOD

NON-EXEMPT HOURLY ASSOCIATES

I understand that all Team members are entitled to a thirty minute 'duty free' unpaid meal period by law when a scheduled work shift exceeds five hours consecutive hours of work.

Going forward, all associates who choose to take an unpaid meal break for shifts of five hours or more must punch out and in at the beginning and end of the break period. However, it is our understanding that many of you would prefer to waive that right and work through this break time and be paid, instead, with the permission of your supervisor or manager.

In order to ease the burden on our team members who wish to work through their breaks, Mission Yogurt / Timberline is prepared to allow a team member's voluntary decision to waive his or her meal break. If, however, you choose, on any given day, that you would prefer to take a meal break to which you are entitled, you may do so. In those circumstances, you will need to punch out and in for breaks so that we may update our payroll records accordingly. Failure to punch out and in for such breaks will be subject to discipline, up to and including termination.

Any team member who elects not to sign this waiver will be expected to take an unpaid 30-minute break for each shift of five hours or more and must punch out for such breaks. Such team members will only be entitled to work through breaks with advance management approval. Team members who have not signed this waiver and work through meal breaks without advance management approval will be subject to discipline up to and including termination.

My signature below acknowledges my voluntary decision to waive my Meal Break during the period. I also understand that if I choose to take the 30- minute meal break, I may do so. I am responsible to punch out and in for breaks. I also understand that my failure to punch out and in for such breaks will result in discipline up to and including termination.

I also understand that I may revoke this meal period waiver at any time by giving written notice to my Manager/Supervisor or Human Resources.

☐ I have requested this break waiver and agree to the terms

☐ I chose to take my unpaid 30 meal breaks and will punch out and punch in as specified

Employee's Signature:	
Print Name of Employee:	
Date of Signature:	

I have spoken with the team member regarding breaks and agree

Signature [for Company]:	
Print Name and Title:	
Date of Signature:	