



Employee ID: \_\_\_\_\_

Last 4 digits of employee SS

Job Site: \_\_\_\_\_

Full address where employee is working

Medical  City  Commercial/Offices

School  Other \_\_\_\_\_

# EMPLOYEE APPLICATION

All new and rehired employees work on an introductory basis for the first 90 calendar days after their date of hire.

## Personal Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ School District: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ County: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_ Gender:  Male  Female

White  Black or African-American  Hispanic or Latino  Asian  America-Indian or Alaska Native

Hawaiian or Other Pacific Islander  Two or More Races  I choose not to disclose my race/national origin

## Health Insurance:

- YES, I want Health Insurance
- NO, I do not want Health Insurance
- Complete Health Insurance Enrollment Form
- Complete Health Insurance Enrollment Form
- Complete Employee Medical History Questionnaire
- Complete the Declination Form

## Emergency Contact Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First M.I.*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

## SUPERVISORS ONLY - Job Information

Hire Date: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Reimbursements: \_\_\_\_\_ Deductions: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Union Employee:  No  Yes, \_\_\_\_\_  
*Benefits Start Date*

Position:  Cleaner  Day Porter  Lead Paid Vacation:  No  Yes

Floor Tech  Other \_\_\_\_\_ Pay Cycle:  Bi-Weekly  Semi-Monthly

Customer:  DFW  SELECT  REGENT Status:  Full Time  Part Time  Temporary

RAS  OTHER \_\_\_\_\_ Pay Type:  Hourly  Salaried Exempt  
 Salaried Non-Exempt

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REPORTED

ENTERED

COMPLETE

INCOMPLETE

Date

Date

Date

Date

# Employee's Withholding Certificate

▶ **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.**

**2021**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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](http://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](http://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.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**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**

<b>Employers Only</b>	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](http://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](http://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](http://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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 10/31/2022

▶ **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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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>	
<p><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></p> <p>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: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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

**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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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 <b>Restoration and Specialty Services Inc</b>	
Employer's Business or Organization Address (Street Number and Name) <b>4407 N. Beltwood Pkwy. Suite 112</b>		City or Town <b>Farmers Branch</b>	State <b>TX</b>	ZIP Code <b>75244</b>

**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>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<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 style="text-align: center;"><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 the Handbook for Employers (M-274).**

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



# Authorization for Payroll Direct Deposit



Restoration & Specialty Services

Please complete, sign and return this form along with proof of account(s) to Restoration and Specialty Services Inc. for processing.

Company Name Restoration and Specialty Services Inc. Location \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

In order to direct deposit your pay check, your financial institution must be a member of the Automated Clearing house (ACH) system and you must be an owner on the accounts into which the funds will be deposited. We may request you provide additional information to validate account ownership.

The following section requires the designation of your pay into your accounts. This designation remains the same for each pay period; a change would require a new form. Indicate the type and the specific account information.

Type:  New  Add an additional Acct.  Change in amount  Change in Financial Institution  Discontinue/stop

**Account 1:** Financial Institution Name \_\_\_\_\_  Checking/Investment  Net Pay or \_\_\_\_\_ %

Routing/ABA # \_\_\_\_\_ Account # \_\_\_\_\_  Savings  Amount \$ \_\_\_\_\_

Type:  New  Add an additional Acct.  Change in amount  Change in Financial Institution  Discontinue/stop

**Account 2:** Financial Institution Name \_\_\_\_\_  Checking/Investment  Net Pay or \_\_\_\_\_ %

Routing/ABA # \_\_\_\_\_ Account # \_\_\_\_\_  Savings  Amount \$ \_\_\_\_\_

Type:  New  Add an additional Acct.  Change in amount  Change in Financial Institution  Discontinue/stop

**Account 3:** Financial Institution Name \_\_\_\_\_  Checking/Investment  Net Pay or \_\_\_\_\_ %

Routing/ABA # \_\_\_\_\_ Account # \_\_\_\_\_  Savings  Amount \$ \_\_\_\_\_

Please attach one of the following preprinted documents as verification for account ownership and routing information:

- Preprinted check (No Starter Checks)
- Preprinted Financial Institute Card
- Copy of a Bank Statement
- Letter on Bank Letterhead

**\*\* The Financial Institution's name, the employee's name and account number must all be preprinted on the document.**

**Routing/ABA numbers must be included but can be handwritten.**

Incomplete or unacceptable information will delay the activation of your direct deposit. Failure to notify Restoration and Specialty Services Inc. promptly of a closed account may result in the rejection of the deposit and a delay in your pay. Restoration and Specialty Services Inc. may need to reissue your pay in another form of payment.

*I hereby authorize Restoration and Specialty Services Inc. to direct deposit each pay period funds to my account with the financial institution indicated. All paychecks will be deposited (regular payroll, commission, bonus, vacation, per diem, etc.) In the event of an error, I authorize Restoration and Specialty Services Inc. the initiation of a correction (debit) entry electronically or by any other commercially accepted method Restoration and Specialty Services Inc. is authorized to make corrections and initiate adjustments. If any of the below information changes, I will promptly complete a new authorization agreement. I understand that a request for change is required in writing and that it may take up to 30 days before the new request is activated.*

Employee Signature

Date

## EEO-1 Voluntary Ethnicity Disclosure

Employer Name: Restoration and Specialty Services Inc.

**Purpose:** Ethnicity data is collected for government reporting compliance. Disclosing this information is completely voluntary on your part. Disclosure or refusal to provide the information will not subject employees to any adverse treatment and the information will be used for the sole purpose of complying with mandatory annual government reporting. The response you provide on the form is confidentially maintained and is submitted in consolidated format to the government. Your assistance is appreciated.

### **Instructions:**

1. Please select an ethnicity category or the "decline to disclose" election below.
2. Please indicate your gender where indicated.
3. Please print your name where indicated.

<input type="checkbox"/>	Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. Please select one: <input type="checkbox"/> Hispanic or <input type="checkbox"/> Latino
<input type="checkbox"/>	White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/>	American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.
<input type="checkbox"/>	I decline to disclose my ethnicity.

Male or  Female

*For Internal Purposes Only*

Form completed by Employee

Form completed by Office Personnel

Employee Name: \_\_\_\_\_  
(Please print)



**AUTHORIZATION FOR BACKGROUND CHECK**  
*Autorización para la verificación de antecedentes*

**Please read and sign this form in the space provided below. Your written authorization is necessary for the completion of your application process.**

*Por favor, lea y firme esta forma en el espacio provisto a continuación. Su autorización por escrito es necesaria para completar el proceso de ésta solicitud.*

**I hereby authorize *Restoration and Specialty Services Inc.* to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the *Restoration and Specialty Services Inc.* will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.**

*Por medio de la presente autorizo a Restoration and Specialty Services Inc. a investigar mis antecedentes y calificaciones con el fin de evaluar si estoy calificado para el puesto para el que estoy postulando. Entiendo que Restoration and Specialty Services Inc. utilizará una empresa o firmas externas para ayudarlo a verificar dicha información, y autorizo específicamente dicha investigación por parte de servicios de información y entidades externas a elección de la compañía. También entiendo que puedo negar mi permiso y que en tal caso, no se realizará ninguna investigación, y mi solicitud de empleo no será procesada en el futuro.*

**PLEASE PRINT LEGIBLY - ALL INFORMATION IS REQUIRED**  
*Por favor, escriba de manera legible - Toda la información es requerida.*

**Legal Name:** \_\_\_\_\_  
*Nobre Legal: Last Name (Apellido Paterno) First Name (Primer Nombre) Middle Name (Segundo Nombre)*

**Date of Birth:** \_\_\_\_\_  
*Fecha de Nacimiento: Month (Mes) Date (Día) Year (Año)*

**Social Security Number:** \_\_\_\_\_  
*Número de Seguro Social*

**Driver's License Number:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_  
*Número de carnet de conducir Estado de emisión*

**Current Address:** \_\_\_\_\_  
*Dirección Actual: Street (Número y Calle) City/State (Ciudad/Estado) ZIP Code (Código Postal)*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Firma del Solicitante Fecha*

**For Office Use Only:**  
*Para ser llenado por oficina, solamente*

**Requested By:** \_\_\_\_\_ **Client Name/Job Location:** \_\_\_\_\_

**Ordered by (Print Name):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date Ordered:** \_\_\_\_\_ **Completed On:** \_\_\_\_\_

**Emailed Results to:** \_\_\_\_\_

# Receipt of Restoration and Specialty Services Inc. Employee Handbook

I acknowledge that I have received a copy of the Restoration and Specialty Services Inc. Employee Handbook. I agree to read it thoroughly, including the statements describing the purpose and effect of the handbook.

I understand that this handbook is designed to introduce employees to the organization, familiarize them with Company policies, provide general guidelines on work rules, disciplinary procedures and other issues related to employment with Restoration and Specialty Services Inc., and to help answer many of the questions that may arise in connection with employment at Restoration and Specialty Services Inc..

I understand that this handbook and any other provisions contained in it do not constitute a guarantee of employment or an employment contract, express or implied. I understand that Restoration and Specialty Services Inc. is an "at-will" employer and as such, employment with Restoration and Specialty Services Inc. is not for a fixed term or definite period and may be terminated at the will of either party, with or without cause, and without prior notice. No supervisor or other representative of the company (except the President, in writing) has the authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the above.

In addition, I understand that this handbook states Restoration and Specialty Services Inc. policies and practices in effect on the date of publication. I understand that nothing contained in the handbook may be construed as promising future benefits or a binding contract with Restoration and Specialty Services Inc. for benefits or for any other purpose. Personnel policies are applied at the discretion of Restoration and Specialty Services Inc. Restoration and Specialty Services Inc. reserves the right to change, withdraw, apply or amend any of our policies or benefits, including those covered in this handbook, at any time. Restoration and Specialty Services Inc. may notify employees of such changes via email, by posting on the Company's intranet, portal or website, or via a printed memo, notice, amendment to or reprinting of this handbook, but may, in its discretion, make such changes at any time, with or without notice and without a written revision of this handbook.

By signing below, I acknowledge that I have received a copy of the Restoration and Specialty Services Inc. Employee Handbook, and I understand that it is my responsibility to read and comply with the policies contained within it and any revisions made to it. Furthermore, I acknowledge that I am employed at will and that this handbook is neither a contract of employment nor a legal document.

---

Signature

---

Date

---

Please print your full name

Please sign and date one copy of this notice, and then return it to Human Resources. Retain a second copy for your reference.

# Receipt of Anti-Harassment and Sexual Harassment Policies

As described in the Anti-Harassment Policy and the Sexual Harassment Policy, harassment is prohibited at Restoration and Specialty Services Inc.

By signing below,

- I acknowledge that I have received a copy of the Restoration and Specialty Services Inc. Anti-Harassment Policy and Sexual Harassment Policy, and I understand that it is my responsibility to read and comply with both policies and any revisions made to them.
- I acknowledge that retaliating or discriminating against an employee who reports a suspected incident of harassment or who cooperates in an investigation is prohibited.
- I acknowledge that employees who violate this policy or retaliate against an employee in any way will be subject to disciplinary action, up to and including termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your full name





**ACKNOWLEDGEMENT OF RECEIPT OF COMPANY PROPERTY**

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

Date: \_\_\_\_\_

Description of Equipment or Property Issued to Employee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this form, I agree to the following: I am responsible for the equipment or property issued to me; I will use it/them in the manner intended; I will be responsible for any damage done (excluding normal wear and tear); upon separation from the Company, I will return the item(s) issued to me in proper working order (excluding normal wear & tear); I will replace any items issued to me that are damaged or lost at my expense; I authorize a payroll deduction to cover the replacement cost of any item issued to me that is not returned for whatever reason, or is not returned in good working order.

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

Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## TEXAS EMPLOYEES

### WAGE OVERPAYMENT / UNDERPAYMENT POLICY

Restoration and Specialty Services Inc. takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled paydays.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the immediate supervisor, General Manager or Payroll Manager so that corrections can be made as quickly as possible. If the employee has been underpaid, the Company will pay the employee the difference as soon as possible. If the employee has been paid in excess of what he or she has earned, the employee will need to return the overpayment to the Company as soon as possible. No employee is entitled to retain any pay in excess of the amount he or she has earned according to the agreed-upon rate of pay. If a wage overpayment occurs, the overpayment will be regarded as an advance of future wages payable and will be deducted in whole or in part from the next available paycheck(s) until the overpaid amount has been fully repaid. Each employee will be expected to sign a wage deduction authorization agreement authorizing such a deduction.

We ask that employees realize that pay errors are not intentional and that employees be understanding if such an event occurs.

I \_\_\_\_\_ understand this policy and agree to its terms

Employee Name

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

\_\_\_\_\_  
Date



## TEXAS EMPLOYEES

### WAGE OVERPAYMENT / UNDERPAYMENT POLICY

Restoration and Specialty Services Inc. takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled paydays.

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We ask that employees realize that pay errors are not intentional and that employees be understanding if such an event occurs.

I \_\_\_\_\_ understand this policy and agree to its terms

Employee Name

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

\_\_\_\_\_  
Date





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Restoration and Specialty Services Inc.</b>		4. Employer Identification Number (EIN) <b>86-3966172</b>	
5. Employer address <b>4407 N. Beltwood Pkwy. Ste. 112</b>		6. Employer phone number <b>214-351-1708</b>	
7. City <b>Farmers Branch</b>		8. State <b>TX</b>	9. ZIP code <b>75244</b>
10. Who can we contact at this job? <b>Reynaldo Arizmendi</b>			
11. Phone number (if different from above) <b>214-351-1708</b>		12. Email address <b>contact@restorationandspecialty.com</b>	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

---

# Restoration and Specialty Services Inc.

Dear Restoration and Specialty Services Inc. Employee,

Please be informed that Restoration and Specialty Services Inc. no longer distribute hard-copy direct deposit pay stubs. Instead, pay stubs will be posted online in eHub, and you will have the ability to view and print them at your convenience by accessing them from your computer or smart phone.

We strongly encourage all of our employees to receive their pay via direct deposit. There are many advantages of Direct Deposit:

- Direct deposit saves trips to your bank or credit union.
- Direct deposit saves time in depositing checks -- no waiting in long payday lines!
- Direct deposit eliminates the possibility of lost, stolen or forged checks.
- Pay is deposited faster and is available sooner, which reduces the possibility of overdrafts.
- Pay is deposited into the specified bank account:
  - When you are on vacation.
  - When you are away from the office due to business or illness.
  - When the office is closed due to inclement weather.
- There is no need to change present banking relationships to take advantage of this service.
- Paychecks can be automatically deposited into a checking account, a savings account or into multiple accounts.

Please see included sheet of how to download and setup eHub.

**User ID:** Last four digits of your social security number

**Password:** You will have to select to REGISTER/RESET the password to create your password.

**eHub website:** [rass.teamehub.com](https://rass.teamehub.com)

To access eHub from your computer enter following address in your browser:

<https://rass.teamehub.com>

If you have any questions about these changes, please feel free to contact us at [contact@restorationandspecialty.com](mailto:contact@restorationandspecialty.com) or by calling 214-351-1708

Thank you,

Restoration and Specialty Services Inc. HR/Payroll Department

## Corporate Office

4407 N. Beltwood Pkwy. Ste.112

Farmers Branch, TX 75244

Tel 214.351.1708 Fax 214.351.5404

Email: [contact@restorationandspecialty.com](mailto:contact@restorationandspecialty.com)





# American Worker

Effective Date: \_\_\_\_\_

Company Name: Restoration & Specialty Services, Inc

Date of Hire: \_\_\_\_\_

Department / Class: \_\_\_\_\_

- Enroll (New Hire)
- Enroll (Qualifying Event)
- Change/Update
- Cancel/Terminate
- Reinstatement
- COBRA
- WAIVE

**Employee Information:**

Name: \_\_\_\_\_  
 Last First M.I. Social Security Number Gender

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 MM/DD/YYYY  Mobile/Cell  Landline

Home Address: \_\_\_\_\_  
 Street Address (Include Apartment Numbers!) City State Zip

\_\_\_\_\_  
Email address

**Plan Selection**

- MEC
- Enhanced MEC
- MVP

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family

Use this space to list all dependents you are enrolling in coverage. If any of your dependents have a different address, please use the back of this form.

<u>Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Social Security Number</u>	<u>Relation</u>
_____	_____	M / F	_____	Spouse
_____	_____	M / F	_____	Child
_____	_____	M / F	_____	Child
_____	_____	M / F	_____	Child
_____	_____	M / F	_____	Child

Are you or any of your dependents covered under other insurance?

**If yes, the following information is required:**

Name of person covered by other carrier: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of insurance carrier: \_\_\_\_\_ Group Number: \_\_\_\_\_

I hereby **apply** for the coverage for which I am now eligible under the provisions of the Group Plan or Plans issued through American Worker. I authorize deductions from my earnings for the required portion of the premium, if applicable. I understand that I cannot change or revoke these elections until the next Open Enrollment period without a Qualifying Event.

I hereby acknowledge that I have been given the opportunity to elect coverage under the group benefit plan, and I am **declining coverage** at this time for the following reason: \_\_\_\_\_ (Reason for waiving coverage is REQUIRED).

I understand that I cannot change or revoke this waiver until the next Open Enrollment period without experiencing certain Qualifying Events.

*I certify that the above information is true and correct. I hereby authorize all physicians, pharmacists, hospitals or other institutions providing care and treatment to provide American Worker with complete information regarding medical treatment (including copies of their records). I also authorize the provision of information about the benefits to which I may be entitled to American Worker. A copy or photocopy of the authorization will be considered as effective and valid as the original.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date