

Driving Record Screen Authorization

I, do hereby authorize Pedal Valves, Inc, and it's representatives to conduct a Driving Record screen to determine if I am qualified to operate vehicles owned by, insured by, or rented by Pedal Valves Inc. I also understand that these results will be reviewed by Pedal Valves Management, and will remain confidential. I understand that failure to submit to this screen will affect my eligibility for hire by Pedal Valves.

Employee / Applicant printed name

Employee / Applicant signature

Date



• 13625 River Road • Luling, LA • 70070 • www.pedalvalve.com • 1-800-431-3668 • 985-785-0082 (fax) •

Safety Handbook Acknowledgement

I have received, read, and understand the policies and procedures of Pedal Valves Employee Handbook.

Employee / Applicant printed name

Employee / Applicant signature

Date

**AUTHORIZATION TO CONDUCT BACKGROUND CHECK
& CONSENT TO PROCURE CONSUMER REPORT**

Notice of Intent to Procure Consumer Report (Background Check)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, this notice is to inform you that as part of our evaluation procedure for employment, promotion or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check). These report(s) will be obtained through the following Consumer reporting Agency: **Checkmate Investigations, LLC. 3190 N.E. Expressway Ste. 210 Atlanta, GA 30341.** You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled to receive a copy of the Federal Trade Commission's publication, "A Summary of Your Rights Under the Fair Credit Reporting Act" which you will find attached to this document. You may have additional rights under state law.

Authorization to conduct Background Check:

By signing below, I authorize **Checkmate Investigations, LLC.** to conduct an employment-related background check on me and to provide the results to the employer named below. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking. **Checkmate Investigations, LLC.** will not provide any information where such disclosure is restricted by federal or state law.

By signing below, I authorize any present or past employer, supervisor or agent of the employer, high school, college, university or other institute of learning; local, state or federal court; department of motor vehicles; military branch or the national personnel records center; state sex offender registry; state licensing board; state workers' compensation agency, credit bureau, personal or professional reference; to release records or information to **Checkmate Investigations, LLC.** concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such entities as well as **Checkmate Investigations, LLC.**, its subcontractors, subsidiaries, and other agents as well as those indicated herein from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in the original, faxed, or photocopied form. This authorization shall expire upon termination of my employment with the employer named below.

Report to be released to: _____

Applicant Name: _____

Any other Names used for Employment or Education: _____

Applicant Address: _____

Social Security Number: _____

Date of Birth: _____ Gender/ Race: _____

Driver's License Number: _____ State: _____

May we contact your current employer? (Circle) YES NO

Currently Employed? (Circle) YES NO

Signature: _____ Date: _____

*I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provided above. I would like to receive a copy of my consumer report (background check) (CA, MN, and OK only) (Circle) YES NO

NOTICE AND ACKNOWLEDGEMENT
[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

The Center for Working Families (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer” which may include information about you character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigative into your education and/or employment history conducted by National Applicant Screening, 1255 Lakes Pkwy Suite 380, and 770-338-2880 —1-877-735-3714 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state, or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by National Applicant Screening, another outside organization acting on behalf of the Company and/or the Company itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be valid as the original.

Minnesota and Oklahoma applicant or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Signature: _____

Date: _____

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Authorization to conduct Background Check:

By signing below, I authorize **Checkmate Investigations, LLC.** to conduct an employment-related background check on me and to provide the results to the employer named below. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking. **Checkmate Investigations, LLC.** will not provide any information where such disclosure is restricted by federal or state law.

By signing below, I authorize any present or past employer, supervisor or agent of the employer, high school, college, university or other institute of learning; local, state or federal court; department of motor vehicles; military branch or the national personnel records center; state sex offender registry; state licensing board; state workers' compensation agency, credit bureau, personal or professional reference; to release records or information to **Checkmate Investigations, LLC.** concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such entities as well as **Checkmate Investigations, LLC.,** its subcontractors, subsidiaries, and other agents as well as those indicated herein from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in the original, faxed, or photocopied form. This authorization shall expire upon termination of my employment with the employer named below.

Report to be released to: _____

Applicant Name: _____

Any other Names used for Employment or Education: _____

Applicant Address: _____

Social Security Number: _____

Date of Birth: _____ Gender/ Race: _____

Driver's License Number: _____ State: _____

May we contact your current employer? (Circle) YES NO

Currently Employed? (Circle) YES NO

Signature: _____ Date: _____

*I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provided above. I would like to receive a copy of my consumer report (background check) (CA, MN, and OK only) (Circle) YES NO

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[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

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Minnesota and Oklahoma applicant or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Signature: _____

Date: _____



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PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to specimen tests as shall be determined by Pedal Valves, Inc. (PVI) in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that PVI may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this company.

~~I further agree to hold harmless the company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my application of employment.~~

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____

ACTIVE EMPLOYEE CERTIFICATE OF AGREEMENT

I do hereby certify that I have received and read the Pedal Valves, Inc.(PVI) Substance Abuse and Testing Policy. I understand that if my performance indicates it is necessary, or in the case of random testing or blanket testing, I will submit to a substance abuse test. I also understand that failure to comply with a substance abuse test request, or a positive result may lead to termination of employment and denial of unemployment benefits. I understand that failure to submit to a substance abuse test, or a positive test result may affect my right to obtain workers' compensation benefits. I further agree to and hereby authorize the release of the results of said tests to the company. Nothing in this consent form is to be construed as a contract between the parties.

Employee printed name

Employee Signature

Date

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? PHONE				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

LAST

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		

FIRST

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE



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ACCOUNTING / PAYROLL INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Social Security Number _____ Rate of Pay _____

Department _____ Work Location _____

Married or Single _____ Number of Deductions _____

Special Instructions _____

Form W-4 (2009)

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	_____

For accuracy, complete all worksheets that apply.

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

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2009

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial.		Last name		2 Your social security number		
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)					5	
6 Additional amount, if any, you want withheld from each paycheck					6 \$	
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.					7	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.						
Employee's signature (Form is not valid unless you sign it.)					Date	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				9 Office code (optional)		
				10 Employer identification number (EIN)		

Deductions and Adjustments Worksheet

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

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

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

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

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$5,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 29,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

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

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

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

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

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen Nationals of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, Section 2 must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers CANNOT specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Form I-9, Employment Eligibility Verification

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

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

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

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

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

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

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

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

Employee's Signature _____ Date (month/day/year) _____

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

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

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

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

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

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

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title:	Document #:	Expiration Date (if any):
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
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	9. Driver's license issued by a Canadian government authority	5. Native American tribal document
	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
11. Clinic, doctor, or hospital record		
12. Day-care or nursery school record	8. Employment authorization document issued by the Department of Homeland Security	

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

MEDICAL HISTORY QUESTIONNAIRE

(For applicants who have received conditional job offers. The statement as found on this page must be signed by the applicant before completing the following *Medical Questionnaire*.)

I herewith affirm that the employer has made me an offer of employment, conditioned on the satisfactory completion of this questionnaire and, if the employer deems it necessary by virtue of the job classification for which I am seeking employment, a medical examination. The purpose of this inquiry is to determine (1) whether I currently have the physical or mental qualifications necessary, (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others, (3) for purposes and reasons as stated on the attached questionnaire, and (4) to gather information which would allow the Company to utilize the State "Second Injury Fund" which provides reimbursement for certain workers' compensation payments made by employers that hire previously injured workers who suffer subsequent injuries.

This information will be kept confidential in a separate medical file, apart from my personnel file. I herewith affirm that the question as found in the attached medical questionnaire have not been asked of me by anyone with the employer until after I have signed this statement and been offered a job.

I FURTHER UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THESE MEDICAL QUESTIONS MAY RESULT IN A DENIAL OR FORFEITURE OF ANY RIGHT I OR MY DEPENDENT (S) MAY HAVE TO WORKERS COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES. IN ADDITION, ANY FALSE STATEMENTS ON THIS DOCUMENT IS GROUNDS FOR IMMEDIATE TERMINATION OR OTHERWISE, APPROPRIATE DISCIPLINARY ACTION. PURSUANT TO LSA-RS 23:1208.1.

Name: _____ Date: _____

Social Security Number: _____

Signature: _____

WITNESS

WITNESS

MEDICAL HISTORY QUESTIONNAIRE

PURSUANT TO LSA-RS 23:1208.1, THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE QUESTIONS BELOW MAY RESULT IN A DENIAL OR FORFEITURE OF ANY RIGHT YOU OR YOUR DEPENDENT (S) MAY HAVE TO WORKERS' COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES.

Do you have or have ever had any of the following medical conditions? If you answer yes to any of the questions below, please explain in detail in the remarks section or on the back of this page the nature of your injury or condition, the type of treatment received, and the name, address and phone number of the doctor providing the treatment.

Please answer YES or NO

- | | |
|----------------------------------|--|
| 1. ___ Epilepsy | 22. ___ Ruptured Intervertebral Disc |
| 2. ___ Diabetes | 23. ___ Heavy Metal Poisoning |
| 3. ___ Cardiac Disease | 24. ___ Meniscectomy (knee surgery) |
| 4. ___ Arthritis | 25. ___ Ruptured Cruciate Ligament (knee) |
| 5. ___ Ankylosis of Joints | 26. ___ Cerebral Vascular Accident-Stroke or
ruptured blood vessel in the head |
| 6. ___ Thrombophlebitis | 27. ___ Amputation of foot, leg, arm or hand |
| 7. ___ Varicose Veins | 28. ___ Residual disability from Poliomyelitis |
| 8. ___ Arteriosclerosis | 29. ___ A Spinal Fusion or the surgical removal
of an internvertebral disc |
| 9. ___ Ionizing Radiation Injury | 30. ___ Mental Retardation, provided the
employee's intelligence quotient is such
that he falls within the lowest 2% of
the general population. However, it
shall not be necessary for the employer
to know the actual intelligence quotient. |
| 10. ___ Compressed Air Sequelas | 31. ___ Psychoneurotic Disability following
treatment in a recognized medical or
mental institution |
| 11. ___ Hodgkin's Disease | 32. ___ Total loss of sight of one or both eyes
or a partial loss of corrected vision of
more than 75 percent, both eyes |
| 12. ___ Cerebral Palsy | |
| 13. ___ Multiple Sclerosis | |
| 14. ___ Parkinson's Disease | |
| 15. ___ Tuberculosis | |
| 16. ___ Silicosis | |
| 17. ___ Hemophilia | |
| 18. ___ Hyperinsulism | |
| 19. ___ Muscular Dystrophy | |
| 20. ___ Brain Damage | |
| 21. ___ Chronic Osteomyelitis | |

Remarks: _____

Signature of Employee _____

Date _____

MEDICAL HISTORY QUESTIONNAIRE

1. Please list any conditions or diseases for which you have been treated in the past. If no treatment has been provided, state "none". _____

2. Have you ever been hospitalized? If so, for what condition? If not state "no". _____

3. Have you ever been treated by a psychiatrist or psychologist? If so, for what condition? If not state "none". _____

4. Have you ever filed a Workers' Compensation claim. If so please explain, if not state "none". _____

5. Do you have any disabilities or impairments which may affect your performance in the position which you have been offered and accepted? _____

6. Are you taking any prescribed drugs? If yes, state the medication and reason for taking it. If no medications are being taken, state "none". _____

7. Have you ever been treated for drug addiction or alcoholism? If yes, identify the medical care provider and dates of treatment. If no treatment has been provided, state "none". _____

8. Have you ever had surgery to any part of your body? If yes, identify the part of the body and date of surgery. If no surgery has ever been done state "none". _____

9. Have you ever received treatment from a doctor, chiropractor or therapist for your back, neck, knee, shoulder, wrist, ankle, hip, arm or leg? If no such treatment has been received, state "none". If the answer is yes, please explain the nature of the treatment in the space indicated below. _____

PURSUANT TO LSA R.S. 23:1208.1., I UNDERSTAND THAT THE FAILURE TO ANSWER TRUTHFULLY ANY OF THE ABOVE QUESTIONS MAY RESULT IN A DENIAL OR FORFEITURE OF ANY RIGHT I OR MY DEPENDENT(S) MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT & EXPENSES.

I HAVE READ IN ENTIRETY AND FULLY UNDERSTAND THE ABOVE.

SIGNATURE OF EMPLOYEE _____

DATE: _____

SIGNATURE OF EMPLOYER _____

DATE: _____

CREDIT AUTHORIZATION FORM

I (we) hereby authorize <PEDAL VALVES INC>, hereafter called COMPANY, to initiate entries to my (our) Checking Account / Savings Account (select one) indicated below at the financial institution listed below, hereafter call THE FINANCIAL INSTITUTION, and to credit the same to such account, and, if necessary, initiate adjustments for any transactions credited/debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law. This authorization is to remain in effect until THE COMPANY is notified by me (or either of us) in writing to cancel it in such time and in such manner as to afford COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution (Please Print)

(Address of Financial Institution - Branch, City, State & Zip (Please Print))

(Name appearing on Account- (Please Print))

(Address appearing on Account (Please Print))

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Please attach a VOIDED CHECK to this authorization if a checking account will be credited.

A sample check form with the following text: "JEFFREY MAPLE BUZANNE MAPLE 123 Bear Lane Anyplace, VA 20XXX". Below this is "PAY TO THE ORDER OF" followed by a blank line and a dollar sign. Below that is "AND PLACE BANK Anyplace, VA 20XXX". At the bottom is "For" followed by a MICR line: "⑆250250025⑆ 202020⑆186⑆ 1234". Annotations include: "Routing number" pointing to "250250025", "Account number" pointing to "202020", and "Do not include the check number" pointing to "1234". A "SAMPLE" watermark is diagonally across the center. A "1234" is written in the top right corner.

Note: The routing and account numbers may be in different places on your check.

Signature _____

Date _____



• 13625 River Road • Luling, LA • 70070 • www.pedalvalve.com • 1-800-431-3668 • 985-785-0082 (fax) •

Employee Handbook Acknowledgement

I have been given, have read, and understand the information included in the Pedal Valves Employee Handbook.

Employee / Applicant printed name

Employee / Applicant signature

Date



Training, Appearance and Ethics Acknowledgment

As a Pedal Valve employee, I recognize that I represent the company in everything I do on the job. I also recognize that if I do a good job, it helps our company to meet our goal of being the best subcontractor in the Performance Contracting business.

By signing below, I agree that I have received ample training on:

1. My specific job responsibilities and how to perform them
2. The behavior and class I am to show when on the job
3. The dress code and appearance requirements of my job
4. How I am expected to communicate with customers, managers and fellow employees when on the job.
5. All other aspects of my job.

I also recognize that not following the things I learned in training can result in the potential loss of bonus money and/or my termination from Pedal Valves. If I have any questions about any aspect of my job, I should immediately seek answers from my managers.

In the event you feel you are being treated unfairly, you are invited to follow the chain of command outlined below:

Water Meter Team

1. Your Project Superintendent
2. Chad Nuccio
3. Jason Wilkie

Water Conservation Team

1. Your Project Superintendent
2. Eric Butler
3. Jason Wilkie

IT Team

1. Donnie Matthews
2. Jason Wilkie

Employee / Applicant printed name

Employee / Applicant signature

Date