



NEW HIRE

RE-HIRE

STATUS CHANGE

THIS FORM MUST BE FILLED OUT BY HIRING SUPERVISOR AND SUBMITTED WITH APPLICATION

SITE LOCATION: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ POSITION: _____

EMPLOYEE NAME:

last first middle

EMPLOYEE ADDRESS:

street

city state zip code

TELEPHONE: () - _____ JOB NUMBER: _____

SEX: Male Female

DATE OF BIRTH: ___/___/___

HIRE DATE: ___/___/___

HOURLY (**SALARY **DOES NOT** MEAN EMPLOYEE

PAY FREQ: Bi-Weekly

REGULAR RATE: _____

SALARY** IS EXEMPT FROM OVERTIME**)

JOB CLASS: _____

STATE CODE: MD (100)

DC (200)

VA (300)

W-4 INFORMATION *(If employee has tax exempt status, check box and alert payroll department)*

DESCRIPTION	FEDERAL	STATE
MARITAL STATUS (enter M for married or S for single in federal & state boxes)		
EXEMPTIONS (enter number of dependents claimed)		
WITHHOLD EXTRA FEDERAL / STATE TAX? <input type="checkbox"/> NO <input type="checkbox"/> YES (enter amount in federal & state boxes)	\$	\$

OCCUPATIONAL DESCRIPTION: _____

FULL TIME

PART TIME

I-9 INFORMATION (FOR RESIDENT ALIENS ONLY):

WORK AUTHORIZATION CARD NUMBER: _____ EXPIRATION DATE: ___/___/___

PAYROLL DEDUCTIONS *(If applicable)*

DED. CODE	DESCRIPTION	AMOUNT	FREQUENCY	MAX. DEDUCT
		\$		\$
		\$		\$
		\$		\$

FIELD SUPERVISOR _____ DATE _____

DIVISION MANAGER _____ DATE _____

HUMAN RESOURCES _____ DATE _____



EMPLOYMENT APPLICATION

Date of Application: ____/____/____

Position Applied For: _____

Personal Information

Name: _____
Last First Middle

Direction: _____
Street City State Zip Code

Telephone Number: (____) ____ - ____ (____) ____ - ____
Daytime Evening

Social Security Number: ____ - ____ - ____ Type of Employment Desired: Full-Time Part-Time

Employment History (list in order, last or present employer first)

1. Employer Name and Address: _____

Telephone Number: (____) ____ - ____ Supervisor: _____

Job Title: _____ Dates of Employment: from ____ to ____

Description of Job Duties: _____

Reason for Leaving: _____

2. Employer Name and Address: _____

Telephone Number: (____) ____ - ____ Supervisor: _____

Job Title: _____ Dates of Employment: from ____ to ____

Description of Job Duties: _____

Reason for Leaving: _____

Special Training / Skills

Have you ever worked as a cleaner before? Yes No

Have you ever operated or had training on any of the following?

◆ Buffer Machine: Yes No ◆ Vacuum Cleaner: Yes No

◆ Carpet Cleaning Machine: Yes No ◆ Other: _____

Applicant Questions

1. Have you ever been employed by Busy Bee? Yes No If yes, when? _____
2. Working this job requires you to have excellent attendance and punctuality. Are you able to meet the attendance and punctuality requirements of this position? Yes No
3. Are you legally eligible for employment in the United States? Yes No
4. If hired, on what date will you be available to start work? ____/____/____
 Full-Time
 Part-Time
5. Do you have another job? Yes No If yes, what company? _____
6. This job may require you to have a flexible schedule. Can you meet this requirement? Yes No
7. Are you available to work holidays? Yes No
8. If your position requires operating a motor vehicle, do you have a valid driver's license? Yes No
9. Have you ever been convicted of a crime or received a verdict of anything other than "not guilty" in any criminal investigation or proceeding? Yes No If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation (use a separate sheet if necessary):

10. Emergency Contact Name: _____ Relation: _____
Emergency Contact Telephone Number: (____) _____ - _____ (____) _____ - _____
Daytime *Evening*

I understand that if I am employed by Busy Bee Environmental Services, Inc., any misrepresentation or omission of information by me on this application will be sufficient cause for cancellation of this application, and immediate discharge from employment by Busy Bee Environmental Services, Inc., whenever it is discovered.

I hereby give Busy Bee Environmental Services, Inc. the right to contact and obtain information from all references, employers, educational institutions, medical, criminal, and credit institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability any employee of Busy Bee Environmental Services and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Busy Bee Environmental Services, Inc. reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicant Signature _____ **Date** _____

Busy Bee Environmental Services, Inc. Substance Abuse Policy

Busy Bee Environmental Services has a vital interest in maintaining a safe, healthful, and efficient workplace for its employees. The presence of drugs and alcohol in the workplace and the influence of these substances on employees during working hours pose a serious safety and health risk to the user and to all those persons who work with the user. Alcohol and drug use in the workplace constitutes an unacceptable risk for safe, healthful, and efficient operations. Moreover, our status as a federal contractor mandates that we provide a drug-free workplace. While recognizing that employees are responsible for making their own lifestyle choices, Busy Bee Environmental Services sees no reason to accept even small risks that on-the-job or off-the-job drug use by employees might cause or contribute to accidents or other safety or performance problems. Recognizing that any measurable amount of illegal drug in a person's body can put that person under the influence of the drug to some degree, even if the impairment is not readily apparent to the layman, the company's policy regarding drugs strives for, and requires, a "drug-free" work force and workplace. With these basic objectives in mind, Busy Bee Environmental Services has established the following policy regarding substance abuse.

1. Alcohol and Drug-Free Workplace:

- A. It is the strict policy of Busy Bee Environmental Services that the unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs (also known as controlled substances), is prohibited in the workplace. For the purposes of this policy, a controlled substance / illegal drug includes, but is not limited to, substances such as marijuana, cocaine, heroine, PCP, amphetamines, barbiturates, and other substances specified in 21 U.S.C. Section 812, Schedules I through V of Section 202. Busy Bee Environmental Services will provide the schedule of controlled substances and make them available for review upon request. For the purposes of this policy, the workplace includes all Busy Bee Environmental Services facilities and properties, vehicles used in the course of work, and any location at which a Busy Bee Environmental Services employee is performing work for the company.
- B. Violations of paragraph 1.A. above will result in serious discipline, up to and including immediate discharge. In some instances, where warranted by the circumstances, and in the sole discretion of Busy Bee Environmental Services, violators may, in lieu of discipline and at their own cost, be required to participate satisfactorily and complete a drug abuse assistance or rehabilitation program, approved for such purposes by the appropriate federal, state, or local health agency.
- C. Employees are required to notify Busy Bee Environmental Services immediately, and in no event more than 5 (five) calendar days, after a conviction for a violation of any criminal drug statute, which occurred in the workplace. Violation of this notification requirement is grounds for immediate discharge.
- D. Employees are prohibited from reporting to work under the influence of alcohol or a controlled substance, unless they possess a valid prescription. Violation of this policy may result in immediate discharge. Busy Bee Environmental Services may require employees taking medication (where the medication may impede the employee's performance) under a valid physician's prescription to take leave until they are no longer taking the medication, or it is determined the employee is fit for duty.
- E. The policies stated in Section 1 are a condition of employment with Busy Bee Environmental Services. All employees are required to indicate their agreement to abide by the foregoing policies by signing a statement to that effect.

2. Drug Testing:

Busy Bee Environmental Services does currently maintain a regular program for alcohol and drug testing of applicants or employees. The company reserves the right to request an employee to submit to a drug test where there is reason to suspect an employee has reported to work under the influence of alcohol or drugs. Employee behavior, accidents, excessive absenteeism, or tardiness are among the indications of a reasonable suspicion for the purpose of this policy. Employees who refuse a drug or alcohol test may be subjected to disciplinary actions, including immediate discharge. Busy Bee Environmental Services will comply with all applicable federal, state, and local laws that govern drug testing.

3. Drug-Free Awareness Program:

- A. Busy Bee Environmental Services maintains an on-going drug-free awareness program to educate employees about the dangers of workplace drug abuse. This program consists of presentations on the subject, and/or written material. Participation in this program is mandatory and is a condition of employment for all employees, including supervisors and management.
- B. The drug-free awareness program includes a thorough review of Busy Bee Environmental Services' substance abuse policy and penalties for violations. Employees should review the policy carefully prior to the program, and raise any questions they may have concerning the policy at that time. Employees are encouraged to consult with the Human Resources department at any time for clarifications or questions concerning this policy.

I hereby acknowledge that I have received a copy of the Busy Bee Environmental Services Substance Abuse Policy, that I have carefully read the policy, that I have the opportunity to ask questions concerning the meaning and application of the policy, and that I understand the policy. I further acknowledge and agree that I will abide by this policy and that I understand that doing so is a condition of my employment with Busy Bee Environmental Services.

Print Name

Signature

Date

Busy Bee Environmental Services, Inc. Sexual Harassment Policy

Busy Bee Environmental Services believes in the value and dignity of each individual employee. It also recognizes the importance of giving each employee, male or female, the opportunity to work and pursue his/her career at Busy Bee Environmental Services in an environment which is free of discrimination in any form, including, but not limited to, sexual harassment.

As part of Busy Bee Environmental Services' continuing efforts to ensure equal employment opportunity for all employees, and pursuant to the Equal Employment Opportunity Commission's Guidelines on Sex Discrimination issued under Title VII of the Civil Rights Act of 1964, Busy Bee Environmental Services has issued this policy prohibiting sexual harassment.

Busy Bee Environmental Services strictly prohibits and will not tolerate its managers, supervisors, or employees sexually harassing any other employee or client of Busy Bee Environmental Services. Sexual harassment is defined as:

- (a) making unwelcome sexual advances
- (b) requesting sexual favors; or
- (c) engaging in verbal or physical conduct of a sexual nature, any of which is used as the basis for employment decisions or creates an intimidating, hostile, or offensive working environment.

Verbal or physical conduct of a sexual nature that may be viewed by some employees as good-natured fun may be viewed by other employees as extremely distasteful and offensive, and will not be tolerated by Busy Bee Environmental Services.

Should you feel that you are being subjected to sexual harassment, you should immediately notify a company manager or the Director of Human Resources so that prompt and effective action can be taken. Allegations of sexual harassment will be thoroughly and expeditiously investigated. The question of whether a particular action or incident is prohibited behavior requires a determination based on all available facts. Confidentiality will be protected to the extent reasonably possible. Upon completion of the investigation, appropriate action will be taken, including discipline or dismissal of the harassing party, if warranted.

We trust that all supervisors and employees will act responsibly to establish a pleasant working environment free of discrimination.

Print Name

Signature

Date

Busy Bee Environmental Services Equal Employment Opportunity Policy

Busy Bee Environmental Services is deeply committed to a policy of Equal Employment Opportunity for all its employees. Busy Bee Environmental Services actively seeks and employs qualified persons in all job classifications and administers all personnel actions affecting employees without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by applicable law. Busy Bee Environmental Services has commitments, and our employees' obligations to make our work environment efficient. Any conduct that interferes with another employee's performance, or creates a hostile, intimidating, or offensive work environment will not be tolerated. Included as unacceptable conduct are derogatory statements about one's race, religion, sex, sexual orientation, age, national origin, or disability. Sexual advances, requests for sexual favors, and other verbal and physical conducts of a sexual nature are strictly prohibited. Persons who encounter unacceptable conduct should immediately bring it to the attention of a company manager or the Director of Human Resources for investigation. Persons found to have engaged in such misconduct will be subjected to the full range of disciplinary actions, including termination if warranted. Any questions concerning this policy should be directed to Human Resources.

Print Name

Signature

Date

Busy Bee Environmental Services, Inc. Safety Rules

The following safety rules are company policy. They have been established, and are enforced, for your and our mutual protection and benefit. You must read, understand and abide by these rules.

- ❖ Work in a safe manner at all times. Always be conscious of the potential for injuries. Never commit an unsafe act. Horseplay is not tolerated.
- ❖ Notify your supervisor/manager immediately if you are injured or involved in an accident, no matter how minor.
- ❖ Report any equipment or condition that is unsafe or dangerous to your supervisor/ manager at once. The use of unsafe equipment is prohibited.
- ❖ Know the locations of the two nearest fire exits, fire alarm pull stations and fire extinguishers from where you are working. Familiarize yourself with the building you are in. Always leave the building immediately when you hear an emergency evacuation.
- ❖ Do not impair the effectiveness of safety or fire fighting equipment. Never block fire exit doors.
- ❖ Dress properly for your job. No bare feet, open-toed or high-heeled shoes are permitted. Also be aware of loose clothing or jewelry when using any kind of equipment.
- ❖ No smoking is permitted in your building at any time.
- ❖ **NEVER MIX CHEMICALS.** Material Safety Data Sheets (MSDSs) are available for all chemicals used. Read and understand them. All chemical containers must have a label, never use a product that does not. Never use a product that you do not know, or have not been trained on. Always use safety goggles, gloves, or other Personal Protective Equipment issued to you when necessary. Ask your Supervisor or Manager if you have any questions about this.
- ❖ Always use caution (wet floor) signs when mopping, stripping, buffing, waxing, or shampooing in any area, whether occupied or not.
- ❖ Make sure all electrical equipment is off before plugging it in. Always unplug cords by pulling the plug, not the cord itself. Never run equipment over cords.
- ❖ Never leave trash in carts or closets overnight. Place cigarette butts and ashes in metal containers, not in trash bags.
- ❖ Do not force elevator doors open or prevent them from closing. Be aware of a dark elevator, it may be only an open shaft.
- ❖ Be aware of your surroundings, and do not place yourself in a situation that you feel uncomfortable with.

You are responsible for on-the-job safety. No assignment is so important that you cannot take the time to work safely. Safety is everyone's responsibility!

I have read and understand the Busy Bee Environmental Services, Inc. safety rules and I agree to abide by them. I understand that failure to do so will result in disciplinary action, including possible termination.

Employee _____ Date _____

Supervisor _____ Date _____

Busy Bee Environmental Services "Condensed" Hazard Communication Program

Hazard Communication Purpose

The purpose of this notice is to inform you that Busy Bee Environmental Services is complying with the Occupational Safety and Health Administrations (OSHA) Hazard Communication Standard, Title 29 CFR 1910: 1200. This has been accomplished by compiling a hazardous chemical list, obtaining Material Safety Data Sheets (MSDSs), ensuring that containers are labeled, and by providing training to our employees. This program applies to all work operations in all companies, where you may be exposed to hazardous substances under normal working conditions, or during an emergency situation. The Director of Safety is responsible for the program and its contents. Copies of the corporate written program in its entirety may be obtained from the office of the Director of Safety, or by calling (202) 726-4256. Under this program, you will be informed of the contents of the Hazard Communication Standard, the chemicals with which you work, safe handling procedures, and measures to take to protect you from chemical hazards.

List of Hazardous Chemicals

The Director of Safety has prepared a master list of all chemicals used in the workplace by Busy Bee employees and updates this list as necessary. The list of chemicals identifies all of the chemicals used at our job sites. The list of chemicals used at each job site can be found in your site MSDS folder.

Material Safety Data Sheets (MSDSs)

MSDSs provide you with specific information regarding the chemicals you use. The Director of Safety maintains a master file with a MSDS for each chemical used. Field supervisory personnel will be responsible for maintaining MSDS binders at all job sites.

The Director of Safety is responsible for acquiring and updating MSDSs, and will contact the chemical manufacturer or vendor if additional research is necessary or if an MSDS has not been supplied with an initial shipment. All new chemical purchases require an MSDS. This MSDS must be included in the job site MSDS binder and a copy forwarded to the Director of Safety.

Labels

All chemical containers (one gallon, five gallon, spray bottles, etc.) must be properly labeled. The Director of Safety is responsible for implementing an in-house labeling system. Field supervisory personnel are responsible for ensuring that all chemicals at work sites are properly labeled. Labels should list at least the chemical identity, appropriate hazard warnings, and the name of the manufacturer. Labels may be ordered on your monthly order form. If you transfer chemicals from a primary (labeled container) to a secondary (unlabeled container), you must place an appropriate label on the secondary container.

Non-Routine Tasks

If you are required to perform a hazardous non-routine task (a task which is hazardous, you do not normally do, and you have never been trained on), a special training session will be conducted to inform you regarding the hazardous chemicals to which you might be exposed and the proper precautions to take to reduce or avoid exposure.

Training

All employees who work with, or may be exposed to, hazardous or potentially hazardous chemicals, must receive training on the Hazardous Communication Standard and the safe use of those chemicals found in the workplace. A program that utilizes instruction and on-the-job training has been prepared for this purpose. Whenever a new hazard is introduced, additional training will be provided. Regular safety meetings will also be used to review the information presented in the initial training. Field supervisory personnel will be trained regarding hazards and appropriate protective measures so they will be available to answer questions from employees and provide daily monitoring of the Hazard Communication Program.

Training Program:

- ❖ Summary of the standard and written program
- ❖ Chemical materials and methods that can be used to detect the presence of a chemical release
- ❖ Health hazards
- ❖ Procedures to protect against hazards (personal protective equipment, work practices, proper handling procedures, and emergency procedures)
- ❖ Work procedures to follow to assure protection when cleaning up a chemical spill or leak
- ❖ Where MSDSs are located, how to read and interpret information on labels, and how employees may obtain additional hazard information

The Director of Safety will review the employee training program and change it as necessary. Re-training is required when a hazard changes or when a new hazard is introduced into the workplace. It is company policy to provide training on a regular basis during safety meetings to ensure effectiveness of this program.

Contractor Employees

The Director of Safety upon notification by the responsible person, will advise outside contractors in person of any chemical hazards that may be encountered in the normal course of their work on the premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used. In addition, the contractors will be notified of the location and availability of Busy Bee's MSDSs. Each contractor bringing chemicals on site must provide Busy Bee with the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

Additional Information

All employees may obtain further information about the Busy Bee Environmental Services' Hazard Communication Standard by contacting the Director of Safety at (202) 726-4256.

Busy Bee Supervisor's New Hire Check List

Supervisor or Manager **MUST** review this document with employee at time of hire and explain each item.

Item Description	✓
1. Supervisor has reviewed application package (all pages signed, W-4 filled out, drug policy understood, and validity of I-9 documents have been verified).	
2. Employee has read and signed safety rules.	
3. Supervisor has explained uniform and identification policy.	
4. Supervisor has explained sign-in/out & key-in/out procedures.	
5. Supervisor has explained Hazard Communication Program (location of Material Safety Data Sheets, types of chemicals used, chemical hazards, how-to-read chemical labels, how to locate and use Personal Protective Equipment – gloves, goggles, etc., proper use of chemicals, chemical spill clean-up procedures, first-aid procedures).	
6. Supervisor has explained and demonstrated safe lifting procedures.	
7. Supervisor has explained how to report employee injuries.	
8. Supervisor has explained the building emergency evacuation plan.	
9. Supervisor has explained labor posters, safety posters, etc.	
10. Supervisor has instructed employee NOT to mix chemicals, and that all spray bottles and containers MUST be properly labeled.	
11. Supervisor has explained when and how to display a “wet floor” sign.	
12. Supervisor has explained Bloodborne Pathogen Exposure Control issues: how to report blood spills, needle sticks, etc.	
13. Supervisor has instructed employee NOT to smoke, eat, or drink while working or near chemicals.	
14. Supervisor has instructed employee NOT to use tenant's telephones or any other equipment. Also has explained to never unplug any client equipment.	
15. Supervisor has explained call-in policy for absenteeism/late arrival.	
16. Supervisor has explained how to report job-related injuries. All injuries must be reported to Human Resources within 24 hours. Injured employees may be requested to submit to drug testing.	
17. Supervisor has explained policy for filing complaints/charges through the proper chain of command (Supervisor, Account Manager, Operations Director, Human Resources).	

Supervisor _____ Employee _____ Date _____

**Form I-9, Employment
Eligibility Verification**Department of Homeland Security
U.S. Citizenship and Immigration Services**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 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

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 <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
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 <i>(month/day/year)</i>
----------------------	------------------------------

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 <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

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: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

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 <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

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

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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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 <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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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	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Candidate Release Authorization



Screening and
Selection Services

- I. In connection with my application for employment or continued employment at _____ (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box. The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by _____ (the Company) or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to _____ (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex: Male Female Race: Asian Black or African American White Hispanic or Latino Other

Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature Today's Date
 If required, notarize here. When using an embossed seal, please shade with a pencil before faxing. Subscribed and sworn before me:

 Notary Public Signature

 Date

 My Commission Expires

Fair Credit Reporting Act Candidate Notice and Disclosure

_____ (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, _____, agree that a facsimile or photocopy of this form is valid just like the original form. I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

Please print your full name. Last First Middle

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

Signature Today's Date

GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.