



2018 CONTRACTS HIRING PACKAGE

Location: _____

Employee: _____

Social Security: _____

Welcome to the Family!

CREACTIVA LLC

Employment Application



APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?					YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Are you able to perform the essential functions of the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	In Case of Emergency Contact – Name & Tel.								
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

SITE MANAGER USE ONLY

E-Verify #	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hire Date		Start Date	
Salary Hired		Employee Number & Card			

Application for Employment – Requirements

Physical Requirements of the Job

Typical physical demands of the job include extended periods (up to four hours) of bending, stooping, kneeling, crouching, standing, walking, and the ability to communicate effectively with clients, customers, and co-workers, in person and by radio. The job also requires the lifting and movement of heavy and awkward objects.

The Company reserves the right to revise and change the job functions and duties as needed which may, in turn, impact the physical demands requirements. The following list of physical demands is not intended to be all-inclusive. Mall, Retail Store, or Office Cleaner and/or Porter or Food Court Porter:

- Ability to maintain regular and reliable attendance
- Ability to frequently lift up to 40 pounds to chest height
- Ability to occasionally reach above shoulder height
- Ability to push a porter cart for up to four hours at a time.
- Prolonged standing and walking, up to 4 hours at a time
- Ability to frequently lift up to 50 pounds to knee height
- Ability to push or pull 200 pounds for short distances
- Ability to reach to floor by bending at the waist or kneeling.
- Ability to bend at the waist and reach outward two feet
- Ability to frequently lift up to 50 pounds to waist height.
- Ability to frequently bend over or squat down
- Ability to push a large wheeled garbage cart up to 300 yards.
- Ability to operate power equipment (with training)
- Ability to carry 30 pounds on back for up to one hour at a time
- Ability to operate a golf cart, motorized floor scrubber, or other power equipment for up to four hours at a time.

Are you able to perform the essential functions of the job as listed above?

YES ☐ NO ☐

Signature

Equal Employment Opportunity

It is the policy of CREATIVA to comply with all applicable equal employment laws. CREATIVA therefore will not discriminate against applicants or employees on the basis of race, color, gender, religion, national origin, age, disability, genetic information, veteran status, or any other classification protected by federal, state, or local law.

CREATIVA will not permit intimidation, harassment, or retaliation against any individual who reports a potential violation of the policy, assists or participates in an investigation under this policy, or opposes harassment prohibited by this policy.

Employment At Will

This Handbook is not a contract, expressed or implied, guaranteeing employment for any specific duration or any specific term or condition of employment. Among other things, this means that either your or CREATIVA may terminate the employment relationship at any time, with or without cause, and with or without prior notice.

No employee of CREATIVA is authorized to modify the at-will nature of your employment other than the General Manager and any such modification must be in writing and signed by the General Manager.

Background Check

I fully understand and have had the opportunity to ask any questions about the company's policy on background checks. I hereby authorize and give my consent to the release of my criminal and/or traffic record, if any, to the company and to the company's clients, as may be required for the purpose of employment. I also authorize the obtaining of these criminal/ traffic and/or "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. I understand that my employment will be on a "conditional" basis and may be terminated based on the results of the background check. By signing this application for employment I am attesting that I have not been convicted of any crimes other than disclosed in this Application, and that I have been advised I am not required to provide the company with any conviction/arrest records that have been sealed or expunged. Furthermore, I understand that false or misleading statements by me are grounds for termination of employment. I agree to allow The Company to deduct the amount of \$15.00 from my first paycheck to partially defray the cost of the background check.

Work-Related Injuries

Should I become an employee of the Company, I agree to inform my supervisor, manager or human resources immediately of any injury sustained on the job and to cooperate fully in any investigation regarding such an injury. I understand and acknowledge that the company may temporarily modify job duties for employees who sustain injuries at work, based on the treating physician's recommendations. I agree to accept the company's offer of modified duty should I become injured while on the job. I agree that if I am offered modified duty based on the treating physician's recommendations, and I do not accept, I will be subject to discharge for job abandonment, unless state law specifies otherwise. I understand the Company may withdraw any offer of modified duty at any time. I understand I must provide a copy of all documents concerning possible work restrictions or the ability to return to work, after each treatment for a work-related injury, to my supervisor, manager or human resources.

Applicant Signature

By my signature on this Application, I CERTIFY: that I have read and understand the information in this Application; that the information submitted herein is true and accurate to the best of my knowledge; and that I can perform the essential job functions as listed on this hiring package; and that I acknowledge that the company did not inquire about and I did not provide any information regarding conviction/arrest records that have been sealed or expunged; and that I understand that any falsification or misrepresentation of the information I have provided may result in the decision that I not be hired; and that I understand that any falsification or misrepresentation discovered after I am hired may be grounds to terminate my employment.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date



***Professional Services Agreement
For 1099 Representative***

Start Date:_____

This AGREEMENT made and entered into by and between **CReActiva, LLC**, Having an address of ***1400 Urban Center Drive, Ste.115, Vestavia Hills, AL 35242***-(Hereinafter “COMPANY”), and:_____, having an address of _____ - (hereinafter “CONTRACTOR”).

WHEREAS, COMPANY wishes to obtain the professional services offered by an independent contractor; and WHEREAS, CONTRACTOR wishes to provide professional services to COMPANY under the terms and conditions set forth in this AGREEMENT; NOW, THEREFORE in consideration of the mutual promises and covenants herein contained, the parties agree to the Articles as follows:

1. SCOPE OF WORK: COMPANY does hereby retain and engage CONTRACTOR in his/her professional capacity to provide housekeeping, janitorial & Maintenance services. CONTRACTOR shall be an independent contractor and shall be solely responsible for payment of all taxes and/or insurance as required by federal and state law.
2. PERIOD OF PERFORMANCE: Either party may terminate this agreement upon 1-week notice to the other. The duties of confidentiality shall remain in effect after termination.
3. COMPENSATION: COMPANY shall compensate CONTRACTOR for labor performed on agreed pay periods. Base on hours per week at a pay rate per hour of: \$_____, of services rendered by Creactiva, LLC.



4. EXPENSE REIMBURSEMENT. CONTRACTOR shall pay all “out-of-pocket” expenses, and shall not be entitled to reimbursement from COMPANY.
5. ASSIGNMENT. CONTRACTOR'S obligations under this Agreement may not be assigned or transferred to any other person, firm, or corporation without the prior written consent of COMPANY.
6. OWNERSHIP OF WORK PRODUCT/INTELLECTUAL PROPERTY: All patentable and unpatentable inventions, discoveries, ideas, source code, materials, and other intellectual property which are developed by CONTRACTOR for COMPANY under the terms of this AGREEMENT shall belong exclusively to COMPANY and COMPANY shall be the sole owner of all copyrights, patents, inventions, discoveries and trade secrets in the same, including the right to change, edit, and distribute same throughout the world.
7. CONFIDENTIAL INFORMATION: COMPANY agrees to make available to CONTRACTOR such information as is necessary for the fulfillment of the AGREEMENT. CONTRACTOR agrees to accept and hold CONFIDENTIAL INFORMATION obtained from COMPANY in confidence at all times during and after the termination of this AGREEMENT. CONTRACTOR shall not use nor disclose such information, unless, until and to the extent COMPANY shall consent thereto in writing, or such information, know-how, inventions, discoveries, and ideas are or shall become generally available to the public, or such a disclosure is otherwise required by law.
8. THIRD PARTY OBLIGATIONS: CONTRACTOR hereby represents to COMPANY that CONTRACTOR does not have any express or implied obligation to a third party which in any way conflicts with any of CONTRACTOR's obligations under this agreement. Where applicable, CONTRACTOR also represents that all employees and independent contractors that CONTRACTOR employs to do work for COMPANY are also bound to all of the provisions herein, and CONTRACTOR agrees to provide such evidence upon request.



9. NON-COMPETE AGREEMENT. Recognizing that the various items of Information are special and unique assets of COMPANY that need to be protected from disclosure, and in consideration of the disclosure of the Information, CONTRACTOR agrees and covenants that for a period of 2 years following the termination of this Agreement, whether such termination is voluntary or involuntary, CONTRACTOR will not directly or indirectly engage in any business competitive with COMPANY. This covenant shall apply to the geographical area that includes all of the State of Alabama. Directly or indirectly engaging in any competitive business includes, but is not limited to, (i) engaging in a business as owner, partner, or agent, (ii) becoming an employee of any third party that is engaged in such business, or (iii) becoming interested directly or indirectly in any such business, or (iv) soliciting any customer of COMPANY for the benefit of a third party that is engaged in such business. CONTRACTOR agrees that this non-compete provision will not adversely affect the livelihood of CONTRACTOR.
10. RETURN OF COMPANY MATERIALS: All written information, source code, drawings, documents and materials prepared by CONTRACTOR in the course of CONTRACTOR's services hereunder shall be COMPANY's sole and exclusive property, and will be delivered to COMPANY at any time upon request, and in any event no later than promptly after expiration or termination of this Agreement, together with all written information, drawings, documents and materials, if any, furnished by COMPANY to CONTRACTOR in connection with CONTRACTOR's services hereunder and not consumed by CONTRACTOR in the performance of such services.
11. VACATIONS AND PAID LEAVES – THE CONTRACTOR Is not entitled to any vacation time or paid leaves, if for any reason the Contractor needs to leave and have time off, it requires to inform the COMPANY who's going to cover the time off, this person needs to be on the system and approved by the COMPANY that can perform the duties of the job.



12. UNDER AGE – the CONTRACTOR cannot bring any under age people to the job sites, and any non authorize individual's that are not in the company system of people approved to work.
13. UNIFORM AGREEMENT, KEY AGREEMENT, HAZCOM RIGHT TO KNOW, SHOE PROGRAM, have to abide with current COMPANY policies on the General employment policies and practices agreement.
14. WARRANTIES AND LIABILITY OF CONTRACTOR: In performing the work under this Agreement, Contractor shall only use authorized materials in the content created for the Company, and shall not use the copyrighted works of third parties unless the Contractor has obtained the necessary written permission from the copyright owner and provides such evidence of permission to Company. Contractor shall indemnify and hold Company harmless from liability that Company is exposed to as a result of Contractor knowingly performing an illegal act while performing the work under this Agreement, or by the Contractor intentionally including the copyrighted materials of third parties in the work produced for the Company. Other than these provisions and obligations stated herein, there are no other warranties being made by Contractor to Company that the work produced by Contractor for Company will produce any particular result. Company acknowledges that its use of the work produced by the Contractor at its own risk, and that the work may or may not result in increased sales or other benefits for Company.
15. WARRANTIES AND LIABILITY OF COMPANY: Except for liability scenarios where Contractor owes a duty to indemnify Company as described herein, the Company shall indemnify and hold Contractor harmless from any and all liability resulting from Company's use of the work produced by Contractor under this Agreement.
16. AGREEMENT BINDING ON SUCCESSORS: This Agreement shall be binding upon and shall inure to the benefit of the parties hereto, their heirs, administrators, successors and assigns.



17. WAIVER: No waiver by either party of any default shall be deemed as a waiver of any prior or subsequent default of the same or other provisions of this Agreement.

IN WITNESS WHEREOF, both COMPANY and CONTRACTOR have hereunto accepted and executed this AGREEMENT as of the date indicated below.

CreActiva Representative

Contractor

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

AGREEMENT SPECIFICS:

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of uncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

IBERIABANK ACCOUNT APPLICATION FORM**INTERNAL USE ONLY** (R 2015/11)
Accounts #:

Select the accounts you wish to open:

* Required

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Freedom Checking | <input type="checkbox"/> Freedom Checking (Student Waiver) | <input type="checkbox"/> Elite Checking | <input type="checkbox"/> High Interest Money Market |
| <input type="checkbox"/> Classic Checking | <input type="checkbox"/> Bank at Work Everyday Checking | <input type="checkbox"/> Statement Savings | |
| <input type="checkbox"/> High Interest Checking | <input type="checkbox"/> Bank at Work Interest Checking | <input type="checkbox"/> Select Money Market | |

Please complete the application in full and print clearly:

Number of applicants applying for an account: ☐ One ☐ Two

Personal Details	Applicant 1 (Primary Account Owner)	Applicant 2
Full Name*		
Street Address Line 1*		
Street Address Line 2		
City*		
State*		
Zip Code*		
Date of Birth*		
Phone Number*		
E-mail Address*		
Gov't Issued Photo ID # and Type*	#: Type:	#: Type:
Issue/Expiration Dates*	Issue: Expiration:	Issue: Expiration:
SSN/TIN*		
Employer		

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money-laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I certify under penalties of perjury the information provided above and that I am a U.S. person (including a U.S. resident alien). The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required signature is satisfied. The undersigned personally agree to the terms of, and acknowledges receipt of copy of the following:

- | | | | | |
|--|---|--|--|---|
| <input checked="" type="checkbox"/> Terms and Conditions | <input checked="" type="checkbox"/> Privacy Notice | <input checked="" type="checkbox"/> Truth in Savings | <input checked="" type="checkbox"/> Bounce Protection Privilege | <input checked="" type="checkbox"/> Rate and Fee Schedule |
| <input checked="" type="checkbox"/> Electronic Funds Transfers | <input checked="" type="checkbox"/> Substitute Checks | <input checked="" type="checkbox"/> Funds Availability | <input checked="" type="checkbox"/> What You Need to Know About Overdrafts | |

Signature(s):

[

]]

]

I want to start using my checking account right away:

- | | | |
|--|---|---|
| <input type="checkbox"/> I want to order checks. | <input type="checkbox"/> I want a FREE Visa Debit Card. | <input type="checkbox"/> I want FREE Online Banking and Bill Pay. |
|--|---|---|

I am also interested in:

- | | |
|---|--|
| <input type="checkbox"/> CD | <input type="checkbox"/> Mortgage, Home or other Personal Loan |
| <input type="checkbox"/> Health Savings Account | <input type="checkbox"/> Investments/Wealth Management |
| <input type="checkbox"/> Holiday Savings | <input type="checkbox"/> Retirement Planning |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Safe Deposit Box |

All products and services are subject to approval, including credit approval.

Member
FDIC



What You Need to Know about Overdrafts and Overdraft Fees

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we pay it anyway. We can cover your overdrafts in two different ways:

1. We have standard overdraft practices that come with your account.
2. We also offer overdraft protection plans, such as a link to a savings account or personal line of credit, which may be less expensive than our standard overdraft practices. To learn more, ask us about these plans.

This notice explains our standard overdraft practices.

What are the standard overdraft practices that come with my account?

We do authorize and pay overdrafts for the following types of transactions:

- Checks and other transactions made using your checking account number
- ACH transactions
- Automatic bill payments

We will not authorize and pay overdrafts for the following types of transactions unless you ask us to (see below):

- ATM transactions
- Everyday debit card transactions

We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction.

If we do not authorize and pay an overdraft, your transaction will be declined.

What fees will I be charged if IBERIABANK pays my overdraft?

Under our standard overdraft practices:

- A fee of \$35 may be charged each time an overdraft item is paid or returned.
- A fee of \$35 will not be charged for declined ATM or non-recurring debit card transactions.
- We will not charge you more than six (6) fees per day for overdrawing your account.

What if I want IBERIABANK to authorize and pay overdrafts on my ATM and everyday debit card transactions?

If you also want us to authorize and pay overdrafts on ATM and everyday debit card transactions, please let us know:

- By mail – complete the form below and mail it back to us
- In person – stop in at any of our convenient branch locations
- By phone – give us a call at 1-800-682-3231

_____ I want IBERIABANK to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ I do not want IBERIABANK to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Checking Account Number(s): _____

Client's Printed Name: _____

Client's Signature: _____

Date: _____



Be Creative, Be Active... Be CReactiva
www.creativagroup.com

1400 Urban Center Drive, Ste. 115,
Vestavia Hills, AL 35242.

Waiver of health coverage

I acknowledge that I have been offered the opportunity to purchase health coverage from CReactiva LLC thru Blue Cross & Blue Shield of Alabama for myself and my dependents through my employer.

I decline enrollment at this time because:

- ☐ I have other medical coverage provided by:
- ☐ Insurance company name: _____ Policy no. _____
- Through (employer name): _____
- ☐ I do not wish to enroll myself in any type of medical coverage at this time.
- ☐ I do not wish to enroll my ☐ spouse ☐ child(ren) in any type of medical coverage at this time.

If you are declining enrollment for yourself or dependents (including your spouse) because of other health care coverage, you may enroll yourself or your dependents in this plan prior to the next open enrollment period (under certain circumstances). To do this, you must have involuntarily lost your other coverage and we must receive your enrollment application within 30 days after your other coverage ended. Additionally, if you have new dependents as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependents, provided we receive your completed enrollment application within 60 days after the marriage, birth, adoption, or placement for adoption.

Printed name: _____

Signature: _____ Date: _____

Name of employer: _____



UNIFORM AGREEMENT FORM

My signature below indicates that I have been assigned the following articles of clothing to be worn during my working hours with CREATIVA LLC

Employee Name:

Social Security No.:

Uniform Item	Date Issued	Date Returned	Signature

I understand that I am accountable for all uniform items issued to me. If a particular item is lost or damaged due to my negligence, I will be required to reimburse CREATIVA for the value of the lost or damaged items. I also understand that upon my termination, whether voluntary or involuntary, I will be responsible for returning the above clothing, or the cost of the items will be deducted from my final paycheck. When I return my uniform I will sign a receipt. I will be given a copy of the receipt for my records. I understand that without this receipt I will still be responsible for the cost of the uniform, which shall be withheld, from my final pay. Return of the uniform after such a deduction will not result in reimbursement to me.

MORE THAN ONE SHIRT POLICY

CREACTIVA, will provide one polo short with the logo of the working property, the second polo shirt will be at 50% of the cost; the employee portion of the cost of the second shirt shall be with held from the employees pay. If the employee requires a third shirt, it will be deducted from their paycheck dividing the total cost in two payments, that will be deducted from the employee's paycheck.

THE COST OF THE POLO SHIRT IS:

Employee Signature

Date

Employee Print Name

Manager Signature

Date

MANDATORY SHOE PROGRAM

I understand the company has a mandatory shoe program. The required shoe is any black shoe with a slip-resistant sole. I understand that as a condition of my employment, I must purchase the above shoe. If I do not purchase the above shoe in a two-week period from my start date, then I will be deemed to have resigned, and the company will no longer employ me.



Employee Name:

Social Security No.:

Employee Signature

Date

Employee Print Name

Manager Signature

Date

HAZCOM / Right to Know

My signature below certifies that, in accordance' with the 1986 Hazardous Materials Communications Law, also known as the Employee Right to Know Act of 1986, the Company has provided me with the following training:

- The location of the MSDS file.
- Information in the MSDS.
- Location of the company's written hazardous communication program.
- The labels on each chemical.
- What the chemicals we use in the job site look like. ·
- What the chemicals we use in the job site smell like.
- Physical and health hazards of the chemicals we use in this job site, including Fire Hazard, Health Hazard, Reactivity Hazard, and Special Hazard.
- Ways to protect myself when using chemicals.

The Company has provided training and a reference manual in compliance with the 1986 Hazardous Materials Communication Law, also known as the Employee Right to Know . Act of 1986 G). I have received training and information concerning hazardous materials at the work place and am aware of the referenced material available for my review.

Employee Name:

Social Security No.:

Employee Signature

Date

Employee Print Name

Manager Signature

Date

EEOC Self Identification

The information requested below is used by the Company only to complete the annual U.S. Equal Opportunity Commission "Employer Information Report EEO-1" as required under Federal Law, 29 CFR Section 1602.7, and for the administration of civil right laws and regulations. In order to comply with these laws, we are requesting your cooperation in completing the EEO Self-Identification form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse action.

Name: (please print) _____

Position applied for: _____

Signature: _____ Date: _____

Please check the appropriate box: ☐ Male ☐ Female

RACE/ETHNICITY:

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

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

OR

☐ I decline to provide the Company with the requested information.

Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports

Section I: Disclosure

CREACTIVA LLC - Commercial Services - (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a Consumer Report, and all inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency — **GoodHire, LLC. – P.O. Box 391403 Omaha, NE 68139 | 1-888-906- 7351 | support@goodhire.com**. As a result, GoodHire may obtain a Consumer Report on you as an applicant or during employment.

A consumer report is a compilation of information that might affect your employability. The scope of the report **may** include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

Should an employer rely upon a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as "a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee."

Section II: Authorization and Release

I have carefully read and understand this Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as GoodHire, LLC., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the Company.

☐ I authorize GoodHire and its agents to contact my current employer if necessary to verify my current employment status.

Applicant Name: _____

Applicant Email: management@creactivagroup.com

Applicant Signature: _____

Date: _____

☐ If you are resident of, or performing jobs located in, California, Minnesota, Oklahoma, Massachusetts or New York, check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com.

Section III: Additional State Law Notices

If you reside in, or are seeking work in any of the following states, please review these additional notices:

California: You have the right to view your file that a Consumer Reporting Agency holds. By providing proper identification and duplication cost, you may obtain a copy of this information in person at the Consumer Reporting Agency's regular business hours and after providing reasonable notice for your request. Additionally, you can make the same request via mail or over request a summary of the file over the phone. The Consumer Reporting Agency can assist you in understanding your file, including coded information. You are allowed to have one additional person accompany you so long as they provide proper identification.

Maine: You have the right to ask and know whether a company ordered a background check on you. You can request the name, address, and telephone number of the nearest Consumer Reporting Agency office. Your request will be processed and sent to you in 5 business days.

Massachusetts: You have the right to obtain a copy of any of your consumer reports that your company has ordered on you by contacting the Consumer Reporting Agency for a free copy.

New York: By submitting a written request, you can learn whether a company has run a background check on you. You are allowed to inspect and order a copy of the report by directly contacting the Consumer Reporting Agency. If you have been convicted of one or more criminal offenses, you can request the company to provide a written statement declaring the reasons for the refusal of hire. This statement must be provided to you within 30 days of your request.

Washington State: After submitting a written request and waiting a reasonable amount of time after receiving the disclosure, you have the right to receive a complete and accurate disclosure of the nature and scope of any "investigative" consumer reports requested by an agency. The Washington Fair Credit Reporting Act requires Consumer Reporting Agencies to provide you a summary of your rights and remedies upon request. Any information requested by a company that deals with credit worthiness, credit standing or capacity is justified in order for employers to evaluate whether you present a risk for theft or dishonest behavior for the job you are being considered for.

Section IV: A Summary of Rights Under The FCRA

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: **Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a Consumer Reporting Agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identity theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the Consumer Reporting Agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a Consumer Reporting Agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A Consumer Reporting Agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A Consumer Reporting Agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to <http://www.ftc.gov/credit>.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit <http://www.ftc.gov/credit>.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051



New Team Member Checklist

EMPLOYEE INFORMATION

Name: _____ Start date: _____
Position: _____ Manager: _____

FIRST DAY

- ☐ Provide employee with New Employee Workbook.
- ☐ Assign "buddy" employee(s) to answer general questions.

POLICIES

- ☐ Review key policies.
 - Anti-harassment
 - Vacation and sick leave
 - Leaves of absence
 - Holidays
 - Time and leave reporting
 - Overtime
 - Performance reviews
 - Dress code
 - Personal conduct standards
 - Progressive disciplinary actions
 - Security
 - Confidentiality
 - Safety
 - Emergency procedures
 - Visitors
 - E-mail and Internet use

ADMINISTRATIVE PROCEDURES

- ☐ Review general administrative procedures.
 - Office/desk/work station
 - Keys Log
 - Radio Log
 - Porter Assignment List
 - Employee Sign/Sign Out
 - Restrooms Cleaning Logs
 - Telephones
 - Porter Cycle Logs
 - Conference rooms
 - Picture ID
 - Expense reports
 - Office & Chemical supplies

INTRODUCTIONS AND TOURS

- ☐ Give introductions to department staff and key personnel during tour.
- ☐ Tour of facility, including:
 - Restrooms
 - Mail rooms
 - Food Court
 - Vending machines
 - Bulletin board
 - Parking
 - North Side
 - Office supplies
 - South Side
 - Coffee/vending machines
 - Cafeteria
 - Emergency exits and supplies

POSITION INFORMATION

- ☐ Introductions to team.
- ☐ Review initial job assignments and training plans.
- ☐ Review job description and performance expectations and standards.
- ☐ Review job schedule and hours.
- ☐ Review payroll timing, time cards (if applicable), and policies and procedures.

COMPUTERS

- ☐ Hardware and software reviews, including:
 - Clock in & Clock Out System
 - Cell phone Usage
 - Internet
 - Databases
 - Internet