

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You're single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You're married, have only one job, and your spouse doesn't work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____
<div style="display: flex; align-items: center;"><div style="flex: 1;">For accuracy, complete all worksheets that apply.</div><div style="flex: 2; border-left: 1px solid black; padding-left: 10px;"><ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>		

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

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

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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

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

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

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



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

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

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name Proline Interiors Inc.	
Employer's Business or Organization Address (Street Number and Name) 6510 Boulder Ranch Ave.			City or Town Henderson	State NV	ZIP Code 89011

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

PROLINE INTERIORS

ACOUSTICAL CEILINGS, FRAMING, DRYWALL, & PAINTING

PROLINE INTERIORS APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Date: _____

Proline Interiors, Inc. considers all applications for employment without regard to race, color, religion, sex, national origin, age disability or status as a Vietnam-era or special disabled veteran in accordance with applicable State and Federal Law.

NAME	SOCIAL SECURITY	DATE OF BIRTH
------	-----------------	---------------

CURRENT ADDRESS	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

CELL #	PHONE #	Emergency Contact
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Are you over the age of 18? () YES () NO If not, state your age _____

If under 18, do you have working papers? () YES () NO

Date you can start: _____

Have you ever been employed by us? () YES () NO If yes, when? _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? () YES () NO If yes, please explain: _____

*Have you ever been convicted of a crime? () YES () NO

If yes, state the nature of offense, when, where and disposition. _____

* A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, Proline Interiors, Inc. will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization. It will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer.

☐ All Employers

☐ Current Employers Only

State the name of any relative employed with us _____

RECORD OF EDUCATION

Name & Address of School	Course of Study	No. Of Years Completed	Did you Graduate?	Diploma or Degree Received

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? ☐ YES ☐ NO

If yes, list duties in the Service, including special training that is relevant to the position for which you have applied. _____

PRIOR WORK HISTORY

Please list in order with current or last employer first, the last three (3) places of employment.

Dates From	To	Name, Address & Telephone # of Employer	Reason for Leaving

PERSONAL REFERENCES (EXCLUDING RELATIVES)

NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN

EMPLOYEE RIGHTS AND RESPONSIBILITIES

The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. **But it is up to you to make sure that job safety works.** Here are some tips to help you stay safe on the job.



Know and follow all safety rules set by:

- + Your employer
- + The Nevada Occupational Safety and Health Act
- + State of Nevada Occupational and Health Administration (NVDOSH)

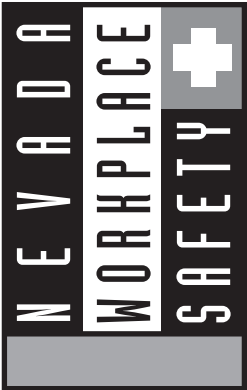
You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at www.4safenv.state.nv.us.

Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or hearing protection, **you are responsible to wear and/or use the equipment.**

If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

If you see something that's unsafe, report it to your supervisor. That's part of your job. Give your employer a chance to fix the problem. **If you think the unsafe condition still exists, it is your right to file a complaint with NVDOSH.** The Division will not give your name to your employer.



Stop and Learn Your Rights and Responsibilities

The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.



WORKPLACE SAFETY IS EVERYONE'S RESPONSIBILITY.

I have (check one) ☒ read this document or ☐ viewed the video, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) _____ Date _____

Employee's Signature _____

Place of Viewing Video _____

Employer's Name (please print) Proline Interiors Inc.

Employer's Signature (or representative) _____

Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

Las Vegas: (702) 486-9140

Reno: (775) 688-3730

Elko: (775) 778-3312

Toll-Free: (877) 472-3368

Note: This portion must be maintained in the employee's personnel file

There are laws that **protect** you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with NVDOSH.

Most on-the-job injuries are covered by Workers' Compensation Insurance. From cuts and bruises to serious accidents, coverage begins the first minute you're on the job.

It is your responsibility to report any on-the-job injury immediately to your supervisor or foreman using "The Notice of Injury or Occupational Disease" (C-1 Form). Your employer must file an "Employer's Report of Injury" (C-3 Form) within six working days after the receipt of a "Claim for Compensation" (C-4 Form) from a physician or chiropractor.

But remember, filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

If there is a dangerous situation at work and an employee, with no reasonable alternative, refuses in good faith to expose themselves to a dangerous condition, they would be protected from subsequent retaliation. The condition must be of such a nature that a reasonable person would conclude that there is a real danger of death or serious harm and that there is not enough time to contact NVDOSH and for NVDOSH to inspect. Where possible, the employee must have also sought from the employer, and been unable to obtain, a correction of the condition.

During a NVDOSH inspection, you have the right to talk privately with the inspector and take part in meetings with the inspector before and after the inspection. You are encouraged to point out hazards, describe injuries and illnesses from these hazards, discuss past worker complaints and inform the inspector of working conditions that are not normal during the inspection. If after the inspection citations are proposed to the employer, the employer is required to post the citations where employees can see them.

EMPLOYER RIGHTS AND RESPONSIBILITIES

Safety Consultation and Training Section (SCATS) was created to assist employers in complying with Nevada laws which govern occupational safety and health. They are available to provide a workplace hazard assessment. This service can assist employers in minimizing on-the-job hazards, and is provided at **no charge**. The Division also offers no cost safety training and informational programs for Nevada employers.

A Nevada employer with 11 or more employees must establish a written workplace safety program. A safety committee is required if you have more than 25 employees or if an employer's employees are engaged in the manufacturing of explosives.

You must maintain a workplace that is free from unsafe conditions.

As an employer you are responsible for complying with all Nevada safety and health standards and regulations found in the:

- + Nevada Occupational Safety and Health Act
- + Occupational Safety and Health Standards and Regulations

Copies of all occupational safety and health standards and regulations are available from the Division of Industrial Relations (SCATS and NVOSHA) or on the web at www.4safenv.state.nv.us.

You are also responsible for ensuring that your employees comply with these same rules, standards and regulations. **You must select someone to administer and enforce**

occupational safety and health programs in your workplace.



Before assigning an employee to a job, you must provide proper training in a language and format that is understandable to each employee:

- + Safe use of equipment and machinery
- + Personal protective gear
- + Hazard recognition
- + Emergency procedures
- + Hazardous chemicals and substances found at the jobsite or in the workplace

You must also inform all employees of the safety rules, regulations and standards which apply to their respective duties.

It is your responsibility to maintain accurate accident, injury and safety records and reports. These files must be made available, upon request, to the affected employee and representatives of NVOSHA.

The Nevada Safety and Health Poster, provided by the Division of Industrial Relations, **must be posted** in a prominent place on the job site.

Any accident occurring in the course of employment which is fatal to one or more employees or which results in hospitalization of three or more employees must be reported by the employer orally to the nearest NVOSHA office within 8 hours after the time that the accident is reported to any agent or employee of the employer.

Employers must acquire and maintain Workers' Compensation Insurance at all times. You are responsible for filing any workers' compensation claims with your employer.

Additional employer responsibilities:

- + Perform tests such as air sampling and noise monitoring.
- + Prevent employee exposure to harmful substances to include chemicals, lead, asbestos, and sharps.
- + Provide hearing exams, medical testing, fall protection, machine guarding, cave-in and confined space safety equipment and protection, respirators, personal protective equipment, etc., as required by NVOSHA and OSHA standards.

The law requires that employers shall provide newly-hired employees with a copy of this document or with a video setting forth the rights and responsibilities of employers and employees to promote safety in the workplace.

Employers shall keep a signed copy of the attached receipt in the employee's personnel file to show he or she has been made aware of these rights and responsibilities.



ADDITIONAL INFORMATION

If you require further information or would like to obtain copies of safety and health standards, videos of this pamphlet in English and Spanish or more copies of the pamphlet, contact the following:

State of Nevada Department of Business & Industry Division of Industrial Relations Safety Consultation and Training Section

In Southern Nevada	In Northern/Central Nevada
1301 N. Green Valley Parkway Suite 200 Henderson, NV 89074 (702) 486-9140 Fax: (702) 990-0362	4600 Kietzke Lane Suite E-144 Reno, NV 89502 (775) 688-3730 Fax: (775) 688-1478

In Northeastern Nevada	Or Call, Toll-Free
350 West Silver Street Suite 210 Elko, NV 89801 (775) 778-3312 Fax: (775) 778-3412	1 (877) 4SAFENV (472-3368) www.4safenv.state.nv.us

State of Nevada Department of Business & Industry Division of Industrial Relations NVOSHA










In Southern Nevada	In Northern Nevada
1301 N. Green Valley Parkway Suite 200 Henderson, NV 89074 (702) 486-9020 Fax: (702) 990-0358	4600 Kietzke Lane Suite F-153 Reno, NV 89502 (775) 688-3700 Fax: (775) 688-1378

A video of this information is available in English and Spanish through the Division of Industrial Relations, Safety Consultation and Training Section. This document may be copied. For additional copies, contact the Division of Industrial Relations or visit www.4safenv.state.nv.us.

Hazard Communication Standard Pictogram

The Hazard Communication Standard (HCS) requires pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

HCS Pictograms and Hazards

Health Hazard  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	Flame  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	Exclamation Mark  <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder  <ul style="list-style-type: none"> • Gases Under Pressure 	Corrosion  <ul style="list-style-type: none"> • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals 	Exploding Bomb  <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle  <ul style="list-style-type: none"> • Oxidizers 	Environment (Non-Mandatory)  <ul style="list-style-type: none"> • Aquatic Toxicity 	Skull and Crossbones  <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

For more information:



U.S. Department of Labor



www.osha.gov (800) 321-OSHA (6742)

Proline Interiors

New Hire Safety Orientation ACKNOWLEDGEMENT

I have had an opportunity to read, discuss and understand the written **Proline Interiors Safety Program**. I will follow all the company safety rules, refer safety questions and concerns to my immediate supervisor, report accidents, on-the job injuries, unsafe conditions and practices promptly, participate in all safety training sessions, utilize appropriate personal protective equipment, and think safety and work safely.

Signed this _____ of _____, _____
(Day) (Month) (Year)

Print Name: _____

Signature: _____

PROLINE INTERIORS

SUBSTANCE ABUSE AND TESTING POLICY
ACKNOWLEDGEMENT

I have had an opportunity to read, discuss and understand the written Proline Interiors Substance Abuse Policy and Substance Abuse Testing Policy.

Signed this _____ of _____, _____
(Day) (Month) (Year)

Print Name: _____

Signature: _____

PROLINE INTERIORS

ACOUSTICAL CEILINGS, FRAMING, DRYWALL, & PAINTING

COMPANY POLICIES AND RULES

All Proline Interiors, Inc. employees are **REQUIRED** to wear the following items on all job sites: **work boots, pants, a hard hat, and safety goggles. Employees must wear a safety green shirt or vest at all times.** It is **MANDATORY** that all employees have this required safety equipment. If you do not have these items you can be written up.

All employees are REQUIRED to have the tools to perform the position for which they are hired. If you do not own the tools required for your position, they need to be purchased within thirty (30) days of this notice.

Work starts at 6:00am to 2:30pm. Break is from 9:00am to 9:15am with lunch at 12:00pm to 12:30pm. Unless otherwise notified by Sam Cain of time changes.

There are absolutely **NO DRUGS OR ALCOHOL** permitted on any job site. Any employee found in possession or intoxicated with any drug and/or alcohol **WILL** be terminated.

Each employee is **REQUIRED** to have a means of transportation to each job site. If an employee is driving their own vehicle, they **MUST** have a **valid driver's license** and **insurance** on their vehicle.

Our **no call/no show policy**: If you do not call Bobby Hellebrand at 702-420-0461 or if you do not call our office at 702-294-4030 before the time you are scheduled to be at work. After 3 warnings for no call no show you will be terminated.

Employees are required to fill out their own timecards. All time cards must be turned in every Friday. Proline pays weekly Direct Deposits only. Please set up your account at Paychecks.Intuit.com to get your pay stubs online.

If you don't have bank account for direct deposit, you will be given a Global Cash Card. Please do not stop by the office to pick up your check.

I HAVE READ AND UNDERSTAND THE COMPANY'S POLICIES AND RULES:

Print name: _____

Signature: _____ **Date:** _____

Health/Dental Insurance Notification

Proline Interiors Inc. offers health and dental insurance after you have been employed for two (2) months. You will be responsible for completing all health and dental insurance paperwork and returning it to the office two weeks before you are eligible.

_____ is eligible for Health and Dental Insurance
on _____. I understand that I must come to the
office to fill out the necessary paperwork by _____.

I also understand that if I do not fill out the necessary forms by the date above
that I chose to waive the insurance and will not be eligible to obtain insurance
until January 2018.

Employee Signature

Date

Proline Interiors
Benefit Election Form / Weekly Payroll Deductions
Plan Year: 1/1/2017 – 12/31/2017

Employee Name: _____ Date of Hire: _____

SSN: _____ Date of Birth: _____ Gender: M F Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Dependent Information:

	Name (Last, First, MI)	Gender	Date of Birth	SSN	Medical	Dental	Vision
Spouse					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL (HPN/SHL):

<p><u>HMO Bronze 25/6000/100% Payroll Deduction:</u></p> <p><input type="checkbox"/> Employee Only \$19.97</p> <p><input type="checkbox"/> Employee + Spouse \$76.87</p> <p><input type="checkbox"/> Employee + Child(ren) \$71.18</p> <p><input type="checkbox"/> Family \$145.14</p> <p><u>PPO Silver 35/4500/70% Payroll Deduction:</u></p> <p><input type="checkbox"/> Employee Only \$46.88</p> <p><input type="checkbox"/> Employee + Spouse \$130.67</p> <p><input type="checkbox"/> Employee + Child(ren) \$122.29</p> <p><input type="checkbox"/> Family \$231.23</p>	<p><u>HMO Gold 25 Payroll Deduction:</u></p> <p><input type="checkbox"/> Employee Only \$51.56</p> <p><input type="checkbox"/> Employee + Spouse \$140.03</p> <p><input type="checkbox"/> Employee + Child(ren) \$131.19</p> <p><input type="checkbox"/> Family \$246.21</p> <p><u>PPO Gold 30/1000/70% Payroll Deduction:</u></p> <p><input type="checkbox"/> Employee Only \$60.69</p> <p><input type="checkbox"/> Employee + Spouse \$158.31</p> <p><input type="checkbox"/> Employee + Child(ren) \$148.55</p> <p><input type="checkbox"/> Family \$275.46</p>
<input type="checkbox"/> Elect <input type="checkbox"/> Decline* Initials: _____	
*Reason for Decline: <input type="checkbox"/> Individual Coverage <input type="checkbox"/> Covered through Spouse <input type="checkbox"/> Covered through Parents <input type="checkbox"/> Other _____	

DENTAL (Principal):

<p><input type="checkbox"/> MAC Plan</p> <p><u>100/80/50 \$1,500 Max Payroll Deduction:</u></p> <p><input type="checkbox"/> Employee Only \$5.52</p> <p><input type="checkbox"/> Employee + Spouse \$12.59</p> <p><input type="checkbox"/> Employee + Child(ren) \$11.88</p> <p><input type="checkbox"/> Family \$19.71</p>	<p><input type="checkbox"/> UCR Plan</p> <p><u>100/80/50 \$1,500 Max Payroll Deduction:</u></p> <p><input type="checkbox"/> Employee Only \$8.30</p> <p><input type="checkbox"/> Employee + Spouse \$18.40</p> <p><input type="checkbox"/> Employee + Child(ren) \$17.24</p> <p><input type="checkbox"/> Family \$28.41</p>
<input type="checkbox"/> Elect <input type="checkbox"/> Decline Initials: _____	

VISION (Principal):

<u>\$10/\$25 12/12/24</u> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Family	<u>Payroll Deduction:</u> \$1.58 \$3.56 \$3.37 \$5.71	<input type="checkbox"/> Elect <input type="checkbox"/> Decline Initials: _____
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I understand that (for my participation Proline Interior's Flexible Benefit Plan):

- (1) If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my compensation redirected will automatically be adjusted to reflect that increase or decrease.
- (2) Prior to the first day of each plan year I will be offered the opportunity to change my benefit election for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my pre-tax benefit coverage then in effect for the new plan year. In addition, this compensation redirection agreement will continue by its terms in the amount of the required contribution for the benefit option.
- (3) I cannot change or revoke this taxable compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other events as the Plan Administrator determines will permit a change or revocation of an election).
- (4) The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

This agreement is subject to the terms of Proline Interior's Flexible Benefits Plan, as amended from time to time, shall be governed under applicable laws, and revokes any prior election and Taxable Compensation Redirection Agreement relating to such plan(s). By signing this form I agree to the terms and procedures listed herein.

Employee Signature

Date