



# NEW EMPLOYEE FORM



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

<b>LAST NAME</b>			<b>FIRST NAME</b>			<b>MIDDLE NAME</b>		
_____			_____			_____		
<b>STREET ADDRESS</b>				<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>
_____				_____		_____		_____
<b>HOME PHONE</b>		<b>CELL PHONE</b>		<b>EMAIL ADDRESS</b>				
_____		_____		_____				
<b>DATE OF BIRTH(mm/dd/yyyy)</b>					<b>SOCIAL SECURITY NUMBER</b>			
					-       -			
<b>EMERGENCY CONTACT #1</b>				<b>EMERGENCY CONTACT #2</b>				
Name		Phone		Name		Phone		
_____		_____		_____		_____		
Relationship				Relationship				
_____				_____				

### Equal Employment Opportunity Employee Questionnaire

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex or national origin.

Lexus is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose to not self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

**Invitation to Self-Identify: Please answer the following question:**

What is your race, ethnicity? Please mark the ONE box the best describes the race/ethnicity category with which you primarily identify.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Hispanic or Latino:</b> a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.   | <input type="checkbox"/> <b>White:</b> a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  |
| <input type="checkbox"/> <b>Black or African American:</b> a person having origins in any of the black racial groups of Africa.   | <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander:</b> a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.  |
| <input type="checkbox"/> <b>American Indian or Alaska Native:</b> a person having origins in any of the original peoples of North and South America (including Central America) who maintains tribal affiliation or community attachment. | <input type="checkbox"/> <b>Asian:</b> a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> <b>Two or More Races:</b> a person who primarily identifies with two or more of the above Race/ethnicity categories.   |   |

### FOR MANAGEMENT AND PAYROLL DEPARTMENT USE ONLY

MARITAL STATUS: <input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> MARRIED WITHHOLD @ HIGHER SINGLE RATE	# OF EXEMPTIONS: _____	Additional Tax: \$ _____
W-4 ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	I-9 ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO	DD214 ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DIRECT DEPOSIT ON FILE: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> REQUESTED ALINE CARD	WOTC QUESTIONNAIRE TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	CODE: _____	
BACKGROUND CHECK (SHALL BE DEDUCTED FROM FIRST PAY): <input type="checkbox"/> PA \$20				
<input type="checkbox"/> WV \$32.50				
<input type="checkbox"/> OH \$40 (FINGERPRINT REQUIRED)				
<input type="checkbox"/> KY <input type="checkbox"/> FL				
DATE OF INTERVIEW: _____	DATE OF HIRE: _____	FIRST DATE OF WORK: _____	POSITION: _____	ROP: _____
ADDITIONAL CERTIFICATIONS PROVIDED: <input type="checkbox"/> CPR				
<input type="checkbox"/> TRAFFIC CONTROL				
<input type="checkbox"/> FEMA: _____				
<input type="checkbox"/> OTHER: _____				
<input type="checkbox"/> DROPBOX				
<input type="checkbox"/> APPS DB				
<input type="checkbox"/> BACKGROUND: charged				
<input type="checkbox"/> BACKGROUND: complete				
<input type="checkbox"/> HUMANITY				
<input type="checkbox"/> WOTC HIRED				
<input type="checkbox"/> ADP				
<input type="checkbox"/> ADP CODE SENT: _____				
<input type="checkbox"/> WV-Fingerprint				



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

### Employment Application

1-844-LexusPS

Fax: 1-888-959-0324

Email: dani@lexusprotectionservices.com

#### Applicant Information

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First M.I.  
Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code  
Phone: ( ) E-mail Address: \_\_\_\_\_  
Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO   
Have you ever worked for this company? YES  NO  If yes, when?  
Have you ever been convicted of a felony? YES  NO

If yes, explain:

#### Education

High School: Address: \_\_\_\_\_  
From: To: Did you graduate? YES  NO  Degree: \_\_\_\_\_  
College: Address: \_\_\_\_\_  
From: To: Did you graduate? YES  NO  Degree: \_\_\_\_\_  
Other: Address: \_\_\_\_\_  
From: To: Did you graduate? YES  NO  Degree: \_\_\_\_\_

#### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

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 NO

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 NO

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 NO

**Military Service**

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

**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: \_\_\_\_\_

# Form W-4 (2016)

**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 2016 expires February 15, 2017. 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 cannot claim exemption from withholding if your 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 do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-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 2016. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you 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.

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

<p>Form <b>W-4</b> Department of the Treasury Internal Revenue Service</p>	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	<p>OMB No. 1545-0074</p> <h1 style="font-size: 2em;">2016</h1>
<p><b>1</b> Your first name and middle initial _____ Last name _____</p>		<p><b>2</b> Your social security number _____</p>
<p>Home address (number and street or rural route) _____</p>		<p><b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate.  <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>
<p>City or town, state, and ZIP code _____</p>		<p><b>4</b> 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"/></p>
<p><b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____</p>		<p><b>5</b> _____</p>
<p><b>6</b> Additional amount, if any, you want withheld from each paycheck _____</p>		<p><b>6</b> \$ _____</p>
<p><b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption.</p> <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> <p>If you meet both conditions, write "Exempt" here . . . . . ▶</p>		<p><b>7</b> _____</p>
<p>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.</p>		
<p><b>Employee's signature</b> (This form is not valid unless you sign it.) ▶</p>		<p><b>Date</b> ▶ _____</p>
<p><b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____</p>		<p><b>9</b> Office code (optional) _____ <b>10</b> Employer identification number (EIN) _____</p>

**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 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$12,600 if married filing jointly or qualifying widow(er)  
\$9,300 if head of household  
\$6,300 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2016 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 *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2016 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 2016. 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 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 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 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. 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>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

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

**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.")*

<b>Employee Info from Section 1</b>	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 <b>DRIVERS LICENSE</b>		Document Title <b>SOCIAL SECURITY CARD</b>
Issuing Authority		Issuing Authority		Issuing Authority <b>SS ADMINISTRATION</b>
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 style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 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				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative <b>Jammy S Crawford</b>		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <b>OFFICE ADMINISTRATOR</b>		
Last Name of Employer or Authorized Representative <b>CRAWFORD</b>		First Name of Employer or Authorized Representative <b>TAMMY</b>		Employer's Business or Organization Name <b>LEXUS PROTECTION SERVICES, LLC</b>	
Employer's Business or Organization Address (Street Number and Name) <b>135 TECHNOLOGY DRIVE, SUITE 200</b>			City or Town <b>CANONSBURG</b>	State <b>PA</b>	ZIP Code <b>15317</b>

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## WAGE PAYMENT ELECTION AND CONSENT FORM



**Lexus Protection Services, LLC**  
**2400 Ansys Drive, Suite 102 ♡ Canonsburg, PA 15317**  
**1-844-LexusPS (539-8777)**

Please return completed form to Tammy via email or fax: [tammy@lexusprotectionservices.com](mailto:tammy@lexusprotectionservices.com) / 1-888-959-0324

### EMPLOYEE INFORMATION *(print and complete all fields)*

First Name		Middle Initial	Last Name
Date of Birth (mm/dd/yyyy) ____ / ____ / ____		Social Security Number ____ - ____ - ____	
Residential Address <i>(PO Box is not allowed if electing ALINE Card as wage payment method)</i>			Apt # (if applicable)
City		State	Zip Code
Home Phone ( ) -	Mobile Phone ( ) -	Email Address	

### WAGE PAYMENT ELECTION

**Direct Deposit** *(indicate amount of deposit to each account type and provide account number)*

Direct Deposit #1    \$ \_\_\_\_\_    Direct Deposit #2    \$ \_\_\_\_\_    Direct Deposit #3    \$ \_\_\_\_\_

Checking     Savings                       Checking     Savings                       Checking     Savings

Bank \_\_\_\_\_                      Bank \_\_\_\_\_                      Bank \_\_\_\_\_  
 Routing # \_\_\_\_\_                      Routing # \_\_\_\_\_                      Routing # \_\_\_\_\_

Account # \_\_\_\_\_                      Account # \_\_\_\_\_                      Account # \_\_\_\_\_

**ALINE Card** *(indicate amount of deposit)* [NOTE: If you do not indicate ALINE Card as your wage payment election and you later activate the ALINE Card without signing a new election form, by activating the ALINE Card, you are confirming your election and consent as stated below.]

*You must check one box:*

**Full Deposit:** I want to receive 100% of my full net pay on my ALINE Card every payday

**Partial Deposit:** I want to receive \$ \_\_\_\_\_ of my full net pay on my ALINE Card every payday

I confirm my authorization to be paid through the ALINE Card is fully voluntary. I acknowledge I have received and read the ALINE Card Fee Schedule, Cardholder Agreement, and Privacy Notice. I understand that in order to use the ALINE Card, I will need to accept and agree to the Cardholder Agreement and to pay the fees as indicated on the Fee Schedule by activating my ALINE Card. By electing ALINE Card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request an ALINE Card. **IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD 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 a Prepaid Card account, ADP may require your name,



address, date of birth, Social Security number, tax identification number and other information that will allow ADP to identify you. ADP may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.

**ALINE Check** – I understand that although I will be enrolled in the ALINE Pay Program, I am not required to activate or use an ALINE Card to use the ALINE Check to receive my full net pay. ALINE Check will be the default payment method if no other wage payment method is selected.

*You must check one box:*

I would like my employer to complete and authenticate the ALINE Check on my behalf each pay period.

I am willing to complete the ALINE Check on my own each pay period. I understand that each payday I will need to make the check payable to myself for my full net pay, date the check, call to authenticate the check and write the authentication code on the check prior to being able to cash the ALINE Check. (Please refer to the ALINE Check for more information on completing the ALINE Check.)

**CONSENT TO DEPOSIT WAGES**

I authorize my employer (or its payroll service provider) to initiate credit entries each pay date to deposit my pay (either net or a portion thereof) into the checking, savings or ALINE Card account selected in this election and consent (the "Account"). If funds to which I am not entitled are deposited to my Account, I authorize my employer (or its payroll service provider), to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to my employer (either directly or through its payroll service provider), to the extent permitted by applicable law. I will review my pay statement to ensure that my wages are being deposited correctly into my Account each payroll period. I understand that I can change my election at any time by contacting my employer and that this authorization replaces any previous authorizations and will remain in full force and effect until my employer (or its payroll service provider) has received written notification from me of its termination and my employer (or its payroll service provider) and the bank has had a reasonable opportunity to act on said termination.

**CONSENT TO ELECTRONIC PAY STATEMENTS**

I agree to receive and access all of my pay statements on or before each regular pay day electronically on the myALINE Website, a secure website, rather than receiving a paper statement, until I withdraw my consent. I understand that I may retain a copy of the pay statement by saving it to my computer or by printing a hard copy of it. I understand that I should not save my statement to a public computer as others may see my statement. (Note: Your statements will remain on the secure website for 3 years. If you want to retain a copy for a longer period, you must either print a copy or save an electronic copy.)

I understand that I may withdraw this authorization at any time. I acknowledge that the mere request for a paper pay statement will not be considered withdrawal of my consent. I understand this consent applies to pay statements furnished every pay period until my consent is withdrawn. (Note: The withdrawal of your consent will not be effective and you will not start receiving paper statements for 1 or 2 additional payroll cycles.)

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

\_\_\_\_\_  
Date

**Return this completed application form via fax to (888) 959-0324, or mail to:**

**Lexus Protection Services, Attention Tammy, 2400 Ansys Drive, Suite 102, Canonsburg, PA 15317**



I, \_\_\_\_\_, have been provided a copy of the Officer Code of Conduct/Policies & Procedures. I am in full understanding and acceptance of each of the policies and requirements contained within to include the following:

- Attendance Policy
- Harassment Policy
- Holiday Requirements
- Uniform Requirements
- Social Media Policy
- Confidentiality Agreement
- Training Requirements
- Weapons Policy
- Authorization & Release
- Background Investigation
- Employee Statement regarding Felony Convictions
- Drug-Free Workplace
- Sleeping on-the-job termination policy
- Employment Contract
- Hand Signal Training

I have been advised that all policies are available on Shift Planning (scheduling platform) and ADP Workforce (payroll platform) for my review/printing. All updates to these policies shall be/are posted in Shift Planning & ADP Workforce as well as all notices of changes and effective dates.

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

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

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

Witness Signature: \_\_\_\_\_

**Corporate Weapons Policy**

Lexus Protection Services has a strict NO WEAPONS policy.

Under no circumstance are any Lexus Protection Services employees permitted to carry a firearm or any other weapon onto company property, client property, any location where company meetings or training sessions etc. are occurring.

- ❖ Concealed carry permits do not negate this policy
- ❖ Those officers with Act 235 certification are only permitted to carry their weapon while on an armed detail. They must adhere to this company policy at all times when not on an armed detail.

I, \_\_\_\_\_, have read and understand fully the Weapons Policy of Lexus Protection Services. I further understand that shall I be found in breach of this policy at any time, my employment with Lexus Protection Services shall be terminated immediately. I also understand that a breach of this policy will result in local law enforcement being reported to.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Printed Name                                      Employee Signature                                      Date

**Authorization and Release**

I, \_\_\_\_\_ having filed an application with Lexus Protection Services, LLC hereby authorize Lexus Protection Services, LLC or agent thereof, to conduct a background investigation on myself in connection with my application for employment with same.

I further authorize and request every medical doctor, social official, law enforcement official, court official, and every other person, firm, officer, corporation, association, organization or institution having control of any documents, credit reports, records or other information, including personal opinion or evaluation pertaining to me, to furnish the original or copies of such documents, records, or other information to said company or its representatives and to inspect and make copies of such documents, records, or other information, including, but not limited to, any and all medical reports, x-rays, clinical abstracts or transcripts of my scholastic record which may have been made or prepared pursuant to, or in connection with, any examination, consultant, test or evaluation of the undersigned.

I hereby release exonerate every medical doctor, school official, and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization and request made herein from any and all liability of every nature and kind. I am willing that a copy of this authorization be accepted with the same authority as the original.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Printed Name                                      Employee Signature Today's                                      Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                                      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Date of Birth                                      Social Security Number

If your name has changed through marriage or otherwise, print former names here: \_\_\_\_\_

**Background Investigations**

I, \_\_\_\_\_, understand that as a requirement of my employ with Lexus Protection Services, LLC a full criminal background investigation will be conducted on me with Sterling Infosystems, 6111 Oak Tree Boulevard, Independence, OH. I further understand and give full permission for a payroll deduction of \$20, \$32.50 or \$40 (depending upon my state of residence) will be applied to my first company pay check to cover the expense of said background investigation.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Officer Signature (Employee)                                      Date

\_\_\_\_\_  
Officer Printed Name (Employee)

**Employee Statement**

I have never been convicted of a felony offense, a crime involving moral turpitude or any of the following:

- 1. Illegally using, carrying or possessing a pistol or dangerous weapon
- 2. Making or possessing burglars' instruments
- 3. Buying or receiving stolen property
- 4. Unlawful entry of a building
- 5. Aiding escape from prison
- 6. Unlawfully possessing or distributing habit forming narcotic drugs
- 7. Picking pockets or attempting to do so
- 8. Soliciting any person to commit sodomy or other lewdness
- 9. Any person whose private detective or investigators license was revoked or an application for such denied by the Court of Common Pleas or by the authorities of any other state or territory because of any crimes or offenses specified in this section
- 10. Recklessly endangering another person
- 11. Terroristic threats
- 12. Committing simple assault

Initial Here: \_\_\_\_\_

If my employer requires me to carry a lethal weapon as an incidence of employment, I will obtain a Lethal Weapons Act 235 (P.O. 705, No. 235) prior to accepting the position.

Initial Here: \_\_\_\_\_

I believe I am of good character, competency and integrity and willing to accept the responsibilities as a Security Officer as defined by my employer.

Initial Here: \_\_\_\_\_

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

Lexus Witness: \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

This Confidentiality Agreement is entered into by and between Lexus Protection Services, LLC and the employee below for the purpose of preventing the unauthorized disclosure of Confidential Information as defined below. The parties agree to enter into a confidential relationship with respect to the disclosure of certain proprietary and confidential information during the time of employment.

- 1. Definition of Confidential Information. Confidential Information means any information or material which is proprietary to Lexus Protection Services. Confidential Information shall include: any information provided by LPS concerning business, technology and information of LPS and any third party with which the business enters into a relationship with, including but not limited to: business records and plans, trade secrets, technical data, product ideas, contracts, financial information, pricing structure, discounts, computer programs and listings, copyrights and intellectual property, strategic alliances, partners and customers and client lists.
  - a. The nature of the information and the manner of disclosure are such that a reasonable person would understand to be confidential, and as such, they should agree to protect the confidential information in a manner similar to the way they protect their own confidential information.
  - b. If Confidential Information is in written form, LPS shall label or stamp the materials with the word "Confidential" or some similar warning.

- c. If Confidential Information is transmitted orally, LPS shall promptly provide a writing indicating that such oral communication constituted Confidential Information.
- 2. Exclusions from Confidential Information. Obligations under this Agreement do not extend to information that is: (a) publicly known at the time of disclosure or subsequently becomes publicly known through no fault of LPS.; (b) learned by the LPS through legitimate means other than from their client's representatives; or (c) is disclosed by prior written approval.
- 3. Protection of Confidential Information. The recipient understands and acknowledges that the confidential information has been developed or obtained by the owner by the investment of significant time, effort and expense, and that the confidential information is a valuable, special and unique asset of the owner which provides the owner with a significant competitive advantage, and needs to be protected from improper disclosure.

Signed	Name	Date	Witness Initial
--------	------	------	-----------------

**Using Social Media – Keeping Safe and Legal**

Social media platforms are changing the way we work, interact and socialize. We all have access to social platforms and the democratization of the web has made each and every person within Lexus Protection Services, hereafter referred to as LPS, a potential publisher. LPS wants to empower our employees to use the social web in an effective and supportive way that gives our customers, colleagues and any external viewers the best possible understanding of who we are and what we do. It's a great way to engage and communicate, but there are also potential risks that we must all be aware of. If you are a user of social media and you engage in conversations online, then please observe these simple but effective guidelines on how to conduct yourself, have fun and stay safe:

- 1. Understand privacy settings... and use them.
  - a. We do not expect all of your social media use to be work-related, but be aware of what content is visible to your networks and who else might be able to see it. You are a representative of LPS on social media.
  - b. You should only allow access to those you really want to share information with. Remember that what you share with online "friends" may also be shared by them – and can quickly get out of your control.
  - c. Don't upload photos of colleagues unless you have their permission to do so.
  - d. If you are communicating with friends or any non-LPS people, be careful about what information about your work that you share as it might compromise your safety or the safety of a colleague or the business.
- 2. Stay safe.
  - a. Our work means we could be targeted by angry landowners, protestors and competitors. Don't put yourself, your colleagues or family at risk. Information about your work, your workplace or your home may be accessed and used to target you, so think carefully about what you put online.
  - b. Never talk about security processes, equipment, locations or procedures.
  - c. Be very careful when posting photographs that may identify you or your colleagues in your work environment or in uniform.

3. Stay legal.

- a. Be careful that what you post doesn't break the law or your contract of employment. Onsite photography is prohibited.
- b. Remember that you have signed confidentiality agreements as part of your employment contract, which prohibits you from giving away confidential information.
  - i. This includes (but isn't limited to) information about events, sales, financial information, number of employees, company strategy, or any other information that has not been publicly released by the company. It may also include restrictions on identifying your location, so be very careful about what you say about where you work.
- c. Remember that you are legally liable for anything you write or present online.
  - i. Employees can be disciplined by the company for commentary, content, or images that are defamatory, pornographic, harassing, libelous, that can create a hostile work environment or that may bring the company into disrepute.
  - ii. You could also be sued by colleagues, competitors, and any individual or company that views your commentary, content, or images as defamatory, pornographic, harassing, libelous or creating a hostile work environment.
  - iii. Your contract also prohibits you from selling any product or service that would compete with any of LPS's products or services unless you obtain permission in writing before you start. This includes, but is not limited to, training, books, products, and freelance writing.
  - iv. If in doubt, check. If you are unsure about whether information has been released publicly or doubts of any kind, speak with your manager before releasing information that could potentially harm our company, or our current and potential employees, partners, and customers.

4. Manage your own reputation.

- a. Build your own reputation. Be yourself. Care about what you are talking about. Add value to the conversation.
- b. Write what you know. Stick to your area of expertise and provide unique, individual perspectives on what's going on at LPS and in your part of the world.
- c. Google yourself. If you want to engage in social media or have done for some time it is always worth understanding what information, images and content is on the web that refers direct to you.
- d. Don't spam. Ever. Do feel free to link to other blogs and posts by both LPS employees and others but do not do it simply to spam the company name to others.
- e. Give credit where credit is due. Being a good citizen of the web does rely on attributing quotes and images to the original author / publisher. If you do this, others will do it for you. Also ensure all images you use are shareable so that others can pass on your work to other interested parties.
- f. Be a good conversationalist. Monitor and reply to comments in a timely manner, make sure you review comments to tweets and posts etc. regularly, you have an audience, don't alienate it.
- g. If you are having an emotional response to something, take a break and make sure it is an appropriate response – or show someone else first before you send it.

5. What's work and what's personal and good online manners?

- a. Social networks blur the lines between public and private, personal and professional. Just by identifying yourself as a LPS employee, you are creating perceptions about your expertise and that of the company.
- b. You can of course express your own opinion, but please make it clear that the opinion is yours and not the company's.

- c. The company logo and trademarks may not be used without explicit permission in writing from the company. This is to prevent the appearance that you speak for or represent the company officially. If you use the LPS logo it can lead people to believe that you are operating an "official" LPS capacity, so make sure you use the disclaimer and clearly show that it is personal and not the views of the company.
  - d. Speak up when you disagree. If you see something posted that you feel is derogatory, offensive or incorrect, respond or flag it up to your manager. Avoid becoming confrontational: others are also entitled to air their opinion, even if it does not match your own.
  - e. Social media is a great opportunity to show that we understand and acknowledge issues and deal with them appropriately – both as a company and as individuals.
  - f. Social media sites are a great way to share your thoughts, but sometimes there are more appropriate channels, particularly if you are not happy with something at work. If you have an issue with a colleague, manager or something that the company has done, there are internal channels that you can use, including your manager, your HR department, or even the owner of the company.
6. Sometimes mistakes happen...
- a. If you are concerned that you have made a mistake or error of judgement, then let your manager know as soon as possible. Don't ignore mistakes – the sooner it is addressed, the more likely the impact will be reduced.
  - b. If something you have done negatively impacts the company, the chances are we will have found it through monitoring anyway but always flag it up and together we can agree the best course of action.
  - c. Please observe these simple but effective guidelines on how to conduct yourself, have fun and stay safe when using social media.

In online social networks, the lines between public and private, personal and professional are blurred. Just by identifying yourself as a Lexus Protection Services employee, you are creating perceptions about your expertise and about LPS by our customers and the general public—and perceptions about you by your colleagues and managers. Do us all proud. Be sure that all content associated with you is consistent with your work and with Lexus' values and professional standards.

Signed	Name	Date	Witness Initial

**EMPLOYMENT CONTRACT**

BE IT KNOWN, that this AGREEMENT is entered into on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between Lexus Protection Service, (hereafter referred to as the "Employer"), located at 135 Technology, Canonsburg, Pennsylvania 15317

and \_\_\_\_\_, (hereafter referred to as the "Employee") residing at \_\_\_\_\_.

IN WITNESS THEREOF, the above parties wish to enter into this Agreement and express the need to define and set forth within this instrument the terms and conditions of employment of the above named employee by Lexus Protection Services.

THEREFORE, in consideration of the mutual covenants and agreed upon stipulations set forth below, it is hereby solemnly agreed upon and thus legally binding by the Employer and the Employee as follows:

## EMPLOYMENT

Lexus Protection Services, a company, operating at 135 Technology Drive, Canonsburg, Pennsylvania 15317, does hereby employ you as the employee, in the position of Security Officer, and the Employee does hereby agree to serve in such capacity, beginning and ending at such date and time the Employee's employment may be terminated in accordance with below listed Termination of Agreement clause.

## PERFORMANCE OF DUTIES

The Employee, hereby agrees that throughout his/her period of employment s/he shall devote his/her full attention and time, during working hours, to the performance of his/her duties and business affairs of the Employer, in addition to performing said duties faithfully and efficiently as directed by the CEO or Supervisor of the Employer. It is not the intention of the Employer to assign duties and responsibilities which are not typically within the scope and characteristics associated with this position, or of which may not be required of other employees of similar rank and position. However, the Employer reserves the right to increase and/or revise the Employee's role and responsibilities, whether through reorganization of his/her position or promotion. Any change in the Employee's pay scale, due to the change of responsibilities and/or promotion, will be at the sole discretion of the Employer.

## COMPENSATION & BENEFITS

In accordance with the following terms and conditions of this Agreement, and throughout the Employee's period of employment, compensation for his/her services will be as follows: Employee will receive an hourly salary with random evaluations and/or rate increases as deemed appropriate and said amount to be determined by the Supervisor of the Employee.

Paychecks will be issued as follows:

Bi-Weekly paycheck issued on Friday. If your paycheck is not direct deposited, you will be required to pick it up at the corporate office located at, 135 Technology Drive, Suite 200, Canonsburg, Pennsylvania 15317.

Employee will be entitled to other similar benefits of employees of similar rank and position.

## DISABILITY

Subject to the provisions stipulated within "AMENDMENT AND/OR CANCELLATION OF AGREEMENT," should the Employee's employment be terminated by reason of his/her disability (as expressed below), the Employee will continue to receive his/her regular annual salary and benefits set forth above in "COMPENSATION & BENEFITS" to the end of the 0-1 full calendar months in connection with said disability, and which is not to exceed beyond the Employment Period. For intended purpose of this Agreement, "disability" is defined as a physical or mental impairment which would render the Employee incapable of performing his/her duties and responsibilities as determined by an independent physician provided and paid for by the Employer.

## CONFIDENTIALITY - UNAUTHORIZED DISCLOSURE

Within or after the Employment Period, the Employee shall at no time divulge, release, or remove for his/her use or that of any other individual or company any documentation, information, or knowledge pertaining to the operation or business of the Employer or any of its subsidiaries or affiliates, obtained or made available to him/her during the course of his/her employment with the Employer, subsidiaries or affiliates. Furthermore, the Employer and Employee agree as follows:

- Confidential Information includes, but is not limited to: Copyrighted Material, Trade Secrets, Products, Product Designs, Processes, Prices, Costs, Customer Lists, Marketing Lists, Business Affairs, Deals In Negotiation, Future Plans, Inventions, Technical Matters, Client Incidents and Client-Employee Contacts/Contact Information, Fellow Employee Matters.
- Confidential information excludes that which is public knowledge.
- Employee shall not copy or modify any Confidential Information without prior written consent of the Employer.
- Employee shall, upon termination of employment (whether voluntary or involuntarily), immediately return to the Employer any and all written documents and/or materials of a confidential nature.

## UNAUTHORIZED DISCLOSURE

Should the Employee, during or after termination of employment, disclose or threaten to disclose any information of a confidential nature, the Employee shall be deemed in violation of this Agreement, and the Employer at that time shall be entitled to obtain an injunction to restrain the Employee from disclosing or further disclosing, in whole or in part, Confidential Information. The Employer shall also be entitled to pursue other legal remedies, as may be deemed appropriate, for any loss and/or damages incurred as a result of any unauthorized disclosure made by the Employee during or after termination of employment.

## REMEDIES

Should the Employee, at any time, violate any of the covenants or agreements set forth in "CONFIDENTIALITY - UNAUTHORIZED DISCLOSURE," the Employer reserves the right to immediately terminate employment of Employee, and terminate all its obligations to make any further payments under this Agreement. The Employee acknowledges that the Employer could incur permanent and irreversible damage and injury through a violation of the provisions within "CONFIDENTIALITY - UNAUTHORIZED DISCLOSURE," and as such agrees that the Employer shall be entitled to any legal remedy or injunction, as may be deemed appropriate by Employer or Court of Law, from any actual or threatened breach of this Agreement.

## AMENDMENT OF AGREEMENT

Any Amendment of this Agreement must be mutually agreed upon in writing by both parties (the Employer and Employee). Furthermore, any amendment must also contain a start date for the amendment to the original Employment Contract.

## TERMINATION OF AGREEMENT

The Employment Period shall be terminated at the time when any of the following may occur:

- Date of "at-will" termination by either Employee or Employer;
- Upon the Employee's death;
- Date on which the Employer provides notice to Employee for termination due to disability;
- Cause shall include, but is not limited to Employee's gross misconduct, material damage to the Employer, Employee's willful



breach of this Agreement, or the Employee's death occurs; .

**NOTICES**

Any notice required or allowable, made in accordance with this Agreement, must be made in writing and sent by registered mail to the Employee at his/her home address or to the Employer at its principal headquarters, whichever the case may be.

**COMPLIANCE WITH EMPLOYER'S RULES**

The Employee agrees to comply with all of the Employer's Rules and Regulations (i.e. Rules of Conduct) in accordance with the Employer's policies.

**RETURN OF EMPLOYER PROPERTY**

At the end of the Employee's contract or upon termination of employment, whether voluntary or involuntary, said Employee shall immediately return to the Employer any and all company property including, but not limited to, the following:

- Key or Key Card(s) granting access to the building and/or offices or areas located within the building;
- Company Identification (ID);
- Business Cards;
- Employer related documents and/or materials;
- Company issued patches
- And Also: The Employer reserves the right, and shall be entitled to pursue any legal remedies, as may be deemed appropriate, for any loss and/or damages incurred as a result of Employee's failure to return Employer property after termination of employment.

**NON-ASSIGNMENT**

Any interests pertaining to the Employee under the Agreement are not subject to any claims of his/her creditors and may not be voluntarily or involuntarily assigned, alienated or encumbered.

**OWNERSHIP OF INTELLECTUAL PROPERTY**

Throughout the Employee's term of employment with the Employer, whether during the fulfillment of his/her normal duties and responsibilities or others which may be specifically assigned to the Employee, either on his/her own or in connection with another individual, the Employee develops or creates any such intellectual property, including but not limited to any work where a copyright exists or may exist, the Employee shall immediately notify the Employer. In addition, the Employee acknowledges and agrees that any and all such intellectual property, copyright and other intellectual property rights shall be deemed the ownership of the Employer.

The Employee hereby waives unconditionally and irrevocably any and all moral or any such rights of a similar nature with respect to any work where a copyright exists, may exist or later exists, in which the copyright is created by the Employee during employment in each jurisdiction worldwide, and that such rights may be waived for each respective jurisdiction. The waiver hereby extends to any and all respective acts of the Employer, its successors, assigns, licensees and any acts of third party individuals with the authority of the Employer, its successors and/or assigns.

**SUCCESSORS**

The contents of this Agreement shall be legally binding upon the Employer, and its successors or assigns by any individual or company acquiring, whether by sale or merger or otherwise, all or substantially all of the Employer's assets and business.

**ENTIRE AGREEMENT**

This Agreement contains the complete and entire agreement of both the Employer and Employee, and there are no other promises or conditions, oral or written, outside of what is contained herein this Agreement. This Agreement supersedes any prior written or oral agreements between both parties.

**SEVERABILITY**

Should any provision contained within this Agreement be deemed invalid or unenforceable, in part or in whole, such invalidity or unenforceability will attach only to that particular provision or part of this Agreement while the remaining aspects of said provision and all other provisions of this Agreement shall remain in full force and effect.

**APPLICABLE LAW**

The provisions of the Agreement shall be interpreted in accordance with the current laws of the state of Pennsylvania.

**COPY OF AGREEMENT**

The Employee acknowledges receipt of a copy of this Agreement signed by both the Employee and the Employer.

**IN WITNESS WHEREOF**, the Employee has hereunto set his/her hand, and the Employer has caused this instrument to be executed in its name and on its behalf, as of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Employee Signature)

  
\_\_\_\_\_  
(Employer/Duly Authorized Representative Signature)

\_\_\_\_\_  
(Employee Name)

Danielle Jurnak - CEO/President  
\_\_\_\_\_  
(Employer/Duly Authorized Representative Name and Title)





**Notice to Employee**

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

please detach here



Department of Taxation

**Employee's Withholding Exemption Certificate**

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed ..... \_\_\_\_\_
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) ..... \_\_\_\_\_
- 3. Exemptions for dependents ..... \_\_\_\_\_
- 4. Add the exemptions that you have claimed above and enter total ..... \_\_\_\_\_
- 5. Additional withholding per pay period under agreement with employer ..... \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_



OHIO DEPARTMENT OF PUBLIC SAFETY  
PRIVATE INVESTIGATOR SECURITY GUARD SERVICES

1970 West Broad Street  
P.O. Box 182001  
Columbus, OH 43218-2001  
PHONE (614) 466-4130 FAX (614) 466-0342  
www.pisgs.ohio.gov

**PISGS**

**EMPLOYEE REGISTRATION APPLICATION**

Affix a 2 x 2 passport style color photograph of the registrant no more than one year old in this space.

Copies of driver license photos are not accepted; no head gear or sunglasses.

Write the registrant's name on the back of the photo and affix to this space. Use glue or clear tape only.

**Use this form to register new employees, file a change-of-name or request a replacement identification card.**

- Incomplete applications and applications that are filled out improperly will NOT be returned for correction.
- A check or money order, made payable to **Ohio Treasurer of State**, MUST be remitted with this application. **Cash is not accepted.**
- If you are applying for initial registration and firearm bearer notation at the same time, this form must be used in conjunction with the Firearm-Bearer Notation Application (PSU 0016).

**CLASS OF REGISTRATION (CHECK ONE)**

- Private Investigator & Security Guard Registration (A)  
 Private Investigator Registration (B)  
 Security Guard Registration Only (C)

**PURPOSE OF APPLICATION (CHECK ONE)**

- New Registration / Late Renewal / Rehire w/Rap Back - \$ 40.00  
 Replacement Card - \$ 5.00  
 Name Change - \$ 5.00  
 Class Change - \$ 5.00

**LICENSEE INFORMATION**

COMPANY NAME Lexus Protection Services, LLC		LICENSEE FILE # 20162100162684	
TRADE NAME (IF APPLICABLE)			
ADDRESS (PHYSICAL ADDRESS) 2400 Ansys Rd., Suite 102		CITY Canonsburg	STATE PA
DAYTIME PHONE # (844) 539-8777		FAX # (888) 959-0324	E-MAIL ADDRESS tammy@lexusprotectionservices.com
ADDRESS (PHYSICAL ADDRESS) 2400 Ansys Rd., Suite 102		CITY Canonsburg	STATE PA
DAYTIME PHONE # (844) 539-8777		FAX # (888) 959-0324	E-MAIL ADDRESS tammy@lexusprotectionservices.com

**EMPLOYEE REGISTRATION INFORMATION**

FIRST NAME	MI	LAST NAME	SUFFIX	SSN
HOME ADDRESS (NO P.O. BOXES)		PHONE #		DATE OF BIRTH
CITY	STATE	ZIP CODE	COUNTY	
CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH	HEIGHT	WEIGHT LBS.
HIRE DATE	SCARS AND MARKS			
DATE FINGERPRINTS SUBMITTED			AUTHENTICATION #	

**NAME CHANGE REQUESTS** Complete former name information if applying for a name change. Include copy of new Social Security Card.

FORMER FIRST NAME	FORMER MIDDLE NAME	FORMER LAST NAME
-------------------	--------------------	------------------

**VETERAN INFORMATION (OPTIONAL)**

Are you or your spouse a veteran or active member of the United States Armed Forces?  Yes  No  
 If yes, attach a copy of your or your spouse's DD214 or current military ID for verification purposes.

**PUBLIC RECORD AVAILABILITY (Ohio Revised Code [R.C.] 149.43)**

Are you currently a commissioned peace officer, parole officer, prosecuting or assistant prosecuting attorney, correctional employee, youth services employee, firefighter, EMT, probation officer, bailiff, or an investigator of the bureau of criminal identification and investigation?  Yes  No

**CERTIFICATION**

I have  I have not been convicted of a felony within the past three years.  
 I have  I have not been convicted of a misdemeanor within the past twelve months.

By signing this document, I attest that all of the information I have provided is true and accurate to the best of my knowledge. I understand that if I knowingly make a false statement on this application, I may be subject to criminal prosecution, and potential disciplinary action, including the denial, suspension, or revocation of my registration. I authorize PISGS to enroll me in the retained applicant fingerprint database and, as a result, I understand PISGS will continually monitor my criminal history for any new arrest information.

PRINT NAME OF EMPLOYEE	SIGNATURE OF EMPLOYEE	DATE
	X	

I have read the information provided by the applicant and have no reason to believe that it is false or misleading.

PRINT NAME OF QUALIFYING AGENT Tammy L. Crawford	SIGNATURE OF QUALIFYING AGENT X <i>Tammy L. Crawford</i>	DATE
---	---	------



OHIO DEPARTMENT OF PUBLIC SAFETY  
PRIVATE INVESTIGATOR SECURITY GUARD SERVICES

1970 West Broad Street  
P.O. Box 182001  
Columbus, OH 43218-2001  
Phone (614) 466-4130 Fax (614) 466-0342  
[www.pisgs.ohio.gov](http://www.pisgs.ohio.gov)

---

## PISGS

## WEBCHECK INSTRUCTIONS

---

This sheet is being provided to help ensure the Ohio Bureau of Criminal Identification & Investigation / Federal Bureau of Investigation (BC I / FBI) fingerprint results are properly routed to the Private Investigator Security Guard Services (PISGS). Please instruct individuals to take the coupon to the WebCheck location submitting their fingerprints. This WebCheck instruction sheet may be copied, as needed.

-----

To WebCheck Facility:

This applicant is applying for a Private Investigator Security Guard license or registering as a private investigator and/or security guard, and requires the following:

BCI  required for all new registrations.

Reason fingerprinted: please select License for Private Investigator or Security Guard

FBI  required for firearm bearer notation only.

Reason fingerprinted: please select Private Investigator / Security Guard (4749)

All background checks must be submitted to PISGS via electronic submission.

**Please check the "Direct Copy" option and choose PISG – Ohio Department of Public Safety.**

-----

To WebCheck Facility:

This applicant is applying for a Private Investigator Security Guard license or registering as a private investigator and/or security guard, and requires the following:

BCI  required for all new registrations.

Reason fingerprinted: please select License for Private Investigator or Security Guard

FBI  required for firearm bearer notation only.

Reason fingerprinted: please select Private Investigator / Security Guard (4749)

All background checks must be submitted to PISGS via electronic submission.

**Please check the "Direct Copy" option and choose PISG – Ohio Department of Public Safety.**