

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER

Date \_\_\_\_\_

Position Desired	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Desired	Available Date
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## WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests, such as personality and honesty tests, prior to employment and during my employment.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted or know me. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liabilities, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

\_\_\_\_\_  
Signature of Applicant

### PERSONAL DATA (Please Print)

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER
PRESENT ADDRESS				
CITY	STATE	ZIP	HOW LONG HAVE YOU LIVED AT THIS ADDRESS?	
PREVIOUS ADDRESS (IF LESS THAN 5 YEARS)				
CITY	STATE	ZIP	HOW LONG HAVE YOU LIVED AT THIS ADDRESS?	
WHO REFERRED YOU TO THIS COMPANY?				
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER (DESCRIBE) _____				

Are you 18 years of age or older?     Yes     No

Have you ever worked for this Company before?     Yes     No    If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here?     Yes     No    If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have means of transportation that will allow you to consistently arrive at work on time?     Yes     No

If a driver's license is required for the SPECIFIC position for which you are applying, do you have a valid driver's license?     Yes     No    License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you been found guilty of a traffic violation of any kind within the last FIVE years?     Yes     No    If yes, please give dates and details: \_\_\_\_\_



# Employment History

Please list the names of your previous employers in chronological order with present or last employers listed first. **Be sure to account for all periods of time** including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Current		
Telephone ( )	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ( )	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ( )	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ( )	\$	\$		

Employer	Employment		Your Title or Position	Reason for Leaving
	From (Mo/Yr)	To (Mo/Yr)		
Address				
City, State, Zip Code	Pay		Name of Last Supervisor	
	Starting	Ending		
Telephone ( )	\$	\$		

Have you ever been terminated or asked to resign from any job?  Yes  No If yes, please explain circumstances: \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

May we contact your current employer?  Yes  No If no, please explain: \_\_\_\_\_

## Educational Background

	Elementary					High School				College/University				Graduate/Professional			
School Name																	
Years Completed:	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study or Major																	
Describe Specialized Training, Military Experience, Special Skills and Extracurricular Activities, Honors and Awards																	

### GENERAL INFORMATION (For additional information use a separate sheet)

List all computer programs in which you are proficient: \_\_\_\_\_

Are you available for work on weekends or evenings if necessary?  Yes  No

Are you willing to work overtime if required?  Yes  No

Are you capable of completely performing the SPECIFIC job duties of the position for which you are applying?  Yes  No

Can you meet the SPECIFIC attendance requirements of the job for which you are applying?  Yes  No

Do you currently use illegal drugs?  Yes  No

Have you illegally used drugs in the last two years?  Yes  No

Have you ever been convicted for the use, sale, or possession of illegal drugs?  Yes  No

Have you ever failed a pre-employment drug screen?  Yes  No

Have you submitted any letters of recommendation you may have from previous employers?  Yes  No

Additional comments concerning above information: \_\_\_\_\_

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## Emergency Information

In case of an accident or other emergency, who should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Type of Phone \_\_\_\_\_ Employer: \_\_\_\_\_



**CHARACTER REFERENCES**

Please list persons who know you well - **Not previous employers or relatives**

Name	Occupation	Address	Phone Number	Years Known

**ADDITIONAL INFORMATION** - Please indicate where you have actual experiences in any of the following positions:

**OFFICE**

- Office Manager
- Bookkeeper
- Accounts Receivable
- Accounts Payable
- Payroll Clerk
- Tag/Title Clerk
- Warranty Clerk
- Data Entry
- Cashier
- Receptionist
- Other \_\_\_\_\_

**SALES / LEASING**

- Sales Manager
- Sales Person (New Car)
- Sales Person (Used Car)
- Sales Person (Truck)
- F & I Manager
- Leasing Manager
- Fleet Manager
- Truck Manager
- Used Car Manager
- Rentals
- Other \_\_\_\_\_

**SERVICE & REPAIR**

- Service Manager
- Service Writer/Advisor
- Dispatcher
- Shop Foreman
- Mechanic/Technician
- Electrician
- Helper
- Painter
- Body Repair
- Make Ready
- Other \_\_\_\_\_

**PARTS**

- Parts Manager
- Parts Counter
- Parts Stocker
- Parts Driver
- Other

**OTHER**

- Machinist
- Porter/Janitor
- Security
- Driver/Messenger
- Maintenance

**DO NOT WRITE IN THIS SPACE - FOR INTERVIEWER'S USE ONLY**

Interviewed By: _____		Department: _____	Date: _____
Comments: _____			
DATE HIRED	FOR POSITION	FOR DEPARTMENT	
STARTING WAGES		SUPERVISOR TO REPORT TO:	

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

\_\_\_\_\_ Date Signature of Applicant

**ATTENTION USER:** It is the user's responsibility to ensure that this form and it's use complies with applicable laws, which change from time to time. Seller assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. The interviewer should be knowledgeable of current laws and be careful not to discriminate in any way.

Instructions: Document the date of completion of each item and sign below.

ACCESSORY NEW HIRE CHECKLIST

EMPLOYEE NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

Date

1. Employment Application

Employment Applications are checked for completeness and signed at the beginning of applicant's interview. It should now be placed in the personnel file. If another copy for signature and filing is needed, print it from Hiring. \_\_\_\_\_

2. Background Report (if required)

Background Reports are provided by the contracted Background Reporting Agency. \_\_\_\_\_

3. Drug Test Results

The contracted Drug Screening Service reports Drug Test Results. \_\_\_\_\_

4. Employee Driver's License

File photocopy in personnel file. \_\_\_\_\_

5. Photocopy of Sales License (if applicable)

File photocopy in personnel file. \_\_\_\_\_

6. Employee Handbook Acknowledgment

New hire should review the complete Employee Handbook Policies. Employee Handbook Acknowledgment and Agreement is printed upon review and acknowledgment. A copy should be placed in the personnel file. \_\_\_\_\_

7. Group Medical Benefits Election Form (if applicable)

The company's Medical Insurance Provider provides Group Medical Benefits Election Forms. Store completed form in personnel file. \_\_\_\_\_

8. Compensation Plan (if applicable)

File completed and signed Compensation Plan provided by company in personnel file. Note: this is required for all commissioned positions. \_\_\_\_\_

9. Anti-Harassment Training

New hire should complete either Employee Anti-Harassment Training or Management Anti-Harassment Training in Training. Certificate of completion is printed upon finishing the training and a copy should be placed in the personnel file. \_\_\_\_\_

10. Sexual Harassment Prevention Training (managers only)

New hire manager should complete all three sections of the Sexual Harassment Prevention Training in Training. Certificate of completion is printed upon finishing the training and a copy should be placed in the personnel file. \_\_\_\_\_

11. Customer Information Security Training

New hire should complete either Customer Information Security Training or Manager Customer Information Security Training in Training. Certificate of completion is printed upon finishing the training and a copy should be placed in the personnel file. \_\_\_\_\_

I affirm that the above documents are complete and that the dates are accurate.

\_\_\_\_\_  
Authorized Manager's Signature



## AGREEMENTS

Between \_\_\_\_\_ "Company"  
and \_\_\_\_\_ "Employee"

### At Will Employment Agreement

I agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. Consequently, all terms and conditions of my employment, with the exception of the at will nature of my employment and arbitration agreements, may be changed or withdrawn at Company's unrestricted option at any time, with or without good cause. No implied, oral or written agreements contrary to the express language of this agreement are valid, and no changes to the arbitration agreement and/or my at will employment status may be made, unless they are in writing and signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than in writing signed by the President of the Company (or major owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

\_\_\_\_\_  
Signature -

\_\_\_\_\_  
Date

### Binding Arbitration Agreement

I also acknowledge that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both the Company and myself, I and the Company both agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Pennsylvania Human Relations Act, the Wage Discrimination law (e.g., Equal Pay and Comparable Worth requirements), Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, the Age Discrimination in Employment Act, as amended, as well as all other applicable local, state or federal laws or regulations) which would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on



*Instructions: Have employee sign and date, give one copy to employee and place one copy in personnel file.*

## **PRIVACY POLICY AND SAFEGUARDING AGREEMENT**

The nature of our business is such that the Company has confidential and proprietary information relating to its business policies, practices, methods of operations, and customer lists. In addition, we deal with confidential and proprietary information received from our customers. Each employee should understand the importance of making sure this information is protected from disclosure to competitors, suppliers, vendors, and all other persons.

Every employee has a legal and ethical obligation to take all steps reasonably necessary in order to keep the Company's and clients' affairs confidential. This obligation continues even after an employee leaves the Company. Information obtained by the Company and its employees should be treated at all times with the utmost confidentiality and discretion and should not be disclosed to anyone other than Company employees and others having a need to know. For this purpose, all Company information and client information should be considered confidential unless, beyond any doubt, the information is widely known and its disclosure would not be detrimental to the client.

### **Conversations in public**

Have conversations about Company and client matters only with those who have a need to know, and take care to avoid such conversations where those who do not need to know may overhear. Conversations about such information in public places, such as elevators, restaurants, and airplanes should be avoided, and confidential matters should not be discussed with spouses, other relatives, or friends.

### **Client documents and materials**

Do not leave Company and client documents or materials where they can be seen by any unauthorized person, such as in unattended conference rooms, on your desk, near the fax machine, on copy machines, in the mail room, or any other public locations. Do not discard documents containing confidential information without first shredding the documents. Do not stay logged in to your computer without having a password-protected screen saver in operation.

### **Support Personnel and Vendors**

Care should be taken to ensure that persons who are providing support to the Company (such as computerized data services, copy services, and experts) and Vendors receive only information which they have a need to know and the Business Office will inform them of the nature of the confidentiality and the measures taken to protect confidentiality. Support Personnel and Vendors must sign this Policy and Agreement before any customer information is shared with them.

### **Safekeeping of financial information**

All financial information shall be kept confidential and locked in file cabinets each evening. Employees are not to take any financial information of the Company or its clients home to work on or otherwise remove it from the office unless there is specific business need to do so. Employees are not permitted to keep financial information, including credit applications, credit reports or contracts at their desks or on the fax machine for any purpose other than to collect the information and to immediately transfer/transmit the information to the financial institution or to management staff to be placed in locked storage. Customers and vendors should not be left alone in your office unless all customer information is in locked storage. Financial information



## CONFIDENTIALITY AGREEMENT

As an employee of the Company, the undersigned acknowledges that from time to time he or she will receive confidential and proprietary information concerning the business of the Company. The undersigned further acknowledges that such information, if shared directly or indirectly with third parties, could be detrimental to the Company because it would place the Company at a competitive disadvantage if disclosed, and that but for his or her employment at the Company he or she would not receive such information, as it is not available to the public.

Accordingly, the undersigned agrees that he or she, except as necessary to conduct business of the Company, shall not disclose, copy, communicate, or divulge to, or use the direct or indirect benefit of any person, firm, association, or company other than the Company, any material provided by the Company, including but not limited to business methods, business policies, procedures, techniques, research, or development projects or results, trade secrets, or other knowledge or process of or developed by the Company or any other confidential information relating to our dealing with the business operations or activities of the Company made known to the undersigned or learned or acquired by the undersigned while an employee of the Company.

When the undersigned leaves the employ of the Company, he or she agrees to return all of the Company's documents and property in his or her possession, including but not limited to manuals, drawings, notebooks, reports, customer lists, pricing lists, and/or prospect lists.

Confidential information or material of the Company includes any information or material: (a) generated, collected, or utilized by the Company in its operations relating to the actual or anticipated business or research and development of the Company or (b) suggested by or resulting from any task assigned to me or work performed by me for or on the behalf of the Company and that has not been made available generally to the public.

In addition to confidential information about the Company, the undersigned acknowledges that he or she will also receive confidential information about clients and customers of the Company. The undersigned agrees that all provisions of this agreement and the attached Privacy Statement applicable to confidential information belonging to the Company will also apply to information received from and/or about clients and customers. The undersigned agrees to comply with this agreement and the attached Privacy Statement and the Company's Information Security Program, or any amendments to these documents that may be made from time to time. I also agree to complete the required security training. I agree that I will not access or view any customer information that is not necessary to the performance of my job duties.

The undersigned acknowledges that violation of any part of this agreement is grounds for immediate termination.

\_\_\_\_\_  
Signature -

\_\_\_\_\_  
Date



## Employee Contact Information

Employee Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(Number & Street)

(City, State, Zip)

Mailing Address: \_\_\_\_\_

(Number & Street)

(City, State, Zip)

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

## Emergency Contact Information

(Every employee must list 2 emergency contacts)

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

Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(Number & Street)

(City, State, Zip)

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(Number & Street)

(City, State, Zip)

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_



## RESIDENCY CERTIFICATION FORM

### Local Earned Income Tax Withholding

#### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at [www.newPA.com/Act32](http://www.newPA.com/Act32) to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	
STREET ADDRESS (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> <span style="width: 25%;"></span> </div>	WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[www.newPA.com/Act32](http://www.newPA.com/Act32)





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **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>	
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 10/31/2022

**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
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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 style="border: 1px solid black; padding: 5px;"> <p>Additional Information</p> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</p> </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)				

**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		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**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)
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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
----------------------------------------------------	---------------------------	-----------------------------------------------



## 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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

Refer to the instructions for more information about acceptable receipts.

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works**

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**TIP:** If you have self-employment income, see page 2.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b) — Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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 with no other entries on the form; 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 territories 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.

## DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Star Buick GMC - Easton, hereinafter called COMPANY, to initiate credit entries to my Checking and/or Savings accounts indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ CHECKING ( ) OR SAVINGS ( )  
ROUTING NUMBER \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

I also acknowledge that the information provided here with is accurate, and any errors or omissions are my sole responsibility.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



# STAR NEW HIRE PAY NOTICE

YOU SHOULD REVIEW AND RETAIN THE FOLLOWING INFORMATION AND CONSIDER THIS INFORMATION FORMAL NOTICE PURSUANT TO PENNSYLVANIA STATUTE TITLE 43 SECTION 260.4

Employee Name & Number: \_\_\_\_\_

Department & Job Title:

Regular Paydays: Bi-weekly on Friday after 3 pm

Place / Method of Payment:

Rate of Pay:

If full time (30 PLUS HOURS PER WEEK) you will be eligible for benefits on:

Other:

I have read and understand all the above provisions and agree to the same. I also acknowledge that I have received a copy of this New Hire Pay Notice upon signing it.

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

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

## CONSENT TO ALCOHOL AND DRUG TESTING

I hereby consent to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law and understand and agree that any offer of employment is contingent upon the passing of that drug test. I understand and agree that at any time after I am hired, the Company may require me to submit to a test for the presence of alcohol or drugs in my system to the extent permitted by law. I consent to the disclosure of the results of any drug or alcohol tests to the Company.

In consideration of my initial or continued employment, I release my employer, its employees, officers and agents from liability and damages which may arise from collection and testing of any specimen, the test results or adverse employment action taken as a result of the testing or test results, except for any acts of negligence by those who collect or test specimens.

Signature - \_\_\_\_\_

Date \_\_\_\_\_



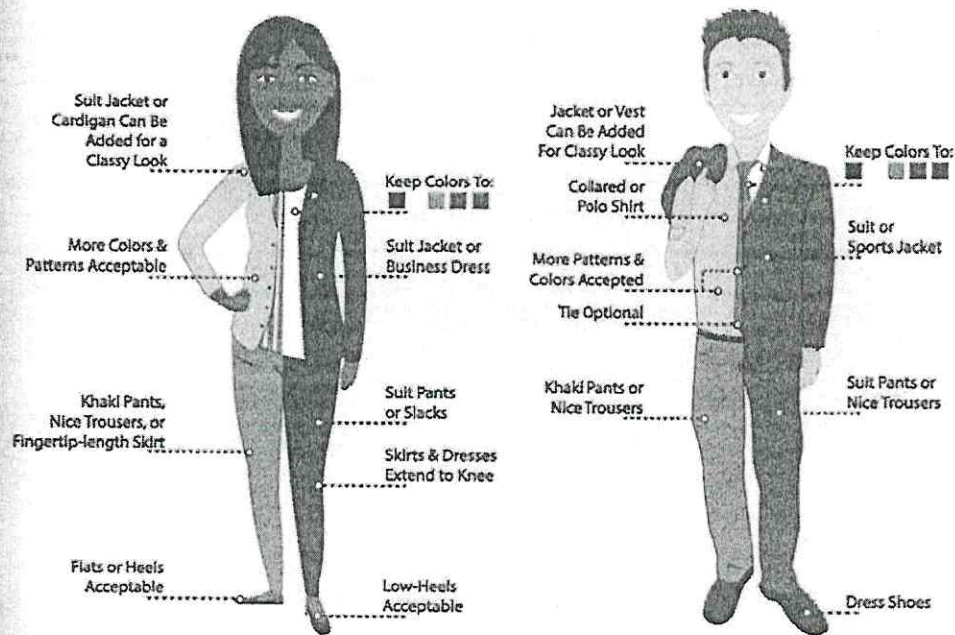
At Star appearance is very important. Please adhere to either the accepted 'BUSINESS CASUAL' or 'PROFESSIONAL' dress code. Uniforms and company shirts are required to be worn if issued. Shoes with a safe grip sole is also required. The chart below is a good guide, however management can make changes and specific requests as needed.

Thank you for your cooperation.

StarCarHR

## Business Casual vs. Professional

Have an interview or professional event coming up? Learn how to decode dress code.

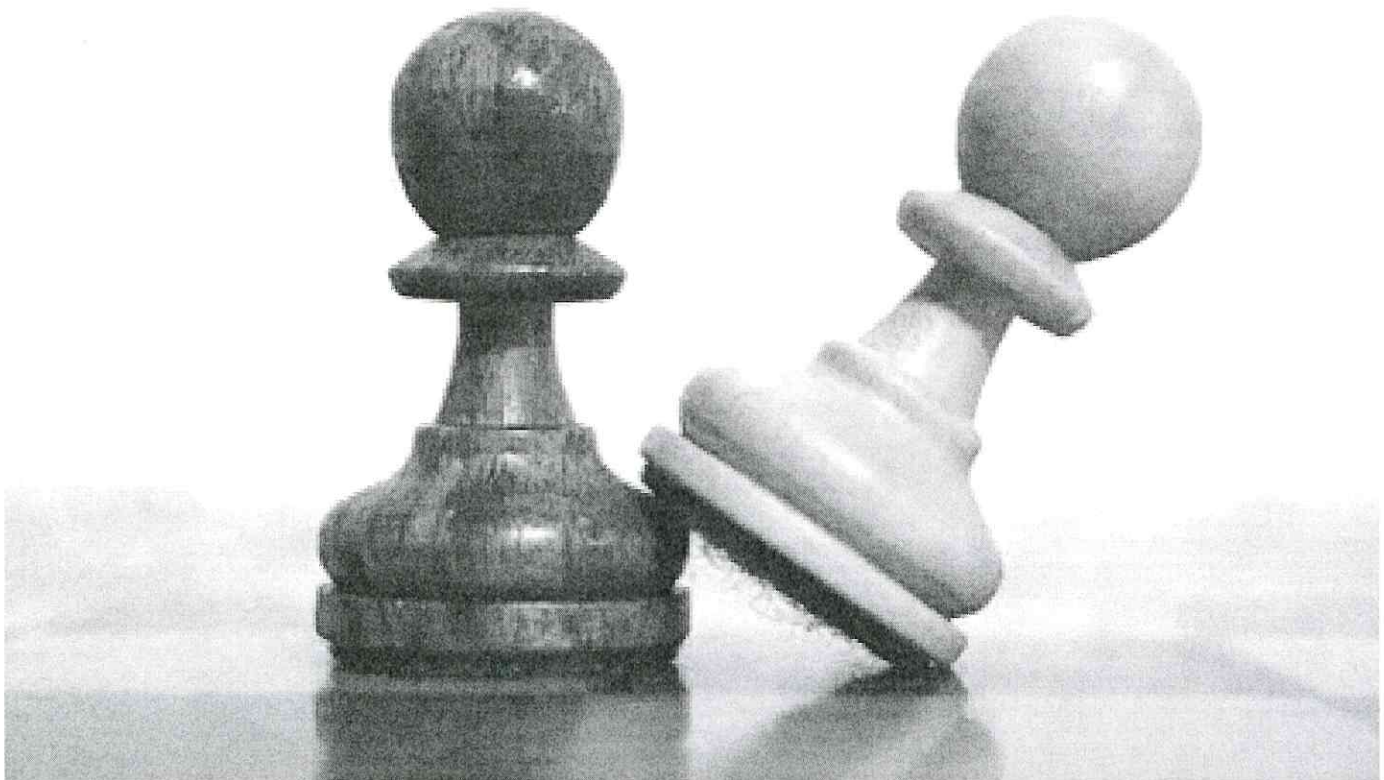


### Tips for Success in Any Business Situation



- 1 When in doubt, dress conservatively.
- 2 A suit (suit & tie for males) will suffice in most situations
- 3 Make sure your outfit is wrinkle-free.
- 4 Stick with solid colors and tighter-woven fabrics or simple patterns.
- 5 Accessories should be kept simple: basic pumps, modest jewelry, light make-up & light perfume.
- 6 Wear a belt and a watch.
- 7 Be sure your hair is neatly trimmed or groomed. Avoid the "messy" look.
- 8 Shirts with lettering or graphics should not be worn.
- 9 Check your outfit for missing buttons, lint, or a crooked tie.
- 10 A skirt should be no shorter than the tips of your middle fingers (or just above the knee for good measure).

## ANTI-HARASSMENT POLICY AND COMPLAINT PROCEDURE



STAR strives to create and maintain a work environment in which people are treated with dignity, decency and respect. The environment of the company should be characterized by mutual trust and the absence of intimidation, oppression and exploitation. STAR will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, STAR will seek to prevent, correct and discipline behavior that violates this policy. All employees, regardless of their positions, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy.



on the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension, or termination of employment.

Managers and supervisors who knowingly allow or tolerate discrimination, harassment or retaliation, including the failure to immediately report such misconduct to human resources (HR), are in violation of this policy and subject to discipline.

### **Prohibited Conduct Under This Policy**

STAR, in compliance with all applicable federal, state and local anti-discrimination and harassment laws and regulations, enforces this policy in accordance with the following definitions and guidelines:

#### **Discrimination**

It is a violation of STAR's policy to discriminate in the provision of employment opportunities, benefits or privileges; to create discriminatory work conditions; or to use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race (including hairstyle/texture), color, national origin, age, religion, disability status, sex, sexual orientation, gender identity or expression, genetic information or marital status.

Discrimination of this kind may also be strictly prohibited by a variety of federal, state and local laws, including Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1967 and the Americans with Disabilities Act of 1990. This policy is intended to comply with the prohibitions stated in these anti-discrimination laws.

Discrimination in violation of this policy will be subject to disciplinary measures up to and including termination.

#### **Harassment**

STAR prohibits harassment of any kind, including sexual harassment, and will take appropriate and immediate action in response to complaints or knowledge of violations of this policy. For purposes of this policy, harassment is any verbal or physical conduct designed to threaten, intimidate or coerce an employee, co-worker, or any person working for or on behalf of STAR. The following examples of harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal harassment includes comments that are offensive or unwelcome regarding a person's national origin, race, color, religion, age, sex, sexual orientation, pregnancy, appearance, disability, gender identity or expression, marital status or other protected status, including epithets, slurs and negative stereotyping.
- Nonverbal harassment includes distribution, display or discussion of any written or graphic material that ridicules, denigrates, insults, belittles or shows hostility, aversion or disrespect toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, sexual identity, marital status or other protected status.

#### **Sexual harassment**



Sexual harassment is a form of unlawful employment discrimination under Title VII of the Civil Rights Act of 1964 and is prohibited under STAR's anti-harassment policy. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature ... when ... submission to or rejection of such conduct is used as the basis for employment decisions ... or such conduct has the purpose or effect of ... creating an intimidating, hostile or offensive working environment."

Sexual harassment occurs when unsolicited and unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature:

- Is made explicitly or implicitly a term or condition of employment.
- Is used as a basis for an employment decision.
- Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.

Sexual harassment may take different forms. The following examples of sexual harassment are intended to be guidelines and are not exclusive when determining whether there has been a violation of this policy:

- Verbal sexual harassment includes innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks and threats; requests for any type of sexual favor (this includes repeated, unwelcome requests for dates); and verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment, including that which is sexual in nature and unwelcome.
- Nonverbal sexual harassment includes the distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that are sexually suggestive or show hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters, notes, facsimiles, e-mails, photos, text messages, tweets and Internet postings; or other forms of communication that are sexual in nature and offensive.
- Physical sexual harassment includes unwelcome, unwanted physical contact, including touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, and forced sexual intercourse or assault.

Courteous, mutually respectful, pleasant, noncoercive interactions between employees that are appropriate in the workplace and acceptable to and welcomed by both parties are not considered to be harassment, including sexual harassment.

### *Consensual Romantic or Sexual Relationships*

STAR strongly discourages romantic or sexual relationships between a manager or other supervisory employee and an employee who reports directly or indirectly to that person. Such relationships tend to create compromising conflicts of interest or the appearance of such conflicts. In addition, such a relationship may give rise to the perception by others that there is favoritism or bias in employment decisions affecting the staff employee. Moreover, given the uneven balance of power, such a relationship may also create a hostile or offensive working environment.



of power within such relationships, consent by the staff member is suspect and may be viewed by others, or at a later date by the staff member, as having been given as the result of coercion or intimidation.

### **Retaliation**

No hardship, loss, benefit or penalty may be imposed on an employee in response to:

- Filing or responding to a bona fide complaint of discrimination or harassment.
- Appearing as a witness in the investigation of a complaint.
- Serving as an investigator of a complaint.

Lodging a bona fide complaint will in no way be used against the employee or have an adverse impact on the individual's employment status. However, filing groundless or malicious complaints is an abuse of this policy and will be treated as a violation.

Any person who is found to have violated this aspect of the policy will be subject to discipline up to and including termination of employment.

### **Confidentiality**

All complaints and investigations are treated confidentially to the extent possible, and information is disclosed strictly on a need-to-know basis. The identity of the complainant is usually revealed to the parties involved during the investigation, and the HR director will take adequate steps to ensure that the complainant is protected from retaliation during and after the investigation. All information pertaining to a complaint or investigation under this policy will be maintained in secure files within the HR department.

### **Complaint procedure**

STAR has established the following procedure for lodging a complaint of harassment, discrimination or retaliation. The company will treat all aspects of the procedure confidentially to the extent reasonably possible.

1. Complaints should be submitted as soon as possible after an incident has occurred, preferably in writing. The HR director may assist the complainant in completing a written statement or, in the event an employee refuses to provide information in writing, the HR director will dictate the verbal complaint.
2. Upon receiving a complaint or being advised by a supervisor or manager that violation of this policy may be occurring, the HR director will notify senior management and review the complaint with the company's legal counsel.
3. The HR director will initiate an investigation to determine whether there is a reasonable basis for believing that the alleged violation of this policy occurred.
4. If necessary, the complainant and the respondent will be separated during the course of the investigation, either through internal transfer or administrative leave.
5. During the investigation, the HR director, together with legal counsel or other management employees, will interview the complainant, the respondent and any witnesses to determine the facts.

whether the alleged conduct occurred.

6. Upon conclusion of an investigation, the HR director or other person conducting the investigation will submit a written report of his or her findings to the company. If it is determined that a violation of this policy has occurred, the HR director will recommend appropriate disciplinary action. The appropriate action will depend on the following factors:
  - a) the severity, frequency and pervasiveness of the conduct.
  - b) prior complaints made by the complainant.
  - c) prior complaints made against the respondent; and
  - d) the quality of the evidence (e.g., firsthand knowledge, credible corroboration).

If the investigation is inconclusive or if it is determined that there has been no violation of policy, but potentially problematic conduct may have occurred, the HR director may recommend appropriate preventive action.

1. Senior management will review the investigative report and any statements submitted by the complainant or respondent, discuss results of the investigation with the HR director and other management staff as appropriate, and decide what action, if any, will be taken.
2. Once a final decision is made by senior management, the HR director will meet with the complainant and the respondent separately and notify them of the findings of the investigation. If disciplinary action is to be taken, the respondent will be informed of the nature of the discipline and how it will be executed.

### **Alternative legal remedies**

Nothing in this policy may prevent the complainant or the respondent from pursuing formal legal remedies or resolution through local, state or federal agencies or the courts.

## **TEST YOUR KNOWLEDGE**

1. It is not harassment for a subordinate employee to make unwanted sexual advances toward her boss. TRUE or FALSE
2. It is a violation of company policy to tell a racial joke to a coworker who you know will not take offense and who has told you racial jokes in the past. TRUE or FALSE
3. Making fun of the way a person speaks can be a form of unwanted harassment. TRUE or FALSE
4. If you are subjected to offensive conduct by a coworker, you should wait until the conduct affects your ability to work before you tell the harasser to stop or report it to management or FALSE



5. An employee who feels harassed by a customer on the telephone cannot maintain a claim for workplace harassment. TRUE or FALSE
6. Teasing an employee about the country or origin of the world where he, his parents, or ancestors came from can be considered harassment. TRUE or FALSE
7. An employee cannot be disciplined for violating the company's no-harassment policy unless his conduct constitutes illegal harassment. TRUE or FALSE
8. Telling jokes about a certain religion, even if a member of that particular religion is not present, can be considered harassment. TRUE or FALSE
9. All complaints of harassment will be kept completely confidential. TRUE or FALSE
10. It is not a violation of the company's no-harassment policy to make unwanted sexual advances toward a coworker during a happy hour that has no connection to work. TRUE or FALSE

***Deliver your answers to Rob Grow, HR Director. SEE BELOW***

TEXT (610)844-4323 with your name and the answers to the test questions in order to receive credit.

**Annual HR Harassment Prevention training is a mandatory requirement of employment at STAR.**

Contact HR for assistance to complete all required training. Email: [HR@StarCar.com](mailto:HR@StarCar.com)

## HR NEWS

New training will be posted here... check back from time to time... you'll be happy you did.

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**ANTI-HARASSMENT POLICY**



# Star Buick GMC Internet Usage Policy

This Internet Usage Policy applies to all employees of STAR BUICK GMC et al. (STAR, STARCAR) who have access to computers and the Internet to be used in the performance of their work. Use of the Internet by employees of STAR is permitted and encouraged where such use supports the goals and objectives of the business. However, access to the Internet through STAR is a privilege and all employees must adhere to the policies concerning Computer, Email and Internet usage. Violation of these policies could result in disciplinary and/or legal action leading up to and including termination of employment. Employees may also be held personally liable for damages caused by any violations of this policy. Charges will be deducted from pay. All employees are required to acknowledge receipt and confirm that they have understood and agree to abide by the rules hereunder.

## Computer, email and internet usage

- Company employees are expected to use the Internet responsibly and productively. Internet access is limited to job-related activities only and personal use is not permitted.
- Job-related activities include research and educational tasks that may be found via the Internet that would help in an employee's role.
- All Internet data that is composed, transmitted and/or received by STAR computer systems is considered to belong to STAR and is recognized as part of its official data. It is therefore subject to disclosure for legal reasons or to other appropriate third parties.
- The equipment, services and technology used to access the Internet are the property of STAR and the company reserves the right to monitor Internet traffic and monitor and access data that is composed, sent or received through its online connections.
- Emails sent via the company email system should not contain content that is deemed to be offensive. This includes, though is not restricted to, the use of vulgar or harassing language/images.
- All sites and downloads may be monitored and/or blocked by STAR if they are deemed to be harmful and/or not productive to business.
- The installation of software such as instant messaging technology is strictly prohibited.



## User compliance

I understand and will abide by this Star Buick GMC Internet Usage Policy. I further understand that should I commit any violation of this policy, my access privileges may be revoked, disciplinary action and/or appropriate legal action may be taken.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
DATE

PRINT NAME \_\_\_\_\_

*The regulations mentioned in this policy are monitored by Star IT Department and any breaches of the policy can be addressed by the network administrator, who is given control to oversee what downloads and site browsing is occurring on the network and the Internet within the workplace, through a user-friendly interface.*

*Moreover, our administrator can block sites and control downloads in real-time with a categorization and filtering ability.*

*All logon passwords are set by the Star IT Department and cannot be changed without prior authorization.*

*Policy Date - September 2017 – StarCarHR - rpg*

## **IDENTITY THEFT PREVENTION POLICY AND AGREEMENT**

The nature of our business is such that the Company collects confidential and proprietary information relating to customer's non-public financial information. Each employee should understand the importance of making sure this information is protected from disclosure to competitors, suppliers, vendors, and all other persons, and should also understand the importance of making sure that all customers who do business with our Company are the persons whom they represent themselves to be. That is, it is our obligation to identify, detect, prevent and/or mitigate possible identity theft.

For purposes of the Dealership's Identity Theft Prevention Program ("ITPP" or "Program") Program, and the Red Flags Rule, "identity theft" means a person commits or attempts to commit fraud using the identity (personal information) of another person without their authorization and this Program is intended to comply with the requirements of the Identity Theft Rules (16 C.F.R. part 681), issued by the Federal Trade Commission (FTC) in compliance with Sections 114 (Red Flags Rule) and 315 (Address Discrepancy Rule) of the Fair and Accurate Credit Transactions Act of 2003 (FACT Act), 15 U.S.C. 1681m(e) and 15 U.S.C.1681c(h).

Developing, communicating, maintaining and carrying out a comprehensive Program is the Dealership's policy. This Program is intended to identify potential Red Flags, detect the existence of those Red Flags, and to prevent and mitigate identity theft in connection with the opening and/or ongoing servicing (carrying the loan) a covered account.

This Program and the related policies and procedures should not be interpreted as contradicting and/or overriding any other applicable legal and regulatory requirements, either in whole or in part. This Program and its related policies and procedures set forth the Dealership's good faith efforts to comply with the law and to reduce possible identity theft. This Program does not represent guarantees, promises, representations, protections or contractual rights in favor of any person.

Every employee has a legal and ethical obligation to take all steps reasonably necessary to follow the Dealership's ITPP, including familiarizing oneself with the written ITPP Program, completing the required ITPP Program (Red Flags) training, and signing an agreement that the employee agrees to abide by the Dealership's ITPP Program and this Policy.

This obligation to protect the identity of our customers continues even after an employee leaves the Company.

Care should be taken to ensure that persons who are providing support to the Company (such as computerized data services, brokers, web hosting services, and other finance providers) abide by the requirements of the Dealership's ITPP Program.

### **EMPLOYEE AGREEMENT**

As an employee of the Company, the undersigned acknowledges that he or she has read, understands and agrees to abide by the requirements contained in the Dealership's ITPP Program, this Policy and all Red Flags related requirements. The undersigned further agrees he or she will complete the required Red Flags training

The undersigned acknowledges that violation of any part of this agreement, the Dealership's ITPP Program or the Red Flags requirements is grounds for discipline, up to and including immediate termination.

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Signature

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Date





## The Star Buick GMC Super Service Basics 'OATH'

1. I project a positive image and energy. SMILE
2. I am courteous and respectful to all Guests, including Children.
3. I stay friendly – approachable – professional all the times.
4. I go above and beyond.
5. I am the face of STAR

AND this is critical, in that having a great Guest experience also requires having management supporting that experience by doing the same.

