



2018 W2'S HIRING PACKAGE

Location: _____

Employee: _____

Social Security: _____

Welcome to the Family!



CREACTIVA LLC
Employment Application



APPLICANT INFORMATION

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

EDUCATION

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

REFERENCES

Please list three professional references.

| | | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | | |
| Company | | | | Phone | | | | | | |
| Address | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | |
| Company | | | | Phone | | | | | | |
| Address | | | | | | | | | | |

PREVIOUS EMPLOYMENT

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

DISCLAIMER AND SIGNATURE

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

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

Signature

Date

SITE MANAGER USE ONLY

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

Application for Employment – Requirements

Physical Requirements of the Job

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

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

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

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

| | |
|--|-----------|
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Signature |
|--|-----------|

Equal Employment Opportunity

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

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

Employment At Will

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

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

Background Check

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

Work-Related Injuries

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

Applicant Signature

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

| DISCLAIMER AND SIGNATURE | |
|--|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| Signature | Date |

**IMPORTANT INSTRUCTIONS TO
HIRING MANAGER
PHOTOCOPIES OF I-9 DOCUMENTS**

Company policy is to retain copies of all documents submitted by an employee during completion of their Form I-9. This policy applies to all employees, without exception.

Only copies of the documents actually listed on the I-9 should be made. Copies of additional documents are neither desired nor helpful.

Please ensure that photocopies are of a good quality, and that the information is readable. Modest enlargement of the document when copying is acceptable (max 25%), but not required.

**COPY ONLY THE DOCUMENTS THAT
ARE LISTED ON THE I-9!**

**ENSURE COPIES ARE GOOD QUALITY AND
READABLE!**



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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 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.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| 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.)

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

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

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

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

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

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|----------|---|----------|-------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | _____ |
| B | Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } | B | _____ |
| C | Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C | _____ |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | _____ |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | _____ |
| F | Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | F | _____ |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. | G | _____ |
| H | Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ | H | _____ |

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. -----

| | | |
|---|---|---|
| Form W-4 Department of the Treasury Internal Revenue Service | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 5px 0;">▶ 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.</p> | OMB No. 1545-0074 2017 |
| 1 Your first name and middle initial | Last name | 2 Your social security number |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/> |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 _____ |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ _____ |
| 7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | | 7 _____ |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | Date ▶ |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | 9 Office code (optional) | 10 Employer identification number (EIN) |

Deductions and Adjustments Worksheet

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

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

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

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

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

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

Table 1

Table 2

| Married Filing Jointly | | All Others | | Married Filing Jointly | | All Others | |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$7,000 | 0 | \$0 - \$8,000 | 0 | \$0 - \$75,000 | \$610 | \$0 - \$38,000 | \$610 |
| 7,001 - 14,000 | 1 | 8,001 - 16,000 | 1 | 75,001 - 135,000 | 1,010 | 38,001 - 85,000 | 1,010 |
| 14,001 - 22,000 | 2 | 16,001 - 26,000 | 2 | 135,001 - 205,000 | 1,130 | 85,001 - 185,000 | 1,130 |
| 22,001 - 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 - 70,000 | 5 | 405,001 and over | 1,600 | | |
| 44,001 - 55,000 | 6 | 70,001 - 85,000 | 6 | | | | |
| 55,001 - 65,000 | 7 | 85,001 - 110,000 | 7 | | | | |
| 65,001 - 75,000 | 8 | 110,001 - 125,000 | 8 | | | | |
| 75,001 - 80,000 | 9 | 125,001 - 140,000 | 9 | | | | |
| 80,001 - 95,000 | 10 | 140,001 and over | 10 | | | | |
| 95,001 - 115,000 | 11 | | | | | | |
| 115,001 - 130,000 | 12 | | | | | | |
| 130,001 - 140,000 | 13 | | | | | | |
| 140,001 - 150,000 | 14 | | | | | | |
| 150,001 and over | 15 | | | | | | |

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.

THIS FORM MAY BE REPRODUCED.

Employee: Complete Form A-4 and file it with your employer. Otherwise, tax will be withheld without exemption.

Employer: Keep this certificate on file. If an employee is believed to have claimed more exemptions than that which they are legally entitled to claim, the Department should be notified. Any correspondence concerning this form should be sent to the AL Dept of Revenue, Withholding Tax Section, PO Box 327480, Montgomery, AL 36132-7480 or by fax to 334-242-0112. Please include contact information with your correspondence.

Penalties: Section 40-18-73, Code of Alabama 1975. Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A-4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Exempt Status: Military Spouses Residency Relief Act. This exemption applies to a spouse of a US Armed Service member who is present in Alabama in compliance with military orders and who maintains domicile in another state. Employee should provide their employer with valid military identification and a copy of a current leave and earnings statement or Form DD-2058. Complete line 6 on front of Form A-4 if you qualify for this exemption.

Exempt Status: No tax liability. An exemption from withholding may be claimed if you filed an Alabama income tax return in the prior year, had a zero tax liability on that return, and you anticipate a zero tax liability on your current year return. If you had any tax withheld in the prior year and did not receive a full refund of that amount, you will not qualify and should complete the front of Form A-4.

CHANGES IN EXEMPTIONS: You may file a new certificate at any time if the number of your exemptions INCREASE. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) You no longer provide more than half of the support for someone you previously claimed a dependent exemption for.

DECREASES in exemption, such as the death of a spouse or dependent, will not require the filing of a new exemption certificate until the following year.

DEPENDENTS: To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

PLEASE CUT HERE

FORM A-4 REV. 11/10

ALABAMA DEPARTMENT OF REVENUE Employee's Withholding Exemption Certificate



EMPLOYEE'S FULL NAME SOCIAL SECURITY NO. HOME ADDRESS CITY STATE ZIP CODE SIGNED DATE

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. See reverse side for penalty details.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- 1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-4 and file it with your employer.
- 2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption.
- 3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption.
- 4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications.
- 5. Additional amount, if any, you want deducted each pay period. \$
- 6. Exempt Status: If you meet the conditions set forth under the Military Spouses Residency Relief Act and will have no Alabama income tax liability, skip lines 1-5, write "EXEMPT" on line 6, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 for the documentation you must provide to your employer in order to qualify.
- 7. Exempt Status: If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim an exemption from Alabama withholding tax. Skip lines 1-6, write "EXEMPT" on line 7, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 to be sure you qualify.

LINE 8 BELOW TO BE COMPLETED BY YOUR EMPLOYER

8. TOTAL EXEMPTIONS (Example: Employee claims "M" on line 3 and 2 on line 4. Employer should use column headed M-2 in the Withholding Tax Tables and Instructions for Employers.) EMPLOYER NAME EMPLOYER FEIN EMPLOYER STATE ID



EMPLOYEE MASTER

COMPANY:

New Hire: Active Employee Change: Terminated Employee:

Employee: _____
Last Name First Name MI

Address: _____
Street Address

City _____ State _____ Zip _____

SSN: _____ Hire Date: ___/___/___ Birth Date: ___/___/___ Sex: M F

Division: _____ Location: _____ Dept: _____

Cycle: W B S M Hourly Salary

Salary Per Pay Period: _____

Hourly Rate 1: _____ Rate 2: _____ Rate 3: _____ Rate 4: _____

| Tax Deductions | Filing Status S or M or HH | # Of Exemptions | Flat \$ Amount Or Extra \$ or % |
|----------------|-------------------------------|-----------------|---------------------------------|
| Federal: | | | |
| State: | | | |

Recurring Earnings:

| Description | Amount \$ | Per Pay Period / Per Month |
|-------------|-----------|----------------------------|
| | | |
| | | |

Recurring Deductions:

| Description | Pre / Post | Amount | Per Pay Period / Per Month |
|-------------|------------|--------|----------------------------|
| | | | |
| | | | |
| | | | |

Special Instructions:

IBERIABANK ACCOUNT APPLICATION FORM

INTERNAL USE ONLY (R 2015/11)
Accounts #:

Select the accounts you wish to open:

* Required

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

Please complete the application in full and print clearly:

Number of applicants applying for an account: One Two

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

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

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

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

Signature(s): [_____] [_____]

I want to start using my checking account right away:

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

I am also interested in:

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

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





What You Need to Know about Overdrafts and Overdraft Fees

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

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

This notice explains our standard overdraft practices.

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

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

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

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

- ATM transactions
- Everyday debit card transactions

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

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

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

Under our standard overdraft practices:

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

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

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

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

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

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

Checking Account Number(s): _____

Client's Printed Name: _____

Client's Signature: _____

Date: _____



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

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

Waiver of health coverage

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

I decline enrollment at this time because:

- I have other medical coverage provided by:

 Insurance company name: _____ Policy no. _____

Through (employer name): _____
- I do not wish to enroll myself in any type of medical coverage at this time.
- I do not wish to enroll my spouse child(ren) in any type of medical coverage at this time.

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

Printed name: _____

Signature: _____ Date: _____

Name of employer: _____



UNIFORM AGREEMENT FORM

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

Employee Name: _____

Social Security No.: _____

| Uniform Item | Date Issued | Date Returned | Signature |
|--------------|-------------|---------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

MORE THAN ONE SHIRT POLICY

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

THE COST OF THE POLO SHIRT IS: _____

Employee Signature

Date

Employee Print Name

Manager Signature

Date

MANDATORY SHOE PROGRAM

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



Employee Name:

Social Security No.:

Employee Signature

Date

Employee Print Name

Manager Signature

Date

HAZCOM / Right to Know

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

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

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

Employee Name:

Social Security No.:

Employee Signature

Date

Employee Print Name

Manager Signature

Date

EEOC Self Identification

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

Name: (please print) _____

Position applied for: _____

Signature: _____ Date: _____

Please check the appropriate box: Male Female

RACE/ETHNICITY:

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

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

OR

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

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

Section I: Disclosure

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

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

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

Section II: Authorization and Release

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

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

Applicant Name: _____

Applicant Email: management@creactivagroup.com

Applicant Signature: _____

Date: _____

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

Section III: Additional State Law Notices

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

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

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

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

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

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

Section IV: A Summary of Rights Under The FCRA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



New Team Member Checklist

EMPLOYEE INFORMATION

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

FIRST DAY

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

POLICIES

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

ADMINISTRATIVE PROCEDURES

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

INTRODUCTIONS AND TOURS

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

POSITION INFORMATION

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

COMPUTERS

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