



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

|                       |                           |
|-----------------------|---------------------------|
| 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*





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**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<br>Identity and Employment Authorization | OR | List B<br>Identity                   | AND | List C<br>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<br>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.)

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <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)                        |  |

|   |                 |                                       |
|---|-----------------|---------------------------------------|
| <b>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.</b> |                 |                                       |
| 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.

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

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form **W-4**Department of the Treasury  
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

**2020**

- 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.

|  |  |           |   |
|--|--|-----------|---|
| <b>Step 1:</b><br>Enter<br>Personal<br>Information | (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<br><input type="checkbox"/> Married filing jointly (or Qualifying widow(er))<br><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, when to use the online estimator, and privacy.

**Step 2:**  
Multiple Jobs  
or Spouse  
Works

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.

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ☐

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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><br>Claim<br>Dependents                | If your 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 and enter the total here . . . . .   | 3    | \$ |
| <b>Step 4</b><br>(optional):<br>Other<br>Adjustments | (a) Other income (not from jobs). 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 . . . . . | 4(a) | \$ |
|  | (b) Deductions. 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 . . . . .  | 4(b) | \$ |
|  | (c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .  | 4(c) | \$ |

|                                |  |                          |                                      |
|--------------------------------|--|--------------------------|--------------------------------------|
| <b>Step 5:</b><br>Sign<br>Here | 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<br/>Only</b>      | Employer's name and address  | First date of employment | Employer identification number (EIN) |

FORM

1

### Applicant and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food  
Employees with Emphasis on illness due to *Salmonella Typhi*, *Shigella* spp.,  
*Escherichia coli* O157:H7, and Hepatitis A Virus

*The purpose of this form is to ensure that Applicants to whom a conditional offer of employment has been made and Food Employees advise the Person in Charge of past and current conditions described so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.*

Applicant or Employee name (print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

#### TODAY:

Are you suffering from any of the following:

1. Symptoms

Diarrhea?

YES/NO

Fever?

YES/NO

Vomiting?

YES/NO

Jaundice?

YES/NO

Sore throat with fever?

YES/NO

2. Lesions containing pus on the hand, wrist or an exposed body part?  
(such as boils and infected wounds, however small)

YES/NO

#### PAST:

Have you ever been diagnosed as being ill with typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 infection (*E. coli* O157:H7), or hepatitis A (hepatitis A virus)? YES/NO  
If you have, what was the date of the diagnosis? \_\_\_\_\_

#### HIGH-RISK CONDITIONS

1. Have you been exposed to or suspected of causing a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A? YES/NO

2. Do you live in the same household as a person diagnosed with typhoid fever, shigellosis, hepatitis A, or illness due to *E. coli* O157:H7? YES/NO

3. Do you have a household member attending or working in a setting where there is a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A? YES/NO

Name, Address, and Telephone Number of your Doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone - Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Signature of Applicant or Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder's Representative \_\_\_\_\_ Date \_\_\_\_\_

Jetpack Management & Subsidiaries

**AUTHORIZATION AND RELEASE**

**DISCLOSURE TO EMPLOYEE**

As part of Jetpack Management, LLC d/b/a Jet's Pizza (hereinafter the "Company") hiring background and investigation, the Company may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. The report may also include, but not be limited to, credit information reports, criminal history reports, motor vehicle reports and driving history records. Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 USC 1681 et seq, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your rights under the FCRA.

At this time, would your criminal / background history report show any derogatory information at all?

☐ Yes      ☐ No

Answering "Yes" will not automatically disqualify you from employment consideration. If yes, please explain in detail.

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**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provision of the FCRA, the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit the Company to obtain a consumer report and/or investigative consumer report that may include the following: my employment records, motor vehicle and driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or entity that disclosed matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. This authentication shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

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

## **VIOLATIONS OF THIS SEXUAL HARASSMENT POLICY WILL NOT BE TOLERATED AND MAY RESULT IN TERMINATION**

Usually an employee who commits sexual harassment attempts to be discreet and it is therefore difficult, if not impossible, for the Company to discover and correct these violations on our own. It is thus extremely important that any employee who feels that he or she has been sexually harassed immediately report the matter to the Manager.

All reports should be filed with the first forty-eight (48) hours of alleged harassment in order for us to respond and take the appropriate action.

It is vitally important that you understand that any false allegation of sexual harassment, which is not made in good faith, will also warrant disciplinary action by the Company, up to and including termination.

The Company further prohibits the harassment of any employee because of any characteristic protected by law, including, but not limited to, race, age or religion. Any employee who feels he or she has been subjected to improper harassment based on any of these characteristics should immediately report the matter to the Manager.

All reports of harassment will be investigated, and where a report is found to have merit, appropriate disciplinary action will be taken.

### **Sexual Harassment in the Workplace**

Employees should work in a workplace free from unlawful discrimination. Sexual harassment is a form of unlawful gender and discrimination and will not be tolerated in the workplace. This applies to all employers, employees and co-workers.

The following actions are strictly prohibited under the sexual harassment policy of the Company:

- a) All physical contact or violence
- b) Repeated sexual remarks
- c) Obscene or off color jokes, slurs, lewd remarks and language
- d) Insults, threats, and intimidation
- e) Persistent unwanted sexual remarks or romantic overtures

I have read and understand the sexual harassment policy.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Driver Policy

This is a statement and policy meant for the protection of Jet's Pizza delivery drivers. With careful review we have established these guidelines and policies to make sure our staff and customers remain safe, while delivering a quality product to our customers.

Here is a list of Non-Negotiable terms for our drivers. Failure to follow any of the below rules may result in written disciplinary action, suspension or even termination.

- You are expected at all times to obey the state driving rules of the road, this includes but is not limited to driving the appropriate posted speed, obeying traffic lights, not tailgating, obeying stop signs, not cutting off another driver, and being cautious of pedestrians, among others.
- You are expected to have a fully operating car top sign on your car at all times while on the clock. The sign must be lit up during bad weather, at dusk or when a manager requests.
- To be a driver you must be at least 18 years old, have a valid driver's license, a reliable functioning car, and **MUST BE INSURED** at all times. The store maintains the right to request and/or pull a MVR at any time and may require a drug test at the employee's expense.
- Proper uniform for a Jet's Pizza driver is: Jet's shirt, black pants or knee length shorts, closed toed shoes (no flip flops, sandals, etc.) a Jet's hoodie or coat (if necessary) and a Jet's hat. Sunglasses may be worn while driving but **NOT** to the doorstep.
- Cell phone usage: **NO TEXTING WHILE DRIVING**. No personal calls while working are permitted. If a necessary call to a customer or manager is required, pull over to a safe location before doing so.
- If involved in a car accident: **CALL THE POLICE**, get as much information as possible (both car types, license plate number of other vehicle, other driver's license information – name, address, number, other driver's insurance information), contact the store to update them periodically throughout the incident. Do not admit responsibility; let the police officer determine who is at fault. Get information from the police officer on how to retrieve the police report.
- It is the driver's responsibility to maintain full insurance coverage and contact ones insurance agent in regards to the best policy as a delivery driver. One should speak to their agent about commercial use and a plan that will cover you while on the job.

**JET'S PIZZA DOES NOT COVER YOUR VEHICLE. MAKE SURE YOUR INSURANCE DOES NOT EXCLUDE DELIVERIES AND YOU ARE COMPLAINT WITH LAWS AS STATE LAWS MAY VARY**

- Drivers are to take one delivery at a time unless instructed by a manager.
- We suggest that drivers' fuel their vehicles prior to reporting for their shift.
- If there are no deliveries on the screen ready to go, do other things to assist the Company while waiting, this includes but is not limited to folding boxes, sweeping, refilling pop coolers, washing dishes and scraping/oiling pans. If you cannot identify work which should be done, ask a manager for a task.
- If a customer invites you to come in, for security and liability reasons you should never step into a customer's residence.
- Under **NO** circumstances, should a driver never to return to the customers address unless directed by a Manager.
- Do not go to competition when you have a Jet's Pizza driver sign on your car

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**Driver Signature**

---

**Printed Name**

---

**Date**

---

**Manger Signature**

---

**Printed Name**

---

**Date**



### JET'S PIZZA AUTOMOBILE DRIVER AGREEMENT

Driver's Name: \_\_\_\_\_ (Please Print)

Automobile: \_\_\_\_\_

**As a Delivery Driver for a Jet's Pizza, I hereby agree to the following:**

1. I agree to comply with the standards and procedures set forth by my employer and with all other guidelines from time to time established for my Delivery Driver position.
2. I will use due care and caution in the operation of my delivery vehicle and will strictly comply with all safe driving rules of the road, including all speed limits, posted directional signs and parking regulations. Under no circumstances will I operate my delivery vehicle while under the influence of drugs or alcohol or when my physical or mental condition may be otherwise impaired.
3. The vehicle I use for delivery services will:
  - Not be used for personal errands while going to, during, or returning from a delivery, unless directed by my employer.
  - Be maintained in good condition and repair.
  - Comply with all rules and regulations governing safe and unlawful operation.
  - Comply with all the guidelines established by my employer.
4. I understand that any violation of this Agreement or of any of the standards, procedures or guidelines applicable to my Delivery Driver position may result in suspension or termination. In particular, I acknowledge the need for utmost safety and due care in the operation of my delivery vehicle and in the conduct of delivery services.
5. I understand and am I am that I am prohibited from carrying any passengers without management authorization. I will uphold the high driver standards of a Jet's Pizza Delivery Driver.
6. There is **NO SMOKING** allowed in a Jet's provided automobile. Any person(s) found smoking in the Jet's Pizza automobile will be assessed a \$35.00 cleaning fee fine.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Jetpack Management & Subsidiaries

EMPLOYEE POLICIES & PROCEDURES CHECKLIST

\_\_\_\_\_ I have read and understand the Jetpack Management & Subsidiaries ("Company") policies and procedures.

\_\_\_\_\_ If I sustain an injury on the job, I will inform my supervisor or my employer immediately.

\_\_\_\_\_ I understand that I am expected to complete any job assignment I accept. If I do not complete the assignment, then the Company can assume I have voluntarily quit.

\_\_\_\_\_ I understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for (1) cause or suspicion, (2) random, (3) promotion and/or job transition, (4) pre-employment, (5) post hire and/or (6) post-accident. Refusal to provide a specimen can be cause for termination. The illegal use, sale, possession or distribution of drugs or alcohol (as well as any legally prescribed medication) is a violation of Company policy and cause for immediate termination.

\_\_\_\_\_ I understand that any form of sexual harassment is a violation of Company policy and cause for immediate termination.

\_\_\_\_\_ I understand that changing the amount of or inserting a tip on any receipt is considered Tip Fraud and is fully cause for immediately termination and prosecution of the law.

\_\_\_\_\_ I understand that Employees making minimum wage will receive one hat and one tee shirt. Any additional clothing will be at the expense of the Employee. Employees making above minimum wage will be responsible for the purchase of their uniform.

\_\_\_\_\_ I understand that the Employee Handbook describes important information about the Company and that I should consult the Manager regarding any questions not answered in same. I have entered into my "AT WILL EMPLOYMENT RELATIONSHIP" voluntarily and acknowledge there is no specified or guaranteed length or term of employment. Accordingly, either the Company or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

\_\_\_\_\_ I understand that information, policies and benefits described in the Handbook are subject to change, and that the Handbook does not create a contract of employment, except for the Company's time limit for claims and dispute resolution program with are contained in the Handbook. I understand that any revised information may supersede, modify or eliminate existing policies.

\_\_\_\_\_ If for some reason I cannot make it to work or will be late, I will contact my employer as soon as possible. Failure to do so may be grounds for dismissal or indicate that I have quit.

\_\_\_\_\_ I understand and will comply with all Company's rules and regulations explained at orientation.

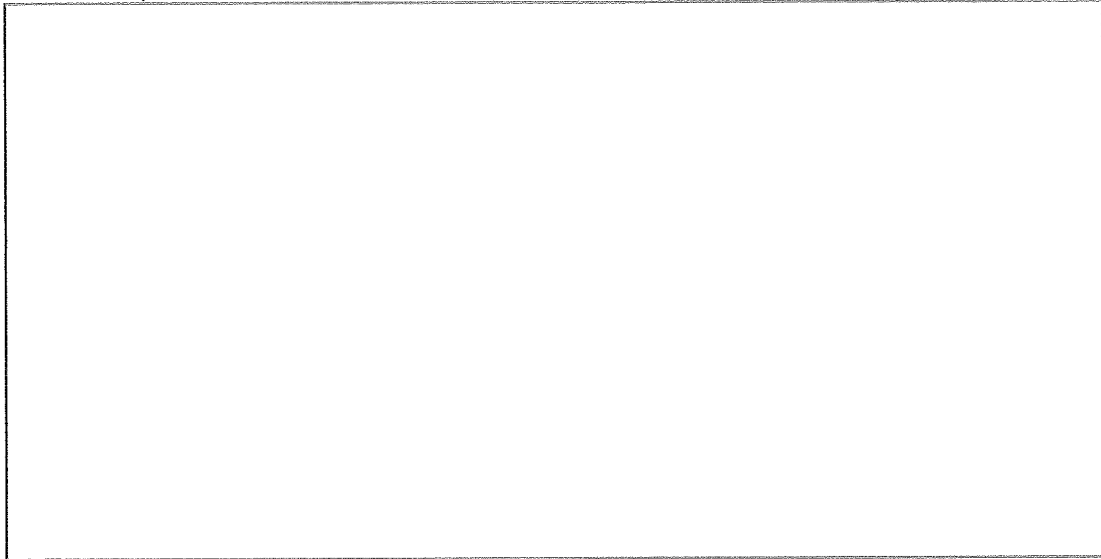
\_\_\_\_\_ I have checked that I have read and fully understand the above and agree to same, and failure to comply with these policies and procedures could lead to my termination and may jeopardize insurance benefits (if any).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# DIRECT DEPOSIT

Upload Voided Check or a copy of your Account and Routing Number



Checking ☐

Savings ☐

I authorize Jetpack Management and Franchises to deposit any amount owed to me, by initiating credit entries to my account at the financial institution on this form. In the event that Paymasters Inc deposits erroneously into my account, I authorize paymaster to debit my account for an amount not to exceed the original amount of the erroneous credit.

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Employee Name

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Signature

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Date