

# NEW EMPLOYEE FORM

JOB SITE NAME	DATE		
NAME OF NEW EMPLOYEE	TELEPHONE		
ADDRESS	CITY	STATE	ZIP
JOB TITLE _____		SOCIAL SECURITY # _____	
		REHIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE STARTED _____			
RATE OF COMPENSATION: CASH WAGES/SALARY _____ APARTMENT VALUE _____			
COMBINED COMPENSATION _____			

If any apartment rental value is being included as compensation provide the following:

UNIT # \_\_\_\_\_ UNIT TYPE \_\_\_\_\_ CURRENT MARKET RENT \_\_\_\_\_

CHECK ONE: REGULAR  TEMPORARY  \_\_\_\_\_  
 If temporary explain anticipated length of employment \_\_\_\_\_

CHECK ONE: FULL TIME  PART TIME  \_\_\_\_\_  
 If part time, indicate number of hours to be worked per week \_\_\_\_\_

CHECK ONE: HOURLY NONEXEMPT  SALARY EXEMPT  \_\_\_\_\_

**NOTE:** Please make sure that the following forms are included in this new hire packet, or the processing of the employee's first paycheck may be delayed. The forms must be returned to the Payroll Department at the EBMC Corporate office.

	<u>EBMC FORM #</u>	<u>NO</u>	<u>YES</u>
1.	PPM-1 New Employee Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	PPM-4 IRS W-4 Form	<input type="checkbox"/>	<input type="checkbox"/>
3.	PPM-2/2A Application For Employment	<input type="checkbox"/>	<input type="checkbox"/>
4.	PPM-25 Candidate Release Authorization	<input type="checkbox"/>	<input type="checkbox"/>
5.	PPM-26 Candidate Disclosure / Authorization	<input type="checkbox"/>	<input type="checkbox"/>
6.	PPM-4A Fair Housing Equal Opportunity Requirements	<input type="checkbox"/>	<input type="checkbox"/>
7.	PPM-5 Agreement for Employees Living On Site (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
8.	PPM-6 Employee Cleaning Deposit Agreement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
9.	PPM-9 C.O.B.R.A. Acknowledgment	<input type="checkbox"/>	<input type="checkbox"/>
10.	PPM-3 Employment Eligibility Verification, INS Form I-9	<input type="checkbox"/>	<input type="checkbox"/>
11.	PPM-10/10A Safety Orientation and Acknowledgement Forms	<input type="checkbox"/>	<input type="checkbox"/>
12.	PPM-11 New Employee Orientation Checklist	<input type="checkbox"/>	<input type="checkbox"/>
13.	PPM-23 Acknowledgment of Receipt of Employee Handbook	<input type="checkbox"/>	<input type="checkbox"/>
14.	PPM-24 MPN Employee Physician Pre-Designation Form (CA ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
15.	PPM-31 EEOC Information Form	<input type="checkbox"/>	<input type="checkbox"/>
16.	PPM-32 Pay Method Election Form	<input type="checkbox"/>	<input type="checkbox"/>
17.	PPM-28 Direct Deposit Form OR Wells Fargo Paycard Application	<input type="checkbox"/>	<input type="checkbox"/>

**All forms must be filled out completely, dated, signed and approved by the Property Supervisor/Manager. Forms not completed will be returned.**

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
AUTHORIZED BY (Employees Direct Supervisor or 1st Level Supervisor)

\_\_\_\_\_  
APPROVED BY (2nd Level Supervisor)

NOTE: THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE'S DIRECT SUPERVISOR ONLY, APPROVED BY THE 2ND LEVEL SUPERVISOR, AND SIGNED BY THE EMPLOYEE.



# Form W-4 (2010)

**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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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

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

**Head of household.** Generally, you may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not 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 \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** \_\_\_\_\_  
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.  
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: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  <div style="font-size: 2em; font-weight: bold; text-align: center;">2010</div>
1 Type or print 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 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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 (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)
<b>Eugene Burger Management Corporation</b>		: :

**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 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_

2 Enter: { \$11,400 if married filing jointly or qualifying widow(er) }  
 { \$8,400 if head of household }  
 { \$5,700 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_

4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . 4 \$ \_\_\_\_\_

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . 5 \$ \_\_\_\_\_

6 Enter an estimate of your 2010 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 \$3,650 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 4-9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 - 120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 - 105,000 -	12						
105,001 - 115,000 -	13						
115,001 - 130,000 -	14						
130,001 - 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 using it 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.

## Instructions

Read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
  - 2. Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

#### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

#### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

#### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

#### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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### **Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

**Form I-9, Employment  
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) \_\_\_\_\_

An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

## FAIR HOUSING

### EQUAL OPPORTUNITY REQUIREMENTS

1. All prospective residents who are qualified according to income and the policies established to achieve a socio-economic mix, shall not be discriminated against on the basis of race, color, religion, sex, age, national origin, family status, handicap, sexual orientation, or any other factor. All prospective residents shall be provided housing on a first-come, first-serve basis according to the needs of the family. All properties will have the HUD equal opportunity logo posted in a conspicuous place for all prospective residents to see.
2. The 1968 Civil Rights Act and the 1988 Fair Housing Amendment Act prohibit discrimination based on race, color, religion, sex, age, national origin, family status, handicap, sexual orientation, or any other factor, in the sale or rental of housing.
3. All EBMC employees will perform their duties and responsibilities in conformity with the public law, and within EBMC's established equal opportunity policies, and will affirmatively promote fair housing.
4. Many states and cities have enacted their own fair housing laws, some of which are more comprehensive than the federal statutes. All of EBMC's employees will make their best effort to comply with state and local government fair housing laws.
5. All advertising shall include the prominent display of the HUD Equal Housing Opportunity logo. Displays or statements will be no less than 8 pt. bold face type, when possible.
6. All photographs shall depict persons of majority and minority groups.
7. The HUD Fair Housing Poster must be placed in a conspicuous place in the rental office or wherever rental activities are conducted.
8. All signs on the property site or advertising for the property, shall display the HUD Equal Housing Opportunity logo, (approximately 4" or more depending on the sign, and lettering should be prominent).
9. Families and minority or majority residents CANNOT be limited to a specific location on the property.
10. There will no difference in the processing procedures on the basis of race, color, religion, sex, age, national origin, family status, handicap, sexual orientation, or any other factor.
11. Every EBMC employee shall make every effort to treat everyone in an equal and just manner and be most sensitive to the problems and feelings of those persons in the minority group.
12. In order to avoid potential misunderstandings, every property shall abide by the outstanding resident selection and processing procedures published by HUD, and as set forth in the appropriate EBMC manuals. Every property shall have available in writing for the prospective residents, the selection and processing policies outlining the eligibility requirements, the processing time, any necessary subsidy approval, the rents, and any other pertinent selection criteria.
13. All printed material shall carry the HUD Equal Housing Opportunity Logo/Statement.
14. If applicable, a copy of the Fair Housing Affirmative Marketing Plan will be posted or shall be available at the rental office or where ever rental activities are carried out, for inspection by any person.

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





EUGENE BURGER  
MANAGEMENT  
CORPORATION

6600 Hunter Drive  
Rohnert Park, CA 94928

TEL 707 584 5123  
FAX 707 584 5124

www.ebmc.com

## Predesignation of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medial doctor (M.D.) or doctor of osteopathic medicine (D.O.) if:

- Your employer offers group health coverage;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Prior to the injury you doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing: 1) notice that you want your personal doctor to treat you for a work-related injury or illness, and 2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

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### Notice of Predesignation of Personal Physician

#### Employee (complete this section)

Employee's Name: \_\_\_\_\_

Employee Location: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Name of Employer)

Select one of the boxes below:

I choose to be treated by my employer's elected physician. I **am not** selecting a personal physician.

If I have a work-related injury or illness, I choose to be treated by:

Name of Doctor: \_\_\_\_\_

Doctor's specialty (M.D. or D.O): \_\_\_\_\_

Doctor's Street Address: \_\_\_\_\_

Doctor's City, State, Zip: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

**Physician:** I agree to this Predesignation:

\_\_\_\_\_  
(Physician or Designated Employee of Physician Signature) Date

**Note to Physician or Designated Employee of the Physician:** the physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be predesignated is required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

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Employer will retain completed form in employee's personnel file



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## Payroll Option Election Sheet

Mark Your  
Selection Here

Description

Features and Benefits

<input type="checkbox"/> Direct Deposit	It is an electronic transfer of your net pay directly into your existing bank account. Its tried and true – it has been use for nearly 40 years!	<ul style="list-style-type: none"> <li>✓ Green Option – No paystub is mailed.</li> <li>✓ View your paystub on iPay.</li> <li>✓ Funds are immediately available on Payday.</li> <li>✓ Service is free.</li> <li>✓ Utilizes your existing bank account</li> </ul>
<input type="checkbox"/> Pay Card	A pay card can be used as an alternative to traditional direct deposit for individuals without pre-existing bank accounts. By electing to use the pay card, you receive your net pay in a secure account that is set up and maintained by Wells Fargo. This account is linked to the pay card, and can be used like a debit or credit card.	<ul style="list-style-type: none"> <li>✓ Green Option – No paystub is mailed.</li> <li>✓ View your paystub on iPay</li> <li>✓ Receive a monthly account statement.</li> <li>✓ Funds are immediately available on Payday.</li> <li>✓ Access to cash 24 hours a day, 7 days a week.</li> <li>✓ Service is free with a few exceptions. Visit <a href="https://www.wellsfargopaycard.com/">https://www.wellsfargopaycard.com/</a> for details.</li> <li>✓ Simple enrollment process (along with a webinar that explains features and usage.</li> <li>✓ Flexible access to pay – ATM withdrawals, POS, and the ability to make purchases everywhere Visa cards are accepted.</li> </ul>
<input type="checkbox"/> Paper Check	A traditional paper check and paystub will be mailed to your home address via US mail. <b>Please note</b> – your check will be mailed via regular US mail one day before pay day. We cannot guarantee timely delivery.	<ul style="list-style-type: none"> <li>✓ View your paystub on iPay</li> <li>✓ Receive your regular paycheck and paystub in the mail.</li> <li>✓ Check will be mailed directly to your home.</li> </ul>

**Failure to make a selection will result in a paper check being mailed via regular US mail one day before pay day as detailed above.**

By checking the box above, I have indicated the payroll option I wish to elect. I understand that I am responsible for completing the enrollment process for the option I selected and that if I do not complete the enrollment process I will receive a paper check via US mail.

Employee's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Employee Location: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

SAFETY ORIENTATION  
FOR NEW/TRANSFERRED EMPLOYEES

All new, transferred or promoted employees will be trained by their supervisor on the safe operation and safe procedures required to perform their job duties. The meeting between employee and supervisor is to be documented on this form.

EMPLOYEE NAME AND TITLE \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_

NEW EMPLOYEE? Yes/No    TRANSFERRED FROM ANOTHER PROPERTY? Yes/No

EMPLOYMENT DATE \_\_\_\_\_    REHIRE DATE \_\_\_\_\_

TO BE COMPLETED BY SUPERVISOR:

1.    List type of equipment employee will use:
  
2.    Does the employee clearly understand and know how to operate the equipment?
  
3.    Have written rules specific to the job function been provided and reviewed?
  
4.    List any special training given on high safety risk work procedures:
  
5.    Does the employee know all his/her job duties and know how to perform work satisfactorily?
  
6.    Will this job require follow-up or review training? If yes, at what intervals?



7. Ask employee if he/she has any questions concerning work tasks. List them along with the answers given to the employee.

a)

b)

c)

8. Does the employee understand company safety policies and safety procedures?

9. Have the general safety rules been provided and reviewed?

The undersigned supervisor and employee understand and agree that the safety procedures were fully explained on the safe operations of equipment and correct performance of work duties.

Employee's Signature: \_\_\_\_\_  
Date

Supervisor's Signature: \_\_\_\_\_  
Date



ACKNOWLEDGEMENT OF RECEIPT OF  
EBMC SAFETY RULES AND  
DISCIPLINARY POLICY FOR SAFETY INFRACTIONS

I have been provided a copy of Eugene Burger Management Corporation's Safety Rules and agree to follow all rules as a condition of my employment. I will ask my Supervisor if I do not understand any of the rules.

If I find any unsafe conditions, I will report them to my Supervisor.

Eugene Burger Management Corporation's safety rules will be enforced through a progressive disciplinary policy. Guidelines have been established to provide a safe work environment for all employees. Rules will be equally enforced with consideration given to the specifics of each infraction.

Once a safety rule has been established, compliance is not optional.

The safety policy includes varying degrees of disciplinary action. In order of severity, infractions are ranked as follows:

1. Oral reprimand
2. Written reprimand
3. Suspension
4. Discharge

I have read and understand Eugene Burger Management Corporation's disciplinary policy for safety infractions.

---

Employee's Signature

Date

---

Supervisor's Signature

Date

**ONE COPY TO BE RETURNED TO THE PERSONNEL DEPARTMENT**



**ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK**

This is to acknowledge that I have received a copy of the June 15, 1998, revised edition of the EBMC Employee Handbook and understand that it contains important information on the Company's general personnel policies and on my privileges and obligations as an Employee. I acknowledge that I am expected to read, understand, and adhere to Company policies and will familiarize myself with the material in the Handbook. I understand that I am governed by the contents of the Handbook and that the Company may change, rescind or add to any policies, benefits or practices described in this Handbook, other than the employment-at-will policies, from time-to-time in its sole discretion with or without prior notice. The Company will advise Employees of material changes within a reasonable time.

Furthermore, I understand that employment with the Company is not for a specified term and is at the mutual consent of the Employee and the Company. Accordingly, either the Employee or the Company can terminate the employment relationship at will, with or without cause, at any time. This represents and integrated agreement with respect to the at-will nature of the employment relationship.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE'S NAME (typed or printed)

