

POSTLER & JAECKLE
SIGN-UP AND SAFETY ORIENTATION FOR "NEW EMPLOYEES"

(Please have employee complete in full, with ink and hand in with other forms and papers indicated below)

NAME: _____	SS#: _____	DATE HIRED: _____
ADDRESS: _____	PHONE#: (____) _____	DATE OF BIRTH: _____
CITY: _____	STATE: _____	ZIP: _____

(Please check all that apply)

LOCAL UNION: 13 46 112 267 OTHER _____ JYN APP PRE APP. IF APP, YEAR _____

TRAVELER: YES NO IF YES, AFFILIATE UNION _____

HOME OFFICE: ROCH LYONS SO TIER ALB SYR BING PA/NJ

<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Vietnam Era Veteran (V)	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other Veteran (O)*	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	<small>*see attached listing for qualifying campaigns</small>	
			<input type="checkbox"/> Newly Separated Veteran (O)	

Emergency Contact Information- NAME: _____ RELATION: _____

ADDRESS: _____ DAY PHONE #:(____) _____

CITY: _____ STATE: _____ ZIP: _____ NIGHT PHONE #:(____) _____

ACTIVITY	SUPERVISOR INITIAL HERE
1. W-4 Employee Withholding Allowance Certificate (<i>hand in</i>)	_____
2. Employment Eligibility Verification (Form 1-9) (<i>hand in</i>)	_____
3. Copy of Drivers License, 10hr OSHA card and Social Security card (<i>hand in</i>)	_____
4. Equal Employment Opportunity Policy Statement (<i>keep handout</i>)	_____
5. Employee Safety Orientation (<i>keep handout and sign here</i>)	_____
6. Employee Safety Handbook (<i>keep book hand in receipt page</i>) & Safety Quiz (<i>hand in</i>)	_____
7. Please indicate any previous safety training, OSHA cards, safety certificates or medical training you currently hold:	
<input type="checkbox"/> KODAK SAFETY ORIENTATION Date Taken: _____	<input type="checkbox"/> 40 HR HAZARDOUS WASTE TRAINING Date Taken: _____
<input type="checkbox"/> XEROX SAFETY ORIENTATION Date Taken: _____	<input type="checkbox"/> MOBIL CHEMICAL SAFETY Date Taken: _____
<input type="checkbox"/> OSHA 10 HR. TRAINING Date Taken: _____	<input type="checkbox"/> PERSONAL LIFE TRAINING Date Taken: _____
<input type="checkbox"/> CPR TRAINING Date Taken: _____	<input type="checkbox"/> RESPIRATOR TRAINING Date Taken: _____
<input type="checkbox"/> CONFINED SPACE TRAINING Date Taken: _____	<input type="checkbox"/> FALL PROTECTION TRAINING Date Taken: _____
<input type="checkbox"/> FOREMAN SUPERVISORY TRAINING Date Taken: _____	<input type="checkbox"/> LIST OTHER: Date taken: _____
<input type="checkbox"/> LIST OTHER: Date Taken: _____	<input type="checkbox"/> LIST OTHER: Date Taken: _____
<input type="checkbox"/> LIST OTHER: Date Taken: _____	<input type="checkbox"/> LIST OTHER: Date Taken: _____

Is there any existing medical condition that would prevent you from performing your job? YES NO

Would you be interested in direct deposit for a method of payment? YES NO

Orientation conducted by: _____ Date: _____

Form W-4 (2009)

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 2009 expires February 16, 2010. 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 their 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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

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 2009. 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • 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	_____
{	<ul style="list-style-type: none"> • 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. 	}				
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. <ul style="list-style-type: none"> • 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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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 \$40,000 (\$25,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> • 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 \$40,000 (\$25,000 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. 	}
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----- Cut 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: 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 2009
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 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (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, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2009 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 8* in Pub. 919.) **5** \$ _____

6 Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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.



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
 PO BOX 280904
 HARRISBURG, PA 17128-0904

**EMPLOYEE'S
 NONWITHHOLDING
 APPLICATION**

Please Print or Type

TAX YEAR _____

EMPLOYEE INSTRUCTIONS: Who is Eligible For Nonwithholding - You may be entitled to nonwithholding of PA State Income Tax if you incurred no liability for income tax the preceding tax year and you anticipate that you will incur no liability for income tax the current tax year, according to the Special Tax Provisions of Act 32 of 1974. Act 32 provides low income individuals a complete or partial tax forgiveness, with specific instructions contained in the current tax year's Pennsylvania Individual Income Tax Forms and Instructions Booklet.

When to Claim - File this certificate with your employer as soon as you determine you are entitled to claim nonwithholding. You must file a certificate each year to continue to be eligible.

Multiple Employers - If you are employed by more than one employer, you may claim eligibility for nonwithholding with each employer if your anticipated income total will not cause you to incur any PA State Income Tax liability in the current tax year and you had no liability for income tax the preceding tax year.

When You Must Revoke This Certification - You must revoke this certification within 10 days from the day you anticipate you will incur PA State Income Tax liability for the current tax year. To discontinue or revoke this certification of nonwithholding, submit notification in writing to your employer.

Expiration Date - This certificate expires on December 31.

Exemption - Claimants who qualify for complete tax forgiveness must file a PA-40, Pennsylvania Individual Income Tax Return, and Schedule SP to claim tax forgiveness.

EMPLOYER INSTRUCTIONS: If the Pennsylvania taxable gross compensation of any employee who has submitted a nonwithholding application exceeds \$1625 for any quarter, the employer promptly must forward a copy of this application to the PA Department of Revenue, Bureau of Business Trust Fund Taxes, PO BOX 280904, Harrisburg, PA 17128-0904 for approval. If the Department disapproves the application, the employer must immediately commence withholding at the regular rate.

CUT HERE

**SEND TO THE COMMONWEALTH OF PENNSYLVANIA
 (EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)**

Employee name: first, middle initial, last	Social Security Number
Home Address	Telephone Number ()
City	State Zip Code
Under penalties of perjury, I certify that I did not incur any State Personal Income Tax liability during the preceding tax year AND , I will not incur any liability this current tax year.	
Employee's Signature	Date

(EMPLOYER COMPLETES INFORMATION BELOW AND SIGNS)

Employer Name	Federal Employer Identification Number
Business Address	Telephone Number ()
City	State Zip Code
Employer's Signature	Employee's Quarterly Compensation \$



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280904
HARRISBURG, PA 17128-0904

**EMPLOYEE'S STATEMENT
OF NONRESIDENCE IN
PENNSYLVANIA AND
AUTHORIZATION TO WITHHOLD
OTHER STATE'S INCOME TAX**

PLEASE PRINT OR TYPE

Employer Instructions: You must keep a copy of this form on file for each employee who claims exemption from withholding of Pennsylvania Personal Income Tax on compensation received in Pennsylvania and who authorizes withholding of income tax for another state for remittance to that state. Send the bottom portion of this form to the PA Department of Revenue, Bureau of Business Trust Fund Taxes, PO BOX 280904, Harrisburg, PA 17128-0904. Photocopies of this form are acceptable. Unless the state of residence changes, it is not necessary to refile this statement each year.

Employee Instructions: You must complete both portions of this form to claim an exemption from withholding of Pennsylvania Personal Income Tax and to authorize withholding of your state's income tax. Only residents of the states listed on this form are eligible for exemption of withholding from Pennsylvania since they are the only states with which there is a reciprocal agreement. If you change your residence from the state specified on this form, you must notify your employer and complete a new form within 10 days of that change of residence.

CUT HERE

EMPLOYER COPY (EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)

Employee name: First, Middle Initial, Last	Social Security Number
Home Address	
City	State Zip Code
I hereby declare that, under penalties of perjury, I am a resident of the state checked below: <input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> OHIO <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania Personal Income Tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.	
Employee's Signature	Date

(EMPLOYER COMPLETES INFORMATION BELOW)

Employer Name:	Federal Employer Identification Number (EIN)
Business Address	Telephone Number ()
City	State Zip Code

CUT HERE

**COPY TO BE SENT TO THE COMMONWEALTH OF PENNSYLVANIA
(EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)**

Employee name: First, Middle Initial, Last	Social Security Number
Home Address	
City	State Zip Code
I hereby declare that, under penalties of perjury, I am a resident of the state checked below: <input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> OHIO <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania Personal Income Tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.	
Employee's Signature	Date

(EMPLOYER COMPLETES INFORMATION BELOW)

Employer Name:	Federal Employer Identification Number (EIN)
Business Address	Telephone Number ()
City	State Zip Code

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

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 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 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 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.

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.

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.**

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 <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
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 <i>(month/day/year)</i>
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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 <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

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 <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

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 <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

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

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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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 <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

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

LIST B

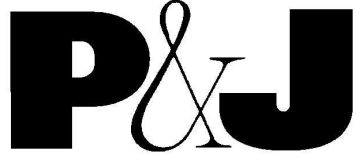
**Documents that Establish
Identity**

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)		
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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
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	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
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	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)



POSTLER & JAECKLE CORP.

MECHANICAL CONTRACTORS

September 16, 2002

To: All Employees/Applicants

From: Dominick Mancini

Subject: Equal Employment Opportunity Policy Statement

It is the policy of Postler & Jaeckle Corp. to afford equal employment opportunity to all qualified persons without regard to race, color, religion, sex, physical impairment, national origin or status as a disabled veteran or veteran of the Vietnam Era.

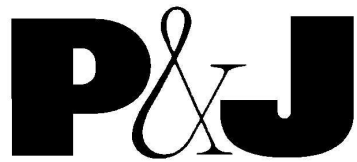
This includes, but is not limited to the following:

- Hiring, placement, upgrading, transfer, promotion or demotion;
- Recruiting, advertising or solicitation for employment;
- Treatment during employment;
- Rates of pay or other forms of compensation;
- Selection of training, including apprenticeship;
- Layoff or termination.

Dominick Mancini is appointed the Equal Employment Officer for Postler & Jaeckle Corp.; 615 South Ave.; Rochester, NY 14620; 585-546-7450. He will handle all complaints which allege discrimination because of race, color, religion, sex, physical or mental handicap, or status as a veteran or veteran of the Vietnam Era

We shall pursue enforcement of this program with the same vigor, determination, imagination and resourcefulness that we have always given to the programs we undertake at Postler & Jaeckle Corp.

It is the policy of this company to cooperate to the fullest extent with the applicable regulations of the Civil Rights Act and the Executive Orders on Equal Employment Opportunity. I have instructed my directors and staff to assist in every way possible to ensure that our policy is adhered to. We would hope that each and every employee would do his or her utmost to provide both the spirit and the letter of this policy.



POSTLER & JAECKLE CORP.

MECHANICAL CONTRACTORS

**AMENDMENT TO POSTLER & JAECKLE CORP.'S
FIELD EMPLOYEE HEALTH & SAFETY HANDBOOK**

POLICY STATEMENT:

POSTLER & JAECKLE CORP. is committed to providing a work environment which is free from harassment based on an individual's sex, race, color, religion, sexual orinetatin, national origin, ancestry, disability or age. Harassment in all of these forms is unlawful and violates the rights of the individual and undermines the integrity of the employment relationship, which can destroy the morale and commitment of the individuals involved.

Any employee, who believes he or she has been subjected to harassment, or is aware of harassment to others in the workplace, should report the incident to their supervisor or any member of management.

POSTLER & JAECKLE CORP. DIRECT DEPOSIT AUTHORIZATION FORM:

I hereby consent to and Authorize Postler & Jaeckle Corp., to deposit my NET WAGES into the account in my name, at the bank indicated below, and authorize bank to credit such amounts to:

INDICATE TYPE OF ACCOUNT: _____ CHECKING _____ SAVINGS

NAME OF BANK OR SAVINGS ASSOCIATION:

BRANCH:

CITY/STATE/ZIP:

|: _____|:

BANK ROUTING AND TRANSIT NUMBER

(this is the 9-digit number btw the |: symbols prior to the account # at the bottom of check)

| _____|

ACCOUNT NUMBER

My company is authorized to make withdrawal on this account to adjust any over-deposit which it has caused to be made. This authorization is to remain in full force and effect for the duration of my employment, or until the company may wish to discontinue the service, or until company has received written notification from me of its termination in such time and manner as to afford company and bank a reasonable opportunity to act on it.

Employee Signature

Employee Name (Print)

Date

Social Security Number

Employee #

STAPLE VOIDED CHECK OR DEPOSIT TICKET HERE

U.S. Office of Personnel Management

Ensuring the Federal Government has an effective civilian workforce

Veterans Information

- [Main](#)
- [VetsInfo Guide](#)
- [VetGuide](#)
- [DVAAP Reports](#)
- [News and Transmittals](#)
- [Information for Job Seekers](#)

VetGuide Appendix A: Wars, Campaigns and Expeditions of the Armed Forces Since WW II Which Qualify for Veterans Preference

War Service Creditable for Veterans Preference. In the absence of statutory definition for "war" and "campaign or expedition," OPM considers to be "wars" only those armed conflicts for which a declaration of war was issued by Congress. The title 38, U.S.C., definition of "period of war," which is used in determining benefits administered by the Department of Veterans Affairs, includes the Vietnam Era and other armed conflicts. That title 38 definition is **NOT** applicable for civil service purposes.

Thus the last "war" for which active duty is qualifying for Veterans preference is World War II. The inclusive dates for World War II service are December 7, 1941, through April 28, 1952.

Non-combat operations that are not qualifying for Veterans preference. Many medals are awarded for non-combat operations. These medals are not a basis for preference and include the following:

- Global War on Terrorism Service Medal for service from September 11, 2001, to date to be determined.
- The Medal of Merit for meritorious service in World War II.
- The Medal of Freedom for meritorious achievements or meritorious service to the United States on or after December 7, 1941, in the war against an enemy outside the continental limits of the United States.
- The Antarctica Service Medal for participating in a scientific, direct support, or exploratory operation on the Antarctic Continent.
- The National Defense Service Medal for honorable service between June 27, 1950 and July 27, 1954 or January 1, 1961 and August 14, 1974; or for the period between August 2, 1990, and November 30, 1995.
- The Armed Forces Service Medal for participation in a United States military operation deemed to be a significant activity for which there was no threat of encounter of foreign armed opposition or imminent threat of hostile action.
- The Armed Forces Reserve Medal for 10 years of honorable service in a Reserve component; or active duty service in a Reserve component on or after August 1, 1990; or volunteer service for active duty on or after August 1, 1990.

Military Operations Since 1937 for Which a Campaign or Expeditionary Medal Has Been Awarded, Except for Operations Occurring During a Declared War

Military personnel receive many awards and decorations. To help agencies make decisions concerning entitlement to Veterans preference and other benefits, the following list identifies those awards that are campaign and expeditionary medals. **Any Armed Forces expeditionary Medal, whether listed here or not, is qualifying for Veterans preference.** The Department of Defense, not OPM, determines who is entitled to receive a medal, and under what circumstances. The list below is derived from DoD 1348.33-M, Manual of Military Decorations and

Awards.

DD 214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for Veterans preference.

Campaigns and Expeditions Which Qualify For Veterans preference

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Armed Forces Expeditionary Medal (AFEM) A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded.	
Afghanistan (Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF))	OEF September 11, 2001, to present; OIF March 19, 2003, to present
Berlin	August 14, 1961, to June 1, 1963
Bosnia (Operations Joint Endeavor, Joint Guard, and Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to June 20, 1998; June 21, 1998 to present
Cambodia	March 29, 1973, to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11 - 13, 1975
Congo	July 14, 1960, to September 1, 1962, and November 23, to 27, 1964
Cuba	October 24, 1962, to June 1, 1963
Dominican Republic	April 28, 1965, to September 21, 1966
El Salvador	January 1, 1981, to February 1, 1992
Global War on Terrorism	September 11, 2001 to present
Grenada (Operation Urgent Fury)	October 23, 1983, to November 21, 1983
Haiti Operation Uphold Democracy)	September 16, 1994, to March 31, 1995
Iraq (Operations Northern Watch, Desert Spring, Enduring Freedom (OEF), and Iraqi Freedom (OIF))	January 1, 1997 to present; December 31, 1998 to December 31, 2002 (projected); OEF September 11, 2001, to present; OIF March 19, 2003, to present
Korea	October 1, 1966, to June 30, 1974
Kosovo	March 24, 1999 to present
Laos	April 19, 1961, to October 7, 1962
Lebanon	July 1, 1958, to November 1, 1958, and June 1, 1983, to December 1, 1987
Mayaguez Operation	May 15, 1975 to May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12, 1986 to April 17, 1986
Panama (Operation Just Cause)	December 20, 1989, to January 31, 1990
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987, to August 1, 1990

Persian Gulf Operation (Operation Southern Watch)	December 1, 1995, to present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997
Persian Gulf Operation (Operation Desert Thunder)	November 11, 1998 to December 22, 1998
Persian Gulf Operation (Operation Desert Fox)	December 16, 1998 to December 22, 1998
Persian Gulf Intercept Operation	December 1, 1995, to present
Quemoy and Matsu Islands	August 23, 1958, to June 1, 1963
Somalia (Operations Restore Hope and United Shield)	December 5, 1992, to March 31, 1995
Taiwan Straits	August 23, 1958, to January 1, 1959
Thailand	May 16, 1962, to August 10, 1962
Vietnam Evacuation (Operation Frequent Wind)	April 29, 1975, to April 30, 1975
Vietnam (including Thailand)	July 1, 1958, to July 3, 1965

Note: Section 572 of Subtitle G of the Defense Authorization Act of Fiscal Year 1998 (Public Law 105-85), signed into law on November 18, 1997, allows the Secretary of the military department concerned to determine whether individual members who participated in Operation Joint Endeavor or Operation Joint Guard in the Republic of Bosnia and Herzegovina and in such other areas in the region as the Secretary of Defense considers appropriate, meet the individual service requirements for award of the Armed Forces Expeditionary Medal (AFEM). Generally, service members will be considered eligible if they:

- deployed to Bosnia and Herzegovina (or other area that the Secretary of Defense considers appropriate) in direct support of one or both of the operations;
- served on board a ship in the Adriatic in direct support of one or both of the operations; or
- operated in airspace above Bosnia, Herzegovina (or other area that the Secretary of Defense considers appropriate) while the operations were in effect.

Navy expeditionary Medal and Marine Corps Medal for these Operations:

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Cuba	January 3, 1961 to October 23, 1962
Indian Ocean/Iran	November 21, 1979, to October 20, 1981
Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Lebanon	August 20, 1982 to May 31, 1983
Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Libyan Area	January 20, 1986 to June 27, 1986
Panama	April 1, 1980 to December 19, 1986 and February 1, 1990 to June 13, 1990
Persian Gulf	February 1, 1987 to July 23, 1987
Rwanda (Operation Distant runner)	April 7 - 18, 1994
Thailand	May 16 - August 10, 1962

Other Campaign and Service Medals Qualifying for Preference:

<i>Campaign or Expedition</i>	<i>Inclusive dates</i>
Army Occupation of Austria	May 9, 1945 to July 27, 1955
Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Army Occupation of Germany (exclusive of Berlin)	May 9, 1945 to May 5, 1955
Army Occupation of Japan	September 3, 1945 to April 27, 1952
Chinese Service Medal (Extended)	September 2, 1945 to April 1, 1957
Korea Defense Service Medal	July 28, 1954 to (date to be determined)
Korean Service	June 27, 1950 to July 27, 1954
Kosovo Campaign Medal (KCM) Operation Allied Force	March 24, 1999 to June 10, 1999
Kosovo Campaign Medal (KCM) Operation Joint Guardian	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Operation Allied Harbor	April 4, 1999 to September 1, 1999
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	April 4, 1999 to July 10, 1999
Kosovo Campaign Medal (KCM) Operation Noble Anvil	March 24, 1999 to July 20, 1999
Kosovo Campaign Medal (KCM) Task Force Hawk	April 5, 1999 to June 24, 1999
Kosovo Campaign Medal (KCM) Task Force Saber	March 31, 1999 to July 8, 1999
Kosovo Campaign Medal (KCM) Task Force Falcon	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Task Force Hunter	April 1, 1999 to November 1, 1999
Navy Occupation of Austria	May 8, 1945 to October 25, 1954
Navy Occupation of Trieste	May 8, 1945 to October 25, 1954
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm)	August 2, 1990 to November 30, 1995
Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973
Rwanda (Operation Distant runner)	April 7 - 18, 1994
Thailand	May 16 - August 10, 1962

[VetGuide Main Page](#)