



Name _____ (Last) (First) (Middle Initial)
Social Security Number _____ - _____ - _____

## Employee Enrollment Packet

# Arizona

2017

### Welcome to Creative Business Resources!

In this packet there are five forms you must sign and return to us:

★ **Please do not separate these first five forms.**

- Employee Information Sheet (Inside Cover)
- U.S. Department of Homeland Security Employment Eligibility Verification (Form I-9)
- IRS Form W-4
- Arizona State Form A-4
- Direct Deposit Form

★ **Please remove and keep all the following material.**

- Employment Agreement Policy
- Drug Free Workplace Policy
- Employee Safety Policy
- Employee Safety Information Form
- Sexual Harassment, Harassment and Discrimination Policy
- Grievance/Harassment Report
- Family Medical Leave Act Policy

**Complete the required forms and sign the inside cover now.  
We will have to return this package to you if forms are incomplete.**



**EMPLOYEE INFORMATION SHEET**

**To Be Completed by Employee:** CBR Start Date \_\_\_\_\_

Name: \_\_\_\_\_ Client Company: \_\_\_\_\_  
(Last) (First) (MI)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
(Street Name and Number)

Single  Married

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information:**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Information acquired for EEO-1 reporting purposes only

**Race or Ethnic Identity:**  White  African American  Hispanic  Asian  Native American  Other \_\_\_\_\_

**Voluntary Veteran Status:**  Vietnam Era Veteran  Special Disabled Veteran  Other Eligible Veteran

**ACKNOWLEDGEMENT AND RELEASE - I HEREBY ACKNOWLEDGE RECEIPT OF THE ITEMS LISTED BELOW.**

- |                            |                                                         |                                     |
|----------------------------|---------------------------------------------------------|-------------------------------------|
| Employment Agreement       | Sexual Harassment, Harassment and Discrimination Policy | Family and Medical Leave Act Policy |
| Drug Free Workplace Policy | Grievance/Harassment Report                             |                                     |
| Employee Safety Policy     | Employee Safety Information Form                        |                                     |

I have read and agree to the terms set forth in the Employment Agreement and all other Policies and Forms listed above.

In addition, I understand that my employment is "at will" and can be terminated with or without cause, with or without notice, at the option of CBR or myself. I further understand that the policies established therein are subject to change for any reason, with or without notice, and such change would not in any way alter the "at will" employment relationship.

I understand that state law requires an employee to report any industrial accident, injury or illness to his/her employer, and agree to abide by this law while employed with Creative Business Resources.

I release and agree to hold harmless any individual, company, business institution or government agency from liability with regard to furnishing information to Creative Business Resources for employment.

I acknowledge receipt and agree to the terms of drug testing policy set forth by the employer. I authorize any healthcare provider, their employers and agents administering the drug test to release the results to Creative Business Resources. Furthermore, I release Creative Business Resources, their client, the healthcare provider, and their respective employees and agents from any and all claims that I may now, or in the future, have arising from or relating to drug testing policy or action taken due to failed test results.

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

\_\_\_\_\_  
**Date**

**To Be Completed by Client Company:**

Pay Rate \$ \_\_\_\_\_  per hour  weekly  bi-weekly  semi-monthly  monthly

Job Title \_\_\_\_\_  Full Time  Part Time  Exempt  Non-Exempt

W/C Code \_\_\_\_\_ W/C Code \_\_\_\_\_ W/C Code \_\_\_\_\_ State \_\_\_\_\_

Original Hire Date \_\_\_\_\_ Employee Class \_\_\_\_\_ Insurance Effective Date \_\_\_\_\_

**Manager Authorization** \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

# Form W-4 (2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ <b>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.</b>		<b>2017</b>
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2017, 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, <b>and</b> • 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 . . . . . ▶		<b>7</b> _____		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

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

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

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**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 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town	State	ZIP Code	

Choose either box 1 or box 2:

- 1** Withhold from gross taxable wages at the percentage checked (check only one percentage):
- 0.8%   
  1.3%   
  1.8%   
  2.7%   
  3.6%   
  4.2%   
  5.1%
- Check this box and enter an extra amount to be withheld from each paycheck ..... \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

Print

I certify that I have made the election marked above.

---

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Employee's Instructions**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

**What are my "Gross Taxable Wages"?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

**Current Employees**

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage to change the extra amount withheld.

**What Should I do With Form A-4?**

Give your completed Form A-4 to your employer.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

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

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

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

# Paycheck Deposit Authorization Form

<b>Employee Name</b>	<b>Last 4 digits of SSN:</b>
<b>Employee Signature **</b>	<b>Date:</b>
<b>Client Company Name</b>	<b>Telephone #:</b>
	<b>Email:</b>

**\*\*I authorize CBR and the Financial Institution listed below, if applicable, to deposit my net pay automatically to my account, CBR Cash Card each payday or to apply the \$5 fee to receive a live check. If funds to which I am not entitled are deposited to my account, I authorize CBR to direct the bank or financial institution to reverse such funds. This Authorization will remain in effect until I have cancelled it in writing. Please allow 14-21 days for deposits to become active. All accounts must go through a pre-note process to verify account information. This process allows errors to be caught before personal accounts are affected. I authorize CBR to email my paystub to the email address I provided above. I understand that I will need my social security number with no dashes to open the PDF/electronic paystub.**

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS

**A** →  **DIRECT DEPOSIT INTO MY PERSONAL BANK ACCOUNT**

Bank Name	*Transit Routing #	Account #	Checking/ Savings	Amount or % to Deposit

\*You must contact your financial institution for verification of the bank transit number. If this information is incorrect, your request cannot be processed.

**Attach a voided check and/or letter from Banking Institution to include transit number and account number. If more than one account, attach all that apply.**

**B** →  **DEPOSIT INTO MY CBR CASH CARD (GLOBAL CASH CARD)**

\_\_\_\_\_ I understand I will receive the Global Cash Card Prepaid ATM Card Cardholder Agreement and  
Initials Disclosure, which outlines the terms and conditions of the card, including all fees associated with the use of the card. I understand it is my responsibility to notify CBR if I do not receive the agreement.

\_\_\_\_\_ I understand that my paycheck stub will be available to view and print by email and account  
Initials information may be accessed online or by contacting customer service. Contact information is included in the Cardholder agreement.

\_\_\_\_\_ I understand a Visa Pre-Paid Cash Card will be mailed to my home. It is my responsibility to notify CBR  
Initials if I do not receive the card within 14 days of my first paycheck.

\*\*Employees may request multiple cards including a card for their Spouse\*\*

**C** →  **LIVE CHECK (PAPER CHECK)**

**My signature above authorizes CBR to deduct \$5 from my paycheck every pay period. I understand that my live check will be mailed to my home address every pay period. It is my responsibility to make sure CBR has my most current address.**

**HOLIDAY CLUB DEDUCTION AUTHORIZATION FORM**\_\_\_\_\_  
**Employee Name**\_\_\_\_\_  
**Social Security #****Total Holiday Club Deferral for the year**\_\_\_\_\_.**Total Deferral per pay period**\_\_\_\_\_.

I Authorize CBR to make the deductions I have elected above.

I understand that this Holiday Club Deduction is not a "pre-tax" deduction, and will be kept in a CBR savings account. I understand that I can join at any time between January and September.I understand that the total amount of my deductions as of October 31<sup>st</sup>, plus 1% per annum interest, will be returned to me before Thanksgiving. If I request an early withdrawal, I understand that I forfeit all interest on all of my savings for the entire program year and I will be charged a \$5 administration fee. Cancellation and request for early withdrawal must be submitted in writing. I have read and I understand the above information about the Holiday Club.\_\_\_\_\_  
**Employee Signature**\_\_\_\_\_  
**Date****VACATION CLUB DEDUCTION AUTHORIZATION FORM**\_\_\_\_\_  
**Employee Name**\_\_\_\_\_  
**Social Security #****Total Vacation Club Deferral for the year**\_\_\_\_\_.**Total Deferral per pay period**\_\_\_\_\_.

I Authorize CBR to make the deductions I have elected above.

I understand that this Vacation Club Deduction is not a "pre-tax" deduction, and will be kept in a CBR savings account. I understand that I can join at any time.I understand that the total amount of my deductions as of April 30<sup>th</sup>, plus 1% per annum interest, will be returned to me before May 31<sup>st</sup>. If I request an early withdrawal, I understand that I forfeit all interest on all of my savings for the entire program year and I will be charged a \$5 administration fee. Cancellation and request for early withdrawal must be submitted in writing. I have read and I understand the above information about the Vacation Club.\_\_\_\_\_  
**Employee Signature**\_\_\_\_\_  
**Date**

**Please Keep the  
Following Policies for  
Your Personal Records**

This Employment Agreement (this "Agreement") is made between Creative Business Resources, ("the Employer") and you, (the "Employee").

**Whereas, Employer is engaged in the business as a Professional Employer Organization and maintains a branch office in Phoenix, Arizona, and**

Whereas, Employer provides clients with services on a contract basis; and

Whereas, Employer desires to employ Employee in connection with certain of its client contracts, and

Whereas, Employee is willing to be employed by Employer and assigned to work for one or more of Employer's clients;

In consideration of the foregoing premises and the following mutual promises, the parties agree as follows:

**1. EMPLOYMENT.** Employer shall employ Employee to perform work for compensation as agreed between Employer and Employee from time to time. Employee accepts and agrees to such employment, subject to the general supervision, advice and direction of Employer, the Employer's supervisory personnel, and any client of Employer to which Employee is assigned ("Assigned Client").

**2. BEST EFFORTS OF EMPLOYEE.** Employee agrees to perform faithfully, industriously, and to the best of Employee's ability, experience, and talents, all of the duties that may be required by the express and implicit terms of this Agreement, to the reasonable satisfaction of Employer and/or Assigned Client. Such duties shall be provided at such place(s) as the needs, business, or opportunities of the Employer or Assigned Client may require from time to time.

**3. TERM.** The term of this Agreement shall commence on the Effective Date of this Agreement and shall continue until terminated by Employer, Assigned Client, or Employee, this being an at will employment relationship ("Term").

**4. COMPENSATION OF EMPLOYEE.** If Employee is currently employed with an Assigned Client and Employee will continue to be assigned to that client, Employee will be compensated at Employee's current rate. If Client is currently unassigned or will be reassigned, Employee will be compensated at the rate described in the Employee Set-Up Form, which is hereby incorporated by reference. Employee's rate of compensation may be periodically reviewed and adjusted at the reasonable discretion of Employer and/or Assigned Client.

**5. QUALIFICATIONS.** Employee hereby represents that he/she holds all educational degrees, licenses, or certifications necessary to perform the job for which he/she accepted employment and that all representations made concerning these qualifications on the application of employment, whether necessary to perform the job or not, are true and correct.

**6. CONFIDENTIALITY.** Employee recognizes that Employer, its clients, and Assigned Client(s) have or will have information regarding the following: inventions, products, prices, apparatus, costs, discounts, future plans, business affairs, processes, trade secrets, technical matters, customer lists, product design, copyrights and other vital information (collectively, "Confidential Information") which are valuable, special and unique assets of Client. Employee agrees that the Employee will not at any time or in any manner, directly or indirectly, divulge, disclose, or communicate in any manner any Information to any third party without the prior written consent of Employer and/or Assigned Client. Employee will protect the Confidential Information and treat it as strictly confidential. A violation by Employee of this paragraph shall be a material violation of this Agreement and will justify legal and/or equitable relief.

**7. NO CONFLICTING DUTIES.** Employee hereby confirms that Employee is under no contractual commitments inconsistent with Employee's obligations set forth in this Agreement, and that during the Term of this Agreement, Employee will devote Employee's full time efforts to the business of Employer and Assigned Client and will not render or perform services, or enter into any contract to do so, for any other corporation, firm, entity or person that are inconsistent with the provisions of this Agreement or Employee's fiduciary obligations to Employer or Assigned Client.

**8. ANTI-PIRACY.** Employee agrees that, during the Anti-Piracy Period, Employee will not, directly or indirectly, individually, through others, or in assistance to others, or as a shareholder, director or officer of a corporation, partner of any partnership, or as an employee, agent, or advisor of any business or entity, that provides products or services that are competitive with those provided by Assigned Client(s):

(i) solicit, service or sell to, assist in soliciting, servicing or selling to, or offer to provide goods and/or services to, any customer or any employee of any customer, whom Employee solicited or sold to, or with whom Employee was involved or responsible for, on behalf of Assigned Client, at any time during the eighteen (18) months preceding the date of termination of Employee's employment with Assigned Client; and/or;

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(ii) ask or suggest to any customer of Assigned Client with whom Employee had any involvement during the twelve (12) months preceding the date of termination of Employee's employment with Assigned Client, that such customer consider placing or moving an order, or all or a portion of its business, to a supplier or distributor other than Assigned Client; and/or;

(iii) solicit, service or sell to, assist in soliciting, servicing or selling to, or offer to provide goods and/or services to, any current or prospective Assigned Client customer, or any employee of any current or prospective Assigned Client customer, located within the counties in which are located, the Assigned Client customers and prospective customers.

The "Anti-Piracy Period" means the Term of this Agreement and a period of 12 months following the termination of Employee's assignment with Assigned Client, unless a court of competent jurisdiction determines that that period is unenforceable under applicable law because it is too long, in which case the Anti-Piracy Period shall be for the longest of the following periods that the court determines is reasonable under the circumstances: 11 months, 10 months, 9 months, 8 months, 7 months or 6 months following the termination of Employee's assignment with Assigned Client.

In the event that Employee signs any agreement directly with the Assigned Client concerning subject matter similar to this paragraph 8, that agreement shall supersede this paragraph 8, but the other provisions of this Agreement shall continue and remain in full force and effect.

**9. ENFORCEMENT.** Employee acknowledges that any violation of this Agreement may result in immediate termination of Employee's employment with Employer and/or assignment with Assigned Client and may subject Employee to a civil action for money damages by Employer and/or Assigned Client for any and all losses sustained as a result of the unauthorized disclosure of any Confidential Information or other actions which breach any provision of this Agreement or any of the covenants contained herein. Employee recognizes that Employer and/or Assigned Client's remedies at law may be inadequate and that Employer and/or Assigned Client shall have the right to seek injunctive relief in addition to any other remedy available to it. If Employee breaches this Agreement or any of the covenants contained herein, the Employer and/or Assigned Client has the right to seek issuance of a court-ordered injunction as well as any and all other remedies and damages, to compel the enforcement of the terms stated herein. This provision with respect to injunctive relief shall not, however, diminish the right of Employer and/or Assigned Client to claim and recover damages in addition to injunctive relief. If court action is necessary to enforce this Agreement, Employee shall be responsible for Employer's and/or Assigned Client's reasonable attorney's fees and costs.

**10. WORK RECORDS.** Employee agrees to assist in the preparation and maintenance of accurate records of work attendance and performance, including the keeping of accurate time records and updating changes in Employees qualifications. Failure to comply with the time and attendance record keeping requirements of the Client Company will be grounds for termination of this agreement.

**11. RETURN OF PROPERTY.** Upon termination of this Agreement, the Employee shall deliver all property (including keys, records, notes, data, memoranda, models, and equipment) that is in the Employee's possession or under the Employee's control which is Employer's property, Assigned Client(s)' property, or the property of the Employer's clients. Employee agrees that Employer and/or Assigned Client may withhold from any compensation due Employee the amount of any unreturned property or amounts owed by Employee to Employer or Assigned Client.

**12. NOTICE.** Employee acknowledges that Employer has provided Employee notice of the agreement between Employer and the Assigned Client with respect to Employee.

**13. ENTIRE AGREEMENT.** This Agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement supersedes any prior written or oral agreements between the parties.

**14. AMENDMENT.** This Agreement may be modified or amended, if the amendment is made in writing and is signed by both parties.

**15. SEVERABILITY.** If any provisions of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid or enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

**16. WAIVER OF CONTRACTUAL RIGHT.** The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

**17. APPLICABLE LAW.** This Agreement shall be governed and construed and enforced in accordance with the laws of the State of Arizona. Employer and Employee agree that suit to enforce any provision of this Agreement or to obtain any remedy with respect hereto may be brought in Superior Court, Maricopa County, Arizona or the United States District Court for the District of Arizona, and for this purpose Employer and Employee hereby expressly and irrevocably consent to the jurisdiction of these courts

Employer: Creative Business Resource  
Michael Tope, CEO

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**DRUG FREE WORKPLACE POLICY**

The following represents the policy of Creative Business Resources and its Client Company (hereinafter referred to as "Company") regarding employee substance abuse. The policy will be enforced uniformly with respect to all employees, whether they are employed directly by Creative Business Resources, the Client Company, or leased.

**The purposes of the Policy are:**

- To establish and maintain a safe, healthy working environment for all employees, visitors, and guests.
- To ensure the positive reputation of the Company and its staff within the community.
- To reduce the number of accidental injuries to persons and/or property.
- To reduce absenteeism and tardiness and improve productivity.
- To provide rehabilitation assistance for any employee who seeks such help.
- To eliminate the liability, cost and expense of the Company for injuries to persons or damages to property caused by employees who are impaired by the improper use of legal drugs or alcohol or the use of illegal drugs/inhalants or controlled substances.

**Policy Enforcement**

**The specific elements of the policy are as follows:**

- All employees are prohibited from being under the influence of illegal drugs/inhalants or controlled substances during working hours.
- The sale, use, possession, distribution, transfer or purchase of illegal drugs/inhalants or controlled substances on company property or while performing company business (whether on or off company property) is strictly prohibited. Such action will be reported to appropriate law enforcement officials.
- The sale, use, possession, distribution, transfer or purchase of illegal drugs/inhalants or controlled substances while on duty, on or off company property, is cause for immediate termination.
- No alcoholic beverages will be consumed on company property without Senior Management authorization; intoxication on company property or while performing company business (whether on or off company property) is expressly prohibited and is the cause for termination.
- If it is suspected that drugs and/or alcohol are affecting the employee's work ability, impairing the employee's decision making ability, or endangering the safety of others, the employee's supervisor is to take immediate corrective action. The employee is to cease contact with all other employees, submit to drug testing, and the company will provide transportation for testing and to employees home.
- No prescription drug will be brought on company property by any employee other than the employee for whom it is prescribed; such drugs will be used by said employee only in the manner, combination and quantity prescribed. When any prescription or over-the-counter drugs might affect behavior and performance, an employee is encouraged to advise his/her supervisor that such drugs are being taken for medical reasons. When such use of drugs adversely affects job performance, medical evaluation may be required and the employee may be temporarily relieved of his/her duties. While on such leave, the employee may be entitled to any unused and earned paid time off.
- Any employee whose abuse of alcohol, illegal drugs/inhalants, controlled substances or prescription drugs results in excessive absenteeism or tardiness or is the cause of on-the-job accidents or poor or unsatisfactory performance of work related duties may be requested to enter an appropriate alcohol, drug/controlled substance abuse program for rehabilitation. Failure to enter and complete such a program is cause for termination of employment.
- Any employee who is convicted of an illegal drug or alcohol related violation, whether under city, county, state or federal criminal law, or who pleads guilty or nolo contendere to such charges must inform their supervisor or the Company within two (2) days of such conviction or plea. Failure by an employee to report criminal convictions as provided in this paragraph, will result in disciplinary action and is cause for termination of employment.
- For purposes of this Policy, an alcoholic beverage is any beverage that has any alcoholic content.
- Drug means substance, other than alcohol, capable of altering an individual's mood, perception, pain level or judgment; a prescribed drug is any substance prescribed for individual consumption by a licensed medical practitioner. An illegal drug is any drug or controlled substance the sale or consumption of which is illegal.

"Controlled substance" is defined to mean those drugs in Schedules I through V of Section 202 of the Federal Controlled substances Act, 21 U.S.C. Section 812, and includes, but is not limited to, marijuana, hashish, cocaine (including "crack", "ice", and other cocaine derivatives), morphine, heroin, amphetamines, and barbiturates.

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## **Disciplinary Action**

- Notwithstanding any provision of this policy to the contrary, it will be the Company's discretion to determine the disciplinary measures to be taken when an employee violates this policy. Each employee should be aware and always keep in mind that one of the disciplinary measures the Company will consider and may impose in each case of a violation of this policy is the termination of employment of the employee who has violated this policy.

## **Policy Compliance Measures**

In order for the Company to monitor and implement this Policy, the Company intends to, and will, perform and request that employees undergo drug testing from time to time. An employee may undergo a drug/alcohol test under the following circumstances: 1) condition of initial employment; 2) following a work related accident; 3) being observed using a prohibited substance on the job; 4) Random 5) when exhibiting a severe and prolonged reduction in productivity; 6) if the Company has other reasonable suspicion as grounds for testing such employee; or 7) as regulated by the DOT for employees with a CDL.

Further, an employee may be required, if the Company has other reasonable suspicion, to submit to a search of any company vehicle used for company business, and to submit to a search of a desk, file, locker, clothing or other equipment or material provided by the company.

An employee who fails or refuses to submit to alcohol and drug testing or a search as provided above, will be subjected to disciplinary action and refusal is cause for termination of employment.

Any potential employee, who fails or refuses to submit to alcohol and drug testing as a condition of initial employment, will not be considered for employment with the Company.

## **Alcohol and Drug Rehabilitation**

Any employee who feels that he/she has developed an addiction or dependency on alcohol or drugs is encouraged to seek assistance. Requests for assistance will be maintained confidentially. To obtain treatment assistance, an employee may write in confidence to or ask for a personal appointment with Creative Business Resources Client Service Representative to request a referral for treatment assistance.

Notwithstanding any provision of this Policy to the contrary, rehabilitation itself is the responsibility of the employee; an employee seeking medical attention for alcoholism or drug addiction may be entitled to benefits under the company's group medical insurance plans if he/she is a participant under such plans.

An employee who voluntarily seeks alcohol or drug rehabilitation prior to the point in time that he/she violates the Policy, or in situations where the company has determined that rehabilitation is in the best interests of the company, may be granted rehabilitation leave in accordance with the company's medical leave of absence policy. To be eligible for continuation in employment on a rehabilitation basis, the employee must have been employed for at least one year and must otherwise qualify for Family and Medical Leave benefits and maintain regular predetermined contact with his/her supervisor. He/she must also provide certification that he/she is continuously enrolled in the treatment program.

Failure on the part of an employee to complete a treatment program prior to proper discharge is cause for termination of the employee.

Upon successful completion of the rehabilitation program, the employee may return to active status, without reduction of pay or seniority, subject to and conditioned upon the company's medical leave of absence policy. For the employee's benefit, a statement from the rehabilitation organization may be required assuring that returning to the job will not endanger the employee's well-being or create employee, visitor or guest risks.

The Company will have no liability or obligation to guarantee the compensation or benefits of any employee except as expressly provided in this policy.

## **Testing Coordinator**

- All drug/alcohol tests will be conducted by a certified testing lab, or in the case of test following a work related accident, the medical care facility providing initial medical treatment.

## **Positive Test Results**

In the event that the results of the employee's drug test are positive, indicating use of drugs or controlled substances, the sample will be sent for additional tests to confirm and verify the initial test results. Should the second test results also be positive, the employee will be subject to disciplinary procedures as described in this policy. An employee has the right to obtain the written test results. In addition, the employee has the right to explain, in a confidential setting, a positive test result.

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## Reasonable Suspicion Testing

### Grounds

Reasonable suspicion testing may be based upon, among other things:

- Observable phenomena, such as direct observation of drug use or possession and/or the physical symptoms of being under the influence of a drug;
- A pattern of abnormal conduct or erratic behavior;
- Arrest or conviction for a drug-related offense, or the identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking;
- Information provided either by reliable and credible sources or independently corroborated; or
- Newly discovered evidence that the employee has tampered with a previous drug test.

Although reasonable suspicion testing does not require certainty, mere “hunches” are not sufficient to meet this standard.

### Procedures

If an employee is suspected of using illegal drugs, the appropriate supervisor will gather all information, facts, and circumstances leading to and supporting this suspicion.

When Human Resources concurrence of a reasonable suspicion determination has been made, the employee's supervisor will promptly prepare a written report detailing the circumstances that formed the basis to warrant the testing. This report should include the appropriate dates and times of reported drug related incidents, reliable/credible sources of information, rationale leading to the test, and the action taken.

### Confidentiality

The Company requires all of its employees to treat drug test results as confidential medical records, releasable only to Creative Business Resources administrative personnel and designated supervisors within a tested employee's chain of command. In addition, test results may be released to the workers compensation carrier in the event the test was the result of a work related injury. No written record of test results will be maintained in the employee's file at the company worksite. Results of test will not be released to any people or organization outside of the company except as otherwise noted above.

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**To all employees:**

The personal safety and health of each employee of this company is of primary importance. The prevention of occupational-induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity whenever necessary. Management will provide all mechanical and physical facilities required for personal safety and health in keeping with the highest standards.

We will maintain a safety and health program conforming to the best practices of organizations of this type. This program must embody the proper attitudes toward injury and illness prevention on the part of both supervisors and employees to be successful. It also requires cooperation in all safety and health matters, not only between supervisors and employees, but also between employees' fellow workers. Only through such a cooperative effort can a safety record in the best interest of all be established and preserved.

**Our safety and health program will include:**

- Providing mechanical and physical safeguards to the maximum extent that is possible.
- Conducting a program of safety and health inspections to find and eliminate unsafe working conditions or practices, to control health hazards, and to comply fully with the safety and health standards for every job.
- Training all employees in good safety and health practices.
- Providing necessary personal protective equipment and instructions for its use and care.
- Developing and enforcing safety and health rules and requiring that employees cooperate with these rules as a condition of employment.
- Investigating promptly and thoroughly every accident to find out the cause and to correct the problem so that it won't happen again.

**We recognize that the responsibility for safety and health is shared:**

- Management is responsible and accepts the responsibility for leadership of the safety and health program, for its effectiveness and improvement, and for providing the safeguards required to ensure safe conditions.
- Supervisors are responsible for developing the proper attitudes toward safety and health in themselves and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved, including themselves.
- Employees are responsible for wholehearted, genuine cooperation with all aspects of the safety and health program, including compliance with all rules and regulations, and for continuously practicing safety while performing their duties.

**EMPLOYEE RESPONSIBILITY**

Each employee has the responsibility for their own safety, and the safety of their fellow employees as well. It is only by each employee becoming familiar with the hazards of their job and doing what is necessary to insure their safety, that our company can achieve the safe working conditions deserved by all its members.

Our company expects each employee, regardless of their position within the organization, to cooperate in every respect with the company's safety program. Therefore, we require each employee to:

- Understand and practice safety rules applying to his/her job so he/she does not endanger himself/herself, fellow associates or customers.
- Report all work related injuries, illnesses, and incidences to supervisor immediately, no matter how minor they are.
- Wear the proper personal protective equipment assigned. Maintain equipment to ensure proper working condition. Report any problems or damage to supervisor immediately.
- Use only equipment, tools, and machinery for which he/she is qualified and authorized to operate.
- Report any unsafe conditions and/or procedures that may cause injury or illness to supervisor immediately.

**GENERAL SAFETY RULES**

It is our policy that everything possible will be done to protect employees, customers and visitors from accidents. Safety is a cooperative undertaking requiring participation by every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline.

Supervisors shall insist that safety rules and practices be observed and take action if necessary.

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**To carry out this policy, employees shall:**

1. Report unsafe conditions and equipment to your supervisor or safety coordinator.
2. Report all accidents, injuries, and illnesses to your supervisor or safety coordinator immediately.
3. The use or possession of intoxicating beverages, drugs, unauthorized firearms or other weapons on the job is forbidden and could result in immediate dismissal.
4. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees are prohibited.
5. Means of egress shall be kept unobstructed, well lighted and unlocked during working hours.
6. In the event of fire, alert others to the situation (sound alarm where available) and evacuate.
7. Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Gather at the designated location.
8. Only trained workers may attempt to respond to a fire or other emergency.
9. Stairways should be kept clear of items that can be tripped over and all areas under stairways that are egress routes should not be used to store combustibles.
10. Materials and equipment will not be stored against doors or exits, fire sprinkler risers, or fire extinguisher stations.
11. Aisles must be kept clear at all times.
12. Work areas should be maintained in a neat, orderly manner; trash and refuse are to be thrown in proper waste containers.
13. Always use the proper lifting technique, i.e., bend your knees, grasp the load firmly, then raise the load using your legs to lift and keeping the lift close to the body. Never attempt to lift or push an object which is too heavy; you should contact your supervisor when help is needed to move a heavy item.
14. Never stack material precariously on top of lockers, file cabinets or other relatively high places.
15. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose materials, etc.
16. Do not stack materials in an unstable manner.
17. Report exposed wiring and cords that are frayed or have deteriorated insulation so that they can be repaired or replaced immediately.
18. All spills should be cleaned up promptly.
19. Never use a metal ladder where it could come in contact with energized parts of equipment, fixtures or circuit conductors.
20. Maintain sufficient access and working space about all electrical equipment to permit ready and safe operations and maintenance.
21. Do not use any portable electrical tools and equipment that are not grounded or double insulated.
22. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
23. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
24. Inspect motorized vehicles and other mechanized equipment daily or prior to use.
25. Shut off engine, set brakes, and block wheels prior to loading and unloading vehicles.
26. Inspect pallets and their loads for integrity and stability before loading and moving.
27. Do not store compressed gas cylinders in areas which are exposed to heat sources, electric arcs or high temperature lines. Cylinders should be secured in an upright position.
28. Do not use compressed air for cleaning off clothing.
29. Identify contents of pipelines prior to initiating any work that affects the integrity of the pipe.
30. Wear hearing protection in all areas identified as having high noise exposure.
31. Goggles or face shields must be worn when grinding.
32. Do not use faulty or worn hand tools.
33. Always keep flammable or toxic chemicals in closed containers when not in use.
34. Do not eat, drink or smoke in areas where hazardous chemicals are present.
35. Be aware of the potential hazards involving various chemicals stored or used in the workplace.
36. Cleaning supplies should be stored away from edible items on kitchen shelves.
37. Cleaning solvents and flammable liquids should be stored in appropriate containers.
38. All chemicals should be kept in well-labeled containers.
39. Never leave lower desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
40. Do not open more than one upper drawer at a time; particularly the top two drawers on tall file cabinets.
41. Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from wastebaskets. Newer heaters that are equipped with tip-over switches should be used. Use of gas-fueled heaters should be avoided. Approved gas fueled heaters should be vented and equipped with emergency shutoff devices.
42. Appliances such as coffee pots and microwaves should be kept in working order and inspected for signs of wear or fraying cords.
43. Always use the right tool for the right job. Use them only when authorized.

Please remove and keep for your personal records

**EMPLOYEE SAFETY INFORMATION FORM**



This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

Description of unsafe condition or practice: \_\_\_\_\_

\_\_\_\_\_

Causes or other contributing factors: \_\_\_\_\_

\_\_\_\_\_

Employee's suggestion for improving safety: \_\_\_\_\_

\_\_\_\_\_

Has this matter been reported to the area supervisor? Yes \_\_\_ No \_\_\_

Employee Name (optional): \_\_\_\_\_

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

Employees are advised that the use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

**ATTENTION!**

**If you are injured on the job, please notify your supervisor immediately!**

**If your injury is not reported immediately to your supervisor, you may not be eligible for workers' compensation benefits.**

Please remove and keep for your personal records

Creative Business Resources intends to provide a work environment that is pleasant, professional, and free from intimidation, hostility or other offenses, which might interfere with work performance. Harassment of any sort - verbal, physical, or visual - will not be tolerated, particularly against employees in protected classes. These classes include, but are not necessarily limited to race, color, religion, sex, age, sexual orientation, national origin or ancestry, disability, medical condition, marital status, veteran status, or any other protected status defined by law.

## **What Is Harassment?**

Workplace harassment can take many forms. It may be, but is not limited to, words, signs, offensive jokes, cartoons, pictures, posters, e-mail jokes or statements, pranks, intimidation, physical assaults or contact, or violence. Harassment is not necessarily sexual in nature. It may also take the form of other vocal activity including derogatory statements not directed to the targeted individual but taking place within their hearing. Other prohibited conduct includes written material such as notes, photographs, cartoons, articles of a harassing or offensive nature, and taking retaliatory action against an employee for discussing or making a harassment complaint.

## **Responsibility**

All Creative Business Resources' employees, and particularly managers, have a responsibility for keeping our work environment free of harassment. Any employee who becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, must report it to their immediate work site supervisor or manager or the designated Creative Business Resources' representative. When management becomes aware of the existence of harassment, it is obligated by law to take prompt and appropriate action, whether or not the victim wants the company to do so.

## **Reporting**

While Creative Business Resources encourages you to communicate directly with the alleged harasser, and make it clear that the harasser's behavior is unacceptable, offensive or inappropriate, it is not required that you do so. It is essential, however, to notify either your work site supervisor or manager or contact Creative Business Resources' Legal Department at (602) 200-8500 immediately even if you are not sure the offending behavior is considered harassment. Any incidents of harassment must be immediately reported to a manager or other management representative. Appropriate investigation and disciplinary action will be taken. All reports will be promptly investigated with due regard for the privacy of everyone involved. However, confidentiality cannot be guaranteed. Any employee found to have harassed a fellow employee or subordinate would be subject to severe disciplinary action up to and including termination. Creative Business Resources will also take any additional action necessary to appropriately remedy the situation. Retaliation of any sort will not be permitted. No adverse employment action will be taken for any employee making a good faith report of alleged harassment.

Creative Business Resources accepts no liability for harassment of one employee by another employee. The individual who makes unwelcome advances, threatens or in any way harasses another employee is personally liable for such actions and their consequences.

## **POLICY STATEMENT ON SEXUAL HARASSMENT**

### **What Is Sexual Harassment?**

It is important to note that sexual harassment crosses age and gender boundaries and cannot be stereotyped. Among other perceived unconventional situations, sexual harassment may even involve two women or two men. Sexual harassment may exist on a continuum of behavior. For instance, one example of sexual harassment may be that of an employee showing offensive pictures to another employee.

Generally, two categories of sexual harassment exist. The first, "quid pro quo," may be defined as an exchange of sexual favors for improvement in your working conditions and/or compensation. The second category, "hostile, intimidating, offensive working environment," can be described as a situation in which unwelcome sexual advances, requests for sexual favors, or other verbal or physical contact of a sexual nature when such conduct creates an intimidating or offensive environment. Examples of a hostile, intimidating, and offensive working environment includes, but is not limited to, pictures, cartoons, symbols, or apparatus found to be offensive and which exist in the workspace of an employee. This behavior does not necessarily link improved working conditions in exchange for sexual favors.

Creative Business Resources prohibits any employee from retaliating in any way against anyone who has raised any concern about sexual harassment or discrimination against another individual.

Creative Business Resources will investigate any complaint of sexual harassment and will take immediate and appropriate disciplinary action if sexual harassment has been found within the workplace.

Please remove and keep for your personal records

**GRIEVANCE/HARASSMENT REPORT**



This form is provided so that each employee may communicate with Creative Business Resources should any grievance arise and our assistance is required or requested. The employee may describe the grievance in detail below, including dates, names and witnesses involved.

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

Client Company: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Phone Number where you may be contacted: \_\_\_\_\_

**DESCRIPTION OF GRIEVANCE / HARASSMENT:**

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Signature

\_\_\_\_\_  
Date

**MAIL GRIEVANCE TO:**

Grievance Department  
Creative Business Resources  
1500 E Bethany Home Rd. Ste. 200  
Phoenix AZ 85014

For immediate attention call CBR Corporate Offices at (602) 200-8500 or fax to 888-294-8763.

**Please remove and keep for your personal records**

**Employee Notification**

The Company will grant family, medical leave and military leave in accordance with the requirements of applicable state and federal law in effect at the time the leave is granted. No greater or lesser leave benefits will be granted than those set forth in the relevant state or federal laws. Please contact your supervisor as soon as you become aware of the need for a family and medical leave. The following is a summary of the relevant provisions. FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employee’s for certain family medical reasons and 26 weeks to care for a covered military service member. Employees are eligible if they have worked for a covered employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

The FMLA notice and eligibility requirements will be determined based upon the client company size and not that of the PEO.

The Company’s method used to determine the 12 month period during which an employee may take his/her 12 weeks of family and medical leave is a “rolling” 12 month period measured backward from the date an employee used any FMLA leave. Each time an employee takes FMLA leave, the remaining leave entitlement would be any balance of the twelve weeks that has not been used during the immediately preceding twelve months. Spouses employed by the same employer are jointly entitled to a **combined** total of 12 work-weeks of family leave for the birth and care of the newborn child, for placement of a child for adoption or foster care.

**Unpaid leave must be granted for any of the following reasons:**

- To care for the employee’s child after birth, or placement for adoption or foster care.
- For a pregnancy-related condition.
- To care for the employee’s spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee’s job.
- To address qualifying military exigencies.

At the employee or employer’s option, certain kinds of paid leave may be substituted for unpaid leave.

**Advance Notice and Medical Certification:**

- The employer has up to 5 days to provide various notices to employee.
- The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.
- The employee ordinarily must provide 30 days advance notice when the leave is “foreseeable.”
- The employee must comply with the employer’s normal call in procedure.

An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer’s expense) and a fitness for duty report to return to work. The employer may contact the employee’s health care provider for the sole purpose of clarifying a medical certification.

**Job Benefits and Protection:**

- For the duration of FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan.”
- Upon return from FMLA leave, most employees must be restored to their original
- Or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

**FMLA makes it unlawful for any employer to:**

- Interfere with, restrain, or deny the exercise of any right provided under FMLA.
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

**Enforcement:**

The U.S. Department of Labor is authorized to investigate and resolve complaints of violations. An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For the purpose of qualifying for FMLA, the Client Company will be considered the primary employer and therefore must have 50 employees or more with a 75 miles radius.

Please contact your supervisor or CBR’s Human Resources Department at 602-200-8500 for a detailed description of the Family & Medical Leave policy available to employees.

Please remove and keep for your personal records







**1500 E. Bethany Home Rd., Ste. 200, Phoenix, AZ 85014 Telephone (602)-200-8500 or (888) 700-8512 Fax (888)294-8763**