



EMPLOYMENT APPLICATION

www.pes123.com

APPLICANT INFORMATION

Last Name:	M.I.	First Name:	
Street Address:			Apt.#/ Unit:
City:	State:		Zip:
Cell Phone:			Carrier:
E-mail Address:			
Date Available:			Desired Salary:

Have you ever worked for Premier Electrical Staffing?
-If so, when?

YES

NO

Have you ever worked for a staffing company before?
-If yes, for who?

YES

NO

PREVIOUS EMPLOYMENT

Company:	Start:	End:
Company:	Start:	End:
Company:	Start:	End:

EDUCATION/CERTIFICATIONS

College or Technical School Completed:	
Certifications:	OSHA 10 <input type="checkbox"/> OSHA 30 <input type="checkbox"/> Lift <input type="checkbox"/> Other <input type="checkbox"/>
State Electrical Licenses:	Expiration:

PROFESSIONAL REFERENCES

Name:	Phone:
Name:	Phone:



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EMERGENCY CONTACT

Name:

Phone:

Name:

Phone:

I have voluntarily provided the above contact information and authorize *Premier Electrical Staffing, LLC* and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish emergency contact information to *Premier Electrical Staffing, LLC* at this time.

Premier Electrical Staffing, LLC is an equal opportunity employer. *Premier Electrical Staffing, LLC* does not discriminate in employment on account of race, color, religion, creed, national origin, age, sex (including pregnancy), marital or veteran status, or any other legally protected status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for *Premier Electrical Staffing, LLC* to hire me. If I am hired, I understand that *Premier Electrical Staffing, LLC* or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of *Premier Electrical Staffing, LLC* has the authority to make any assurance to the contrary.

I attest with my signature below that I have given *Premier Electrical Staffing, LLC* true and complete information on this application. No requested information has been concealed. I authorize *Premier Electrical Staffing, LLC* to contact references provided for employment reference checks, criminal background checks, credit checks, DMV history and drug testing. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that should an employment offer be extended to me, and accepted, that I will fully adhere to the policies, rules and regulations of employment of PES, LLC. However, I further understand that neither the policies, rules, safety regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of implied employment contract.

SIGNATURE: _____ DATE: _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

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

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		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 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 		<ol style="list-style-type: none"> 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 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



SAFETY VIDEO QUIZ

https://youtu.be/_BtJ0sQfITw

****Before taking this quiz, please watch our safety video and answer each question with a true/false. All questions must be answered.***

- | | | | | |
|--|------|--------------------------|-------|--------------------------|
| 1 Employees with a safety attitude have the right attitude. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 2 Employer safety programs should provide for frequent and regular inspections of the job sites, materials, and equipment. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 3 Any employee can operate equipment and machinery at the worksite if they have some idea of how it works. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 4 Guardrails, covers, personal fall arrest systems and safety ropes are all types of fall protection. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 5 Rerouting or properly covering exposed cables/cords that cross pathways is one way to prevent slips, trips and falls. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 6 Employees must always wear hard hats to protect themselves from falling objects. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 7 Fall protection is required any time you use a ladder. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 8 When lifting heavy objects, it is always a good idea to get help or use special equipment. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 9 Employees should always assume that all overhead power lines are energized. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 10 MSDS's are required for most chemicals used at the worksite and should be kept locked up in the supervisor's office for safety. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 11 Trenches and excavations must be inspected daily for evidence of possible cave-ins, hazardous atmospheres, failure of protective systems, or other unsafe conditions. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 12 Guardrails should be installed along all open sides and ends of platforms. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 13 Power tools must be fitted with guards and safety switches. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 14 Fatal electrocution is the only real risk when working near overhead power lines. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 15 Ladders with structural defects can be used if the employee thinks it is still safe. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 16 Employees should never enter into a confined or enclosed space unless properly trained and instructed by their employer. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 17 PPE must fit properly, be worn properly, and be maintained properly to be effective. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 18 Smoking is prohibited at most construction sites or is permitted in designated areas only. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 19 You should know the locations of all first aid kits and who is certified in first aid at the worksite. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |
| 20 Employees should take personal responsibility for their safety, their co-workers, and others on the jobsite. | TRUE | <input type="checkbox"/> | FALSE | <input type="checkbox"/> |

Employee Name (Print):

Employee Signature and Date:



EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Employees are treated during employment without regard to race, color, religion, sex (including pregnancy, national origin, age, material or veteran status, medical condition of handicap, or any other legally protected status.

PREMIER Electrical Staffing is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for E.E.O statistical reporting purposes. The information that you provide is considered confidential.

RACE/ETHNIC CATEGORIES (Check One)

- White** (Not Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black OR African** (Not OF Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.
- American Indian or Alaska Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic OR Latino** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.
- Native Hawaiian OR Pacific Islander** - All persons having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Micronesia and Samoa.
- Asian** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent. This area includes, for example, China, Japan, or Korea.
- Two or more races.**
- I do not want to disclose this information.**

WORK OPPORTUNITY TAX CREDIT

The Work Opportunity Tax Credit (WOTC) program is a federal government initiative designed to increase employment opportunities for people who typically experience certain barriers to employment, such as veterans, public assistance recipients, or long-term unemployed individuals.

Employment with Premier Electrical Staffing, LLC, cannot be determined by your answer(s) to this survey.

<https://tcs.adp.com/screen/index.html?cc=premierelectrical>

_____ I **CONFIRM** that I have taken the WOTC questionnaire.

_____ I have **DECLINED** taking the WOTC questionnaire.

EMPLOYEE NAME (PRINT): _____

EMPLOYEE SIGNATURE AND DATE: _____



CONSENT FOR PRE-EMPLOYMENT, RANDOM, POST-INJURY, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE AGREEMENT

I hereby CONSENT to allow Premier Electrical Staffing, LLC to conduct a pre-employment, random, post-injury, or reasonable suspicion drug and alcohol test screen. I FURTHER CONSENT to allow Premier Electrical Staffing to make results of the screen available to current clients of Premier Electrical Staffing, LLC.

In consideration for such services being rendered on my behalf, I hereby RELEASE Premier Electrical Staffing, its officers, agents, and employees from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Premier Electrical Staffing, LLC, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Premier Electrical Staffing, LLC, their respective officers, agents, and employees from all damages, expenses, reasonable attorney’s fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

In the event of a **POSITIVE RESULT** on the test administered by Premier Electrical Staffing, LLC, the potential employee will be sent to a Neutral Third Party Facility to verify the results. It is the responsibility of the prospective employee to go to the facility to verify the results at the cost of Premier Electrical Staffing. If prospective employee **declines** to verify the results, Premier will base their employment decisions on the test given by Premier Electrical Staffing, LLC.

The Hiring Manager or Human Resources Department will check the test results given by the Neutral Third Party Testing facility and render decisions on those results. It is the responsibility of the potential employee to verify any inaccuracies with the Third Party Drug Testing Facility.

RESULTS OF DRUG TEST (please circle one)
PASS FAIL

TEST	PASS	FAIL	TEST	PASS	FAIL
AMP			MAMP		
BAR			OPI		
BUP			OXY		
BZO			PCP		
COC			THC		

EMPLOYEE NAME (PRINT): _____

EMPLOYEE SIGNATURE AND DATE: _____

RECRUITER SIGNATURE AND DATE: _____



DIRECT DEPOSIT/GLOBAL CASH CARD AGREEMENT

ALL EMPLOYEES ARE REQUIRED TO HAVE DIRECT DEPOSIT WE ARE A 100% DIRECT DEPOSIT ONLY COMPANY

I hereby authorize *Premier Electrical Staffing, LLC* to initiate automatic deposits to my account at the financial institution named below. I also authorize *Premier Electrical Staffing, LLC* to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold *Premier Electrical Staffing, LLC* responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. It is understood that I will be issued a Global Cash Card by Premier, regardless of providing checking/savings account information.

This agreement will remain in effect until *Premier Electrical Staffing, LLC* receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

EMPLOYEE NAME MUST APPEAR ON ACCOUNT

NAME OF FINANCIAL INSTITUTION: _____

NAME OF PRIMARY ACCOUNTHOLDER: _____

NAME OF SECONDARY ACCOUNT HOLDER (if applicable): _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CHECKING ACCOUNT: YES NO

SAVINGS ACCOUNT: YES NO

We only accept a voided check. We do NOT accept deposit slips. You may request a bank deposit authorization letter and have it faxed to our payroll department at 919.420.7577 or sent to your Branch Recruiter.

I DO NOT WISH TO SUPPLY A CHECKING/SAVINGS ACCOUNT AND OPT TO BE FURNISHED WITH A GLOBAL CASH CARD PROVIDED BY *Premier Electrical Staffing, LLC*.

GLOBAL CASH CARD ISSUED _____

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

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

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500.....▶ \$ _____		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ Employee's signature (This form is not valid unless you sign it.)		▶ _____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$
2 Enter: \$18,650 if you're head of household; \$24,800 if you're married filing jointly or qualifying widow(er); \$12,400 if you're single or married filing separately 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4 5 \$

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



PRE-EMPLOYMENT BACKGROUND CHECK DISCLOSURE & AUTHORIZATION FORM

In connection with my application for employment (including contract for services or volunteer services) or tenancy with Premier Electrical Staffing, LLC. These consumer reports (investigate consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, general reputation and personal characteristics may be obtained.

I have the right to make a request to the consumer reporting agency: INTELIFI, Inc., 8730 Wilshire Blvd., Suite 412, Beverly Hills, CA 90211; telephone (888) 409-1819 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view the privacy policy at the website: intellifi.com. I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

California, Minnesota, and Oklahoma Applicants: Check box if you request a copy of your consumer report

Notice to California Residents: You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 am to 5:00 pm (PTZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: (1) in person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; (2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; (3) By telephone, if you have previously provided proper identification in writing to Agency; and (4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York residents: I acknowledge receiving a copy of Article 23A of the NY Correction Law.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION. I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

EMPLOYEE NAME (PRINT): _____

EMPLOYEE SIGNATURE AND DATE: _____



EMPLOYEE HANDBOOK AND SAFETY MANUAL POLICY ACKNOWLEDGEMENT

I acknowledge that I will review the *Premier Electrical Staffing, LLC Employee Handbook* and **Safety Manual** located online at www.pes123.com (under Employment Tab), and/or by contacting a Premier Electrical Staffing representative, within five (5) days of signing this agreement for a written copy. I agree to abide by the policies outlined there in. I agree to read it thoroughly, including all the policies and procedures that are outlined in the Handbook. I agree that if there is any policy or provision in the Handbook that I do not understand, I will seek clarification from the Human Resources Department.

I understand that *Premier Electrical Staffing, LLC* is an "at will" employer and, as such, employment with *Premier Electrical Staffing, LLC* is not for a fixed term or definite period and may be terminated at any time at the will of either party, with or without cause, and with or without prior notice. No supervisor or other representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to "at will" employment except for the CEO or President of the Company and then only expressly in writing signed by one of them.

In addition, I understand that this Handbook includes *Premier Electrical Staffing, LLC* practices in effect on the date of publication. I understand that nothing contained in the Handbook may be construed as creating a promise of future benefits or a binding contract with *Premier Electrical Staffing, LLC* for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified or terminated by the Company at any time, without prior notification. I understand that I can request an amended Handbook at any time.

I understand that *Premier Electrical Staffing, LLC* provides their safety manual online at all times, located at www.pes123.com and that it is available to me in both English and Spanish.

I acknowledge that have read these instructions, understand them, and will comply with them while working for the company.

I understand that failure to abide by these rules may result in disciplinary action and possible termination of my employment with the company.

In addition, I certify that in case I am injured while in the course of my work, I will report the injury to my supervisor immediately and will obtain medical treatment from a Medical Provider authorized by Premier Electrical Staffing before seeking treatment. I also agree to obtain first aid for every injury, no matter how slight, to preclude further injury or avoid infection. I also understand that it is company policy that the employee's medical information must be delivered to the Branch office no later than 12 hours after treatment.

I also understand that I am to report any injury to my Supervisor or Manager immediately and report all safety hazards.

I further understand that I have the following rights.

- * I am not required to work in any area I feel is not safe.
- * I am entitled to information on any hazardous material or chemical I am exposed to while working.
- * I am entitled to see a copy of the Safety Manual and Injury and Illness Prevention program.
- * I will not be discriminated against for reporting safety concerns.

EMPLOYEE NAME (PRINT): _____

EMPLOYEE SIGNATURE AND DATE: _____



SILICA STANDARD POLICY

Premier Electrical Staffing, LLC policies and procedures regarding Silica and Heat Stress programs have been implemented to protect our employees, as well as our customers and those trades that work with us.

SILICA STANDARD

This Respirable Crystalline Silica Program was developed to protect Premier employees as well as to prevent other trade workers exposure to hazardous levels of Respirable Crystalline Silica that could result through construction activities or nearby construction activities occurring on worksites.

Respirable Crystalline Silica exposure at hazardous levels can lead to lung cancer, silicosis, chronic obstructive pulmonary disease, and kidney disease. It is intended to meet the requirements of the Respirable Crystalline Silica Construction Standard (29 CFR 1926.1153) established by the Occupational Safety and Health Administration (OSHA). Review your safety Manual for our policy at www.pes123.com

PES Employee Responsibilities

- Know the hazards of silica dust exposure
- Utilize protective equipment in an effective and safe manner
- Work in accordance with the silica policy
- Reporting (immediately) to their Foreman, Supervisor and Premier any hazards
- Follow Table 1 of the Silica Standard

I acknowledge that I have carefully read the foregoing policy statement and I acknowledge that **I will follow the guidelines outlined in Premier's Safety Manual.**

EMPLOYEE NAME (PRINT): _____

EMPLOYEE SIGNATURE AND DATE: _____

HOT WORK POLICY FOR ELECTRICAL EQUIPMENT AND SYSTEMS

Premier Electric Staffing, LLC policies and procedures regarding electrical equipment and systems have been implemented to protect the employees of Premier Electric Staffing, LLC as well as our customers and those trades that work with us. As an employee of Premier Electrical Staffing, LLC you shall treat all electrical equipment and systems as energized until tested or otherwise proven to be de-energized.

Work shall NOT be performed on any exposed energized parts of equipment or systems.

****If you are ever asked to work on energized equipment you are to immediately stop and contact your local Premier branch office or contact the corporate office at 919-420-7576.**

I have carefully read the foregoing policy statement and I acknowledge that **I will not work on energized systems.**










EMPLOYEE NAME (PRINT): _____

EMPLOYEE SIGNATURE AND DATE: _____

HAZARD COMMUNICATION STANDARD

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the Chemical hazards to which they may be exposed. Each pictogram consist of ta symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification

HCS Pictograms and Hazards

<p>Health Hazard</p>  <ul style="list-style-type: none"> ▪ Carcinogen ▪ Mutagenicity ▪ Reproductive Toxicity ▪ Respiratory Sensitizer ▪ Target Organ Toxicity ▪ Aspiration Toxicity 	<p>Flame</p>  <ul style="list-style-type: none"> ▪ Flammables ▪ Pyrophorics ▪ Self-Heating ▪ Emits Flammable Gas ▪ Self-Reactives ▪ Organic Peroxides 	<p>Exclamation Mark</p>  <ul style="list-style-type: none"> ▪ Irritant (skin and eye) ▪ Skin Sensitizer ▪ Acute Toxicity ▪ Narcotic Effects ▪ Respiratory Tract Irritant ▪ Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none"> ▪ Gases Under Pressure 	<p>Corrosion</p>  <ul style="list-style-type: none"> ▪ Skin Corrosion/Burns ▪ Eye Damage ▪ Corrosive to Metals 	<p>Exploding Bomb</p>  <ul style="list-style-type: none"> ▪ Explosives ▪ Self-Reactives ▪ Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none"> ▪ Oxidizers 	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> ▪ Aquatic Toxicity 	<p>Skull and Crossbones</p>  <ul style="list-style-type: none"> ▪ Acute Toxicity (fatal or toxic)

OSHA-US Department of Labor www.osha.gov 800-321-6724

EMPLOYEE NAME (PRINT): _____

EMPLOYEE SIGNATURE AND DATE: _____



NEW HIRE CHECKLIST

Welcome to Premier Electrical Staffing, LLC. The following is a list of rules, regulations and guidelines that we require all employees comply with throughout their career with PES. Please read each item carefully. If you do not understand, please do not hesitate to ask for clarification.

- You are required to **IMMEDIATELY** report personal accidents and/or job related injuries by notifying your foreman and calling Branch or corporate our office: 919.420.7576. Failure to report injury/accident within eight (8) hours of the incident can result in your claim being denied. If medical treatment is necessary, you are to go to the nearest **URGENT CARE FACILITY**. If you are involved in an accident or job related injury, you may be required to take a post-accident drug and alcohol test. If test results are positive, we will contest claims and you may be solely responsible for all damages and your employment may be terminated. All PES employees are subject to random drug testing.
- You are required to follow the rules and regulations of our Clients when on their jobs. Premier is 100% PPE, Hardhat, Vest, Glasses, Cut level 3 gloves. If you are found on a job site not wearing your PPE you will be subject to termination.
- Payday is each week on Friday. Direct deposit is mandatory. It is your responsibility to inform our payroll team of any changes to your account information.
- If we send you to a job and you do not report as instructed to the jobsite without notification (No Call/No Show), you may be immediately terminated and may **NOT** be eligible for rehire. This may also terminate your unemployment benefits.
- You are eligible to enroll in Health Insurance benefits offered by PES within your first 30 days of employment. The enrollment form **MUST** be completed. Your health insurance will become active within 2-3 weeks of your first paycheck. The enrollment in this period is **YOUR** responsibility. You will **NOT** be reminded. **“Open Enrollment” period is each December during this time, you can either upgrade your benefits, or sign up for benefits for the following year.** The policy is an **individual policy** and you are responsible for canceling, additions, and payment of the premiums.
- You are required to call and inform us of your availability IMMEDIATELY if there is a reduction in force on your present assignment and on a continual weekly basis if you are unassigned or if you become available for work. **It is your responsibility to make sure we can contact you for work.** FAILURE TO NOTIFY THE BRANCH OFFICE OF YOUR AVAILABILITY AND/OR CONTACT INFORMATION WILL RESULT IN YOUR UNEMPLOYMENT BEING CONTESTED BY PES AND POSSIBLY DENIED.
- You are required to call the job foreman and your branch office if you will be absent or late to work. Every attempt should be made to report to work unless notified otherwise.
- You are expected to dress appropriately for your position and work environments (i.e. boots, safety equipment, practice effective personal hygiene, etc). Please refrain from wearing clothing with offensive remarks or pictures to work. No shorts, flip flops, cut-off shirts or pants, ripped clothing, or piercings are allowed on jobsites for safety reasons. We are 100% PPE compliant (hardhat, safety glasses, gloves, vest/shirt).
- All company and client tools, equipment, and/or vehicles must be returned in the same manner received. Failure to return any equipment will be subject to being deducted from your pay and/or reported to the sheriff’s office for prosecution. Any per diem paid in advance shall also be returned to the office if not used. Any payroll deductions/overpayments/per diems owed to PES will be deducted from your final check. If you leave our employ at any time with a balance owed, we reserve the right to seek legal representation to recover lost funds to the fullest extent of the law.
- Approved payroll advances will be subject to administrative fees.
- Falsifying timecards is **FRAUD** and is immediate grounds for termination. Engaging in this behavior will be reported to the sheriff’s office and PES will prosecute to the fullest extent of the law.

EMPLOYEE NAME (PRINT): _____ EMPLOYEE SIGNATURE AND DATE: _____



POST-OFFER MEDICAL QUESTIONNAIRE

Employee Name: _____ Social Security Number: _____

Gender: Male Female Height: _____ Weight: _____ Date of Birth: ____/____/____

PERSONAL HEALTH HISTORY

1. Have you ever had or been treated for any of the following conditions or diseases?

Herniated Disc	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hernia or rupture	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Knee injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Back injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diseased process of the spine	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Surgical removal of disc/spinal fusion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chest Pain	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Shoulder injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Arthritis or rheumatism	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Arm/hand injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Repetitive motion disorders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Broken bones	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tendonitis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Neck injury, pain, or problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Head injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Amputations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hip injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Epilepsy, fainting spells, or dizziness	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wrist problems	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ankylosis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(including Carpal Tunnel Syndrome)			Immobility of any major, weight-bearing joints (ankles, knees, hips)		

2. Describe any conditions checked "YES" from above: _____

3. Have you had any prior surgeries or sought treatment from a healthcare provider for any of the above injuries and/or medical conditions? YES NO

4. Are you capable of performing the essential duties of this job function? YES NO

5. Do you have any injury or condition that requires a reasonable accommodation in order for you to be able to perform the essential duties of this job position? YES NO

If yes, what accommodations do you need to perform the job? _____

6. How much weight can you lift comfortably unassisted?

< 15 lbs 15-25 lbs 25-39 lbs ≥ 40 lbs

7. Has a healthcare provider placed any limitation on your ability to sit, stand, push, pull, or lift? YES NO

If yes, what are the limitations? _____

8. Has a healthcare provider limited the amount of weight you can lift? YES NO

If yes, list the weight limitation and the date that your healthcare provider issued you the limitation: _____

9. Are you taking any prescribed drugs that would interfere with your ability to safely perform your job? YES NO

If yes, list the medications: _____

10. Have you ever been hurt on the job or filed a Workers' Compensation claim? YES NO

If yes: Date(s): _____

Treating physician(s): _____

Body part(s): _____

NOTICE TO OFFEREEES: In compliance with the Americans with Disabilities Act of 2008 (ADA), you have received a conditional offer of employment. This medical history statement is required of all offerees. The answers to the medical history statement and any medical examination will be kept confidential and in separate files in compliance with the ADA requirements. The job offer, which you have received, is conditioned upon satisfactory completion and review of this medical questionnaire and any required medical examination or follow up.

GINA DISCLOSURE: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

EMPLOYEE AFFIRMATION: I herewith affirm that the employer has made me an offer of employment, conditioned on, among other things, the satisfactory completion of this questionnaire. The purpose of this inquiry is as follows: (1) to determine whether I currently have the physical qualifications necessary to perform the essential functions of the job that has been offered; (2) to determine what accommodations, if any, may be necessary for me to perform the essential functions of the job; and (3) to determine whether I can perform the essential functions of the job without posing a significant direct threat to the health and safety of myself and others. This information will be kept strictly confidential. I hereby affirm that the questions in the medical questionnaire have not been asked of me by anyone with the employer until after I have signed this statement and been offered a conditional job. The conditional job duties have been adequately described to me, and I have had an opportunity to ask questions regarding the duties.

My signature certifies that all facts and representations made by me are true, accurate and made willingly and intentionally. My signature also constitutes that I acknowledge the Notice to Offerees, GINA Disclosure, and Employee Affirmation.

Signature of Employee

Printed Name

Date

Company Representative Signature

Date



ACCESSING YOUR PAY STUB AND W-2 ONLINE

SETTING UP AN ONLINE ACCOUNT:

1. **STEP 1:** Go to www.pes123.com
2. **STEP 2:** Go to the bottom right of the home page and click “View Paystubs”
3. **STEP 3:** Click on “Sign up now!”
4. **STEP 4:** If you have use a Global Cash Card issued by Premier Electrical Staffing you will click “YES” under do you have a card with us. If you do not have a Global Cash Card issued by Premier Electrical Staffing you will click “NO”.
5. **STEP 5:** If you clicked “YES”, please enter your Global Cash Card number. If you clicked “NO” please fill out the information requested.
 - a. **Unique ID:** This is your Social Security Number
 - b. **User Name:** When asked to enter a user name, it is recommended to use your Last Name and Last 4 digits of your social security number. For example; John Doe 111-11-1234 would use Doe1234 as their user name.

To Set Up Options of Delivery

- Once you log into your account and select the “paystub” tab at the top of the screen you will be directed to the list of paystubs. On the left side of the screen you can setup to receive your paystub by e-mail. Just simply check “yes” and each time your paystub is loaded you will be notified by e-mail.
- Your paystub can also be set up with different options of delivery by clicking on a paystub link once the paystub comes up scroll to the bottom of the page where you will see the different options of delivery by entering an e-mail address, fax number or cell phonenumber.

To Access the Global Cash Card Mobile Web from your Smart Phone

- Cardholders simply log on to www.globalcashcard.com from a mobile device and are automatically directed to the user-friendly mobile site, which is tailored to their specific device. Log-in with your username and password to view their paystub information right from your phone.

Call Global Customer Service with questions or issues accessing your paystub at:

***** 949-751-0360 *****



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>



DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with Premier Electrical Staffing, LLC, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, and credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following information: photograph, social security number, driver's license number, your name, your address and medical or disability information), workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Intelifi ("Agency"), 8730 Wilshire Blvd, 4th Floor, Ste. 412, Beverly Hills, CA 90211, telephone number (888) 409-1819, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.intelifi.com.

I understand that if Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, phone: (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

Personal information in MVRs means information that identifies you, such as your photograph, social security number, driver's license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.