

**CURB
SYSTEMS
OF S.W. FL AND SARASOTA, L.L.C.**

Office Phone: 239/947-3777
Office Fax: 239/947-1386

REMITTANCE ADDRESS: 10964 K-NINE DRIVE • BONITA SPRINGS, FLORIDA 34135

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT / APLICACION PARA EMPLEO

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS / APLICANTES PUEDEN SER
PROBADOS PARA DETECTAR DROGAS ILLEGALES**

PLEASE COMPLETE PAGES 1-5 / FAVOR DE LLENAR PAGINAS 1-5 DATE / FECHA _____

Name / Nombre _____
Last/Apellido First/Primer Middle

Present address / Direccion _____
Number/Numero Street/Calle City/Ciudad State / Estado Zip/Codigo Postal

How long? Cuanto tiempo? _____ Social Security No./Numero Social _____ - _____ - _____

Telephone/Telefono (____) _____ Date of Birth/Fecha de nacimiento ____/____/____

Employment desired/Empleo deseado ____ Full-Time ____ Part-time ____ Full or Part-time

When are you available to start? Cuando puedes empezar a trabajar? _____

Position applied for/Posicion para la que aplico Salary desired/Salario que desea _____

(1) _____

(2) _____

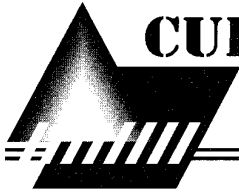
Upon employment, can you submit documentation verifying your identity and legal right to work? Yes ____ No ____
A la hora de empleo, usted puede entregar documentacion de su identidad y su derecho legal para trabajar en Los Estados Unidos? Yes ____ No ____

How many hours can you work? Cuantas horas puedes trabajar semanalmente?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	From	From	From	From	From
To	To	To	To	To	To

Can you work nights? Puedes trabajar de noche? _____

Type of School/Clase de Escuela	Name of School/Nombre de Escuela	Location/Lugar	Number of years completed/Cuantos anos complete	Major & Degree/Especialidad
High School				
College				
Business/Trade				



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Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
Experiencia de Trabajo Por favor de una lista de su experiencia de trabajo de los ultimos cinco anos, empezando con el trabajo mas reciente que haya tenido. Si trabajaba por su propia cuenta, de el nombre de la compania. Ponga otra hojas si es necesario.

Employer/Empleador	Supervisor/Supervisor	Employment dates/Fecha de empleo	Pay or Salary/Pago o Salario
City, State, Zip/Ciudad, Estado, Codigo	Telephone/Telefono		

Reason for leaving (be specific)/Razon por salirse (se especifico): _____

May we contact employer?/Podemos ponernos en contacto con empleador? Yes ____ No ____

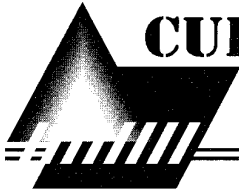
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. De trabajos que usted hacia, responsabilidades, experiencia adquirida o que aprendio, adelantamientos, promociones mientras que trabajo en esta compania.

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City, State, Zip/Ciudad, Estado, Codigo	Telephone/Telefono		

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Employer/Empleador	Supervisor/Supervisor	Employment dates/Fecha de empleo	Pay or Salary/Pago o Salario
City, State, Zip/Ciudad, Estado, Codigo	Telephone/Telefono		

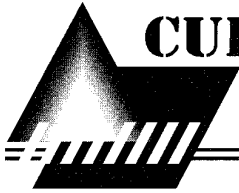
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May we contact employer?/Podemos ponernos en contacto con empleador? Yes ____ No ____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. De trabajos que usted hacia, responsabilidades, experiencia adquirida o que aprendio, adelantamientos, promociones mientras que trabajo en esta compania.

Have you ever been terminated involuntarily from employment?/Ha sido despedido involuntariamente de algun empleo? No ____ Yes ____ If so, please note the date, name of employer and brief statement describing the circumstances for your involuntary termination. / Si las respuesta es si, por favor ponga la fecha, nombre de empleador y una explicacion breve describiendo las circunstancias de su terminacion involuntaria

Do you have a Driver's License? Tiene licencia de manejar? ____ Yes ____ No



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Driver's License Number/Numero de Licencia _____ State of issue/Estado _____
Operator/Operador _____ Commercial/Comercial (CDL) _____ Chauffeur/Chofer _____
Expiration date/Fecha de vencimiento _____

Have you had any accidents during the past three years? Ha tenido accidentes en los ultimos tres anos? _____
How many?Cuantos? _____

Have you had any moving violations during the past three years? Ha tenido algunas violaciones? _____ How many?
Cuantos? _____

Have you ever been convicted of a crime? Ha sido condenado de un crimen? ____ No ____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Si contesto si, explique convicciones, ofensas, principal conviccion, que tan reciete sucedio, donde, como, que sentecia recivio, y clase de rehabilitacion.

To the best of your knowledge, has anyone ever filed a complaint in federal or state court, or charge with any local, state or federal agency, against you alleging unlawful harassment or unlawful discrimination? A su entender, alguien nunca ha presentado contra usted en una corte federal or estatal o ha sido cargado con cualquier insitucion local, estatal, o federal contra usted alegando acoso ilegal o discriminacion ilegal. Yes ____ No ____

Has anyone accused you of harassing him/her or discriminating against them?/Ha sido usted acusado de molestar o discriminar contra alguna persona? No ____ Yes ____ If yes, please give dates, the employers, circumstances and outcome. / Si la respuesta es si, de fechas, nombre del empleador, circunstancias y el resultado.

Please list two references other than relatives or previous employers. Por favor de dar dos referencias aparte de sus familiares o empleadores previos.

(1) Name/Nombre _____ (2) Name/Nombre _____

Address/Direccion _____ Address/Direccion _____

Telephone/Telefono _____ Telephone/Telefono _____

Emergency contact/Contacto de emergencia: _____

Telephone/telefono: _____

Relationship/relacion: _____

By signing this application you understand and agree that if hired, you will be required to work overtime, be required to work a swing shift and/or be subject to other unique conditions. / Al firmar esta aplicacion usted entiende y esta de acuerdo que si lo ocupan, usted va a ser requerido que trabaje tiempo extra, requerido que trabaje en turnos, o ser sujeto a condiciones unicas

Signature/ Firma de aplicante: _____ Date/ Fecha: _____

PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing consent agreement, will release the company from liability. (Any applicant with positive test results will be denied employment at that time). The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol; it is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the standards established by the company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature _____ Date _____

POLIZA DE EXAMEN DE DROGAS PARA PRE-EMPLEO

Todos los aplicantes de esta compania se van a someter para descartar la presencia de drogas ilegales como condicion para su empleo. Aplicantes son requeridos a someterse voluntariamente a un examen de urinalysis con un laboratorio escogido por la compania, y firmando un acuerdo de consentimiento, va a liberar a la compania de cualquier obligacion. Cualquier aplicante con resultados positivos resultara en que se le niege empleo esta vez. La compania no va a discriminar contra aplicantes para empleo que hayan tenido en el pasado abuso de drogas o alcohol. Es el abuso actual de drogas o alcohol, que previene a empleados que apropiadamente desempeñen su trabajo y esto la compania no lo tolera.

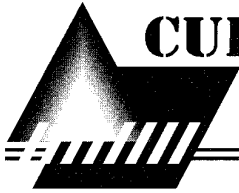
Yo libremente y voluntariamente estoy de acuerdo a someterme a un urinalysis (examen de drogas) como parte de mi aplicacion para empleo. Yo entiendo que cualquiera de los dos, negarse a someterse a un urinalysis o por incumplimiento a calificar de acuerdo con los requisitos minimos establecidos por las compania para este examen los puede descalificar para la consideracion de obtener empleo.

Tambien entiendo que sobre el comienzo de empleo con esta compania, estoy otra vez requerido a someterme a otro examen de urinalysis. Tambien entiendo que el negarme a tomar este examen requerido de examen de urinalysis o el incumplimiento a satisfacer estos requisitos minimos resultara en suspension inmediata o ser despedido.

En el cazo de que el empleo comience antes de que el empleador reciba los resultados de el examen, entiendo que inmediatamente sere despedido si los resultados regresan positivos.

He leído por complete y entiendo las declaraciones y condiciones de empleo.

Firma de aplicante _____ Fecha _____



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DRUG FREE |WORKPLACE PROGRAM RECEIPT

I hereby acknowledge that I have received a copy of the Company's Drug Free Workplace Program. I also acknowledge that I have received a full and complete explanation of the Program, including all policies and the availability of an Employee Assistance Program.

I further state that I have read or will read, or have had or will have read to me, all sections of this Drug Free Workplace Program. I understand that violation of any provision of this policy may lead to disciplinary action up to and including termination of employment, and that I may forfeit my workers' compensation benefits.

Finally, I agree that neither the issuance of these policies, nor the acknowledgment of its receipt, constitutes or implies a contract of employment or a guaranteed right to recall.

Date Received

Employee Signature

Employee Print Name

Date

Witness

Employee Education Program for the Drug Free Workplace

Workplace accidents and lack of productivity as the result of substance abuse threaten the well being of employers, employees, and our communities. To safeguard our workplace against the disastrous effects of substance abuse, this company has developed a Drug Free Workplace Program.

The Drug Free Workplace Program is a constructive means for management and employees to work together to maintain a safe, productive, drug free environment. The following is a short drug and alcohol awareness program designed to help you the employee understand the importance of this company's Drug Free Workplace Program. In addition, it is important that you understand the legal, social, physical, and emotional consequences of the misuse of alcohol and/or drugs.

Please review carefully the attached information. If you have questions or concerns please immediately contact your supervisor. Upon completion of your review of the attached materials, please complete the section below and return it to your supervisor.

I hereby acknowledge receipt of the Company Drug Free Workplace educational material. I have previously read and I understand the Company's Drug Free Workplace Policy.

CURB SYSTEMS OF SW FL & SARASOTA, LLC

Employee Signature

Employee Name

Date

Supervisor Signature

Supervisor

Date

INITIAL EMPLOYMENT PERIOD

Each new or re-hired employee must complete a probationary period of (90) consecutive days.

Your first 90 days of consecutive employment with CURB SYSTEMS OF SW FL AND SARASOTA, L.L.C., serves as a period of training and adjustment. You are encouraged to demonstrate a sincere commitment to learning and performing all aspects of your job. The probationary period gives you the opportunity to determine your suitability to your particular job. Your supervisor is available to answer any questions you may have.

During your probationary period, your Supervisor will evaluate your progress and offer coaching and comments. You will be evaluated on standards such as completion of job duties, attendance, employee relations, safety record, and other job related factors.

Upon completion of your 90 days employment, your Supervisor will discuss performance, and transfer you to regular status, if appropriate. After successfully completing the probationary period, you will be classified as a regular employee.

All employment at CURB SYSTEMS OF SW FL AND SARASOTA, L.L.C., is AT-WILL, and successful completion of the 90 day probationary period does not express or imply a contract of employment.

I HAVE READ AND UNDERSTAND I AM WITHIN THE 90 DAY PROBATIONARY PERIOD.

Employee Signature

Date

PERIODO INICIAL DE EMPLEO

Cada empleado Nuevo o re-empleado tiene que cumplir con un periodo de prueba de (90) dias consecutivos.

Sus primeros 90 dias de trabajo consecutivo con CURB SYSTEMS OF SW FL AND SARASOTA, L.L.C., sirve como un tiempo de entrenamiento y ajuste. Le animamos que demuestre un compromiso sincero a aprender y despenar todos los aspectos de su trabajo. El periodo de prueba le da la oportunidad de determinar su adaptacion a su trabajo particular. Su supervisor esta disponible a contestar cualquier pregunta que usted tenga.

Durante el periodo de prueba, su supervisor va a evaluar su progreso y ofrecer entrenamientos y comentarios. Usted va a ser evaluado en el nivel de trabajo que usted hacienda, asistencia al trabajo, relaciones con los empleados, record de seguridad, y otros factores relacionados con su trabajo.

Duespues de completar los 90 dias de empleo, su supervisor va a discutir su desempeno, y transferirse a su status apropiado. Despues de haber terminado el periodo de prueba, va a ser clasificado como un empleado regular de nuestra compania.

Todo empleo en CURB SYSTEMS OF SW FL AND SARASOTA, L.L.C. es A-VOLUNTAD, y con exito en completar el periodo de prueba de 90 dias, este periodo no expresa o implementa un contrato de empleo.

He leído y entiendo que estoy en un periodo de prueba de 90 dias.

Nombre de empleado

Fecha

**COMPANY SAFETY POLICY
POLIZA DE LA COMPANIA DE CUIDADO**

This Company is committed to safety and has developed a policy to protect you from injury on the job. Your help is vital for your own protection. Please observe the following safety rules at all times. / *Esta Compania esta sometida y a desarrollado una poliza para protegerlo de accidente en el trabajo. Su ayuda es vital para su propia proteccion. Por favor siga las reglas de cuidado en todo momento.*

1. **NO ALCOHOL OR DRUGS ON THE JOB AT ANY TIME.**
No alcohol o drogas en el trabajo a ninguna hora.
2. **REPORT ALL ACCIDENTS THE SAME DAY THE ACCIDENT OCCURS.**
Favor de reportar cualquier accidente el mismo dia que ocurre.
3. **ALL NON-EMERGENCY TREATMENTS FOR ACCIDENTS MUST BE AUTHORIZED BY SUPERVISOR FIRST.**
Todos los tratamientos que no sean de emergencia tienen que ser autorizados por su supervisor.
4. **WEAR SEATBELTS AT ALL TIMES WHILE IN VEHICLES ON COMPANY BUSINESS.**
Use cinturón de seguridad siempre que vayan en vehiculos de la compania.
5. **BE RESPONSIBLE FOR KEEPING THE AREA WHERE YOU WORK CLEAN AND NEAT AT ALL TIMES.**
Sea responsable de mantener la area donde trabaja limpia y organizada en todo momento.
6. **DO NOT REMOVE OR BYPASS ANY GUARDS ON ANY MACHINERY AT ANY TIME.**
No remueva o ignore ningun limite de la maquinaria en ningun momento.
7. **ASK SUPERVISOR IF YOU NEED ADDITIONAL EQUIPMENT OR INSTRUCTION TO GET THE JOB DONE SAFELY.**
Preguntele a su supervisor si necesita ayuda o instrucciones para hacer el trabajo con cuidado.
8. **LIFT WITH YOUR LEGS, NOT YOUR BACK. GET ASSISTANCE WITH LOADS OVER 50 POUNDS.**
Cuando vaya a levantar algo pesado, haga fuersas con las piernas, no la espalda. Pida ayuda con cargas de mas de 50 libras.
9. **ADVISE YOUR SUPERVISOR OF ANY HAZARDOUS CONDITIONS.**
Avise a su supervisor de condiciones peligrosas.
10. **FOLLOW ALL OTHER WRITTEN AND SPOKEN SAFETY RULES.**
Siga todas las reglas de seguridad escritas y verbales.

I HAVE READ THESE RULES, UNDERSTAND THEM AND WILL ADHERE TO THEM FOR MY OWN BENEFIT. / *Lei estas reglas, las entiendo y obedecere para mi propio beneficio y bien.*

Signature/Firma

Date/Fecha

AUTOMOBILE USAGE POLICIES

POLICY PROHIBITING ALL PERSONAL USE OF COMPANY VEHICLES EXCEPT COMMUTING.

Management has adopted the following policy regarding personal use of Company-owned vehicles:

For business reasons, certain employees have been designated to drive a Company-owned vehicle to and from their residence to facilitate versatility of Company operations. This shall be the only authorized personal use of the Company vehicle. Individuals driving Company vehicles may have occasions where an incidental stop is necessary between business stops. Such use shall not be considered to be in violation of this policy.

The Company requires that no personal items other than incidentals be stored in the vehicle. The vehicle is to be locked when not in use with work articles stored either in the lock box or trunk.

The Company will, when and if applicable compute a daily value for commuting which will be included in the employee's Form W-2 at the end of the calendar year. Such amount will be the minimum allowed by federal income tax laws;

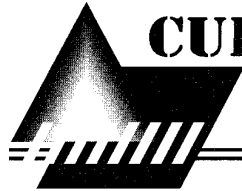
Note: Internal Revenue Service regulations require the Company to maintain evidence which would enable the IRS to determine whether use of the vehicle is in accordance with policy maintained by the Company.

I have read, understand and pledge to comply with the above policy:

Driver Signature

Date: _____

Vehicle Year, Make, Model, License Number



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EMPLOYEE UNIFORM AGREEMENT

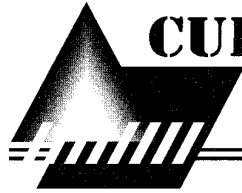
EMPLOYEE'S NAME: _____
(NOMBRE DEL EMPLEADO)

PLEASE BE ADVISED YOU HAVE ORDERED UNIFORMS AND BY DOING SO YOU HAVE AGREED TO AND UNDERSTAND THAT YOU ARE RESPONSIBLE FOR THESE UNIFORMS, YOU HAVE BEEN GIVEN 11 PAIRS OF PANTS AND 11 SHIRTS. IT IS YOUR RESPONSIBILITY TO BRING IN YOUR UNIFORMS EVERY WEEK THE MORNING OF UNIFORM PICKUP SHOULD YOU WANT THEM CLEANED. IF YOU ELECT TO HAVE THEM CLEANED YOU MUST ALSO MAKE SURE WHAT YOU HAVE TURNED IN TO BE CLEANED IS ALL RETURNED TO YOU THE FOLLOWING WEEK. YOUR PAYCHECK WILL BE CHARGED FOR UNIFORM RENTAL WEEKLY WHETHER OR NOT YOU HAVE THEM CLEANED. IF YOU ARE MISSING UNIFORMS, YOU MUST BRING IT TO YOUR SUPERVISORS ATTENTION SO THAT YOU WILL NOT BE CHARGED FOR THE MISSING UNIFORMS. THE CHARGE FOR EACH SHIRT OR PANTS IS \$20.00. ALSO UPON TERMINATION OF EMPLOYMENT, LEAVE OF ABSENCE OR IF YOU GO TO MEXICO FOR A PERIOD OF TIME. YOU ARE TO RETURN ALL UNIFORMS, YOUR FINAL CHECK WILL BE CHARGED FOR ALL MISSING UNIFORMS. YOU WILL ALSO BE CHARGED FOR ANY ALTERED UNIFORMS I.E. CUTTING OF SLEEVES OR PANT LEGS. SHOULD YOU ACCIDENTALLY TEAR A SHIRT OR PANTS PLEASE TIE THEM IN A KNOT TO MAKE THE UNIFORM MAN AWARE OF A REPAIR TO BE DONE, YOU WILL NOT BE CHARGED FOR UNIFORM REPAIR OR REPLACEMENT DUE TO NORMAL WEAR & TEAR.

I _____ (NAME) AGREE TO THE FOLLOWING TERMS AND UNDERSTAND THAT THERE WILL BE A WEEKLY DEDUCTION OF \$ _____ FROM MY PAYCHECK FOR THIS SERVICE. THIS WILL BE CHARGED WHETHER YOU TURN YOUR UNIFORMS OR NOT.

NECESITAN ENTENDER QUE USTEDES VAN A FIRMAR ESTE ACUERDO Y SON RESPONSABLES DE LOS UNIFORMES, SE LES VAN A DAR 11 PARES DE PANTALONES Y 11 CAMISAS. USTEDES SON RESPONSABLES DE TRAERLOS UNIFORMES CADA SEMANA EN LA MANANA QUE SE LLEVAN NOS UNIFORMES SI QUIERE QUE SE LAVEN. SI ESCOJEN QUE SE LOS LAVEN TAMBIEN TIENE QUE ASEGURANSE QUE TODOS LOS QUE ENTREGO SE LOS REGRESEN LA SIGUIENTE SEMANA. A SU CHEQUE SE LE VA A REBAJAR LA RENTA DEL UNIFORME SEMANALMENTE AUNQUE NO ENTREGUE UNIFORMES PARA LAVAR. SI LE FALTAN UNIFORMES, USTED TIENE QUE DECIRLE A SU SUPERVISOR PARA QUE NO SE LE COBRE POR LOS UNIFORMES QUE LES FALTAN. EL COBRO POR CADA CAMISA O PANTALON ES DE \$20.00. TAMBIEN CUANDO SEA TERMINADO O DESPEDIDO DE SU TRABAJO, AUSENCIA DE TRABAJO O SI SE VA PARA MEXICO POR UN TIEMPO. USTED TIENE QUE REGRESAR TODOS LOS UNIFORMES, SU ULTIMO CHEQUE VA A SER COBRADO POR CUALQUIER UNIFORME QUE LE FALTE. TAMBIEN SE LES VA A COBRAR POR CUALQUIER UNIFORME QUE TENGA ALTERACIONES (QUE LE CORTEN LAS MANGAS A LOS PANTALONES O CAMISAS) SI ACCIDENTALMENTE SE LE ROMPE UNA CAMISA O UN PANTALON PORFAVOR HAGALOS NUDO PARA QUE EL SENOR DE LOS UNIFORMES SE DE CUENTA DE QUE NECESITA QUE LE HAGAN REPARACIONES, A USTED NO SE LE VA A COBRAR POR LA REPARACION O REEMPLAZO DE USO NORMAL.

YO _____ (NOMBRE) ESTOY DE ACUERDO CON LOS TERMINOS Y ENTIENDO QUE \$ _____ VA A SER REBAJADO DE MI CHEQUE SEMANALMENTE POR ESTE SERVICIO. ESTO SE LE VA A COBRAR AUNQUE NO ENTREGUE LOS UNIFORMES.



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**WORKPLACE SAFETY & HAZARD COMMUNICATION PROGRAM
RECEIPT**

I hereby acknowledge that I have received a copy of the Company's Workplace Safety & Hazard Communication Program. I also acknowledge that I have received a full and complete explanation of the Program, including all policies.

I further state that I have read or will read, or have had or will have read to me, all sections of this Workplace Safety & Hazard Communication Program. I understand that violation of any provision of this policy may lead to disciplinary action up to and including termination of employment, and that I may forfeit my workers' compensation benefits.

Finally, I agree that neither the issuance of these policies, nor the acknowledgment of its receipt, constitutes or implies a contract of employment or a guaranteed right to recall.

Date Received

Employee Signature

Employee Print Name

Date

Witness

Form W-4 (2008)

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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2008</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2008)

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

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

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

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
		Date (month/day/year)	
Employee's Signature			Date (month/day/year)

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

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

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

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

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

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

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

EMPLOYEE NEW HIRE PACKET CHECKLIST

EMPLOYEE NAME _____

REQUESTED @ TIME OF HIRE EMPLOYEE PAY RATE \$ <input style="width: 100px;" type="text"/> START DATE <input style="width: 100px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> EMP APP COMPLETE <input style="width: 50px;" type="checkbox"/> YES/NO W-4 COMPLETE <input style="width: 50px;" type="checkbox"/> YES/NO I-9 COMPLETE <input style="width: 50px;" type="checkbox"/> YES/NO FORMS SIGNED & DATED Pre-Employment Drug Testing Policy <input style="width: 50px;" type="checkbox"/> YES/NO Drug Free /Workplace Program Receipt <input style="width: 50px;" type="checkbox"/> YES/NO Employee Education Sheet for Drug Free Workplace <input style="width: 50px;" type="checkbox"/> YES/NO Initial Employment Period <input style="width: 50px;" type="checkbox"/> YES/NO Company Safety Policy <input style="width: 50px;" type="checkbox"/> YES/NO Automobile Usage Policies <input style="width: 50px;" type="checkbox"/> YES/NO Employee Uniform Agreement <input style="width: 50px;" type="checkbox"/> YES/NO Workplace Safety Program <input style="width: 50px;" type="checkbox"/> YES/NO DMV SEARCH <input style="width: 50px;" type="checkbox"/> YES/NO All Forms including Physical (DOT) if applicable <input style="width: 50px;" type="checkbox"/> YES/NO ADD TO VEHICLE INS. <input style="width: 50px;" type="checkbox"/> YES/NO WORKER COMP SEARCH <input style="width: 50px;" type="checkbox"/> YES/NO UNIFORMS <input style="width: 50px;" type="checkbox"/> YES/NO If applicable after 90 days HEALTH INSURANCE <input style="width: 50px;" type="checkbox"/> YES/NO If applicable after 90 days	COMPLETED BY H.R. DEPT. Initials	VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/> VERIFIED BY <input style="width: 80px;" type="text"/>
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