



T. BROTHERS TILE LLC

4325 W PATRICK LN STE 120, LAS VEGAS NV 89118 (702) 221-8453

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Home Telephone () _____ Social Security No. _____ - _____ - _____

Birth date _____ Email _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? 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. _____



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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.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			



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AUTHORIZATION TO BACK-CHARGE

Once hired by T Brothers Tile LLC as an installer or fabricator, and in consideration for employment, you are recognized as a trade professional. Therefore, any damages or additional expenses incurred as a result of your negligence or workmanship will be your responsibility. T Brothers Tile has the right to deduct any damages from your paycheck to recoup these losses. I understand and agree to this policy.

Signature

Print name

CARPET RE-TACK POLICY

T. Brothers Tile does not pay for the re-tacking of carpet, this service is included in the regular labor paid to you on the job. Every installer is responsible for completing their own re-tacks and doing them correctly. If for any reason we are forced to send another installer to one of your jobs to do a new or re-do a bad re-tack, you will be charged a \$50 re-tack fee.

I understand and agree to this policy.

Print Name

Signature

Date



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EMPLOYEE SAFETY AGREEMENT

I have been trained on jobsite safety by T. Brothers Tile. I have been supplied with all appropriate safety gear and have been instructed on proper usage.

In the event that I cause T. Brothers Tile to be fined for any unsafe act or behavior which was covered in my training, I shall be responsible for the entire amount of said fine. I hereby authorize T. Brothers Tile to retain any portion of my wages necessary until the total sum of the fine has been collected, should one be issued on my behalf.

Signature

Print name

CELL PHONE USAGE AGREEMENT

If given a company cell phone by T. Brothers Tile LLC, I recognize it is for strictly business use. I understand calls to other T-mobile customers are covered under the unlimited mobile-to-mobile portion of the plan and this is the main purpose of the phone. Also included are 300 free text messages, this calculates to roughly 10 text messages per day. I understand it is my sole responsibility to be diligent with the use of this company property. If at the end of the month any billable usage and/or overage charges appear on my line I hereby give all rights to T. Brothers Tile LLC to deduct any and all charges from money owed to me for worked performed.

Signature

Print name

Date



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COMPANY POLICY

(ILLEGAL AND UNAUTHORIZED ITEMS)

DRUGS, NARCOTICS, CONTROLLED DANGEROUS SUBSTANCES, ALCOHOL, FIREARMS AND STOLEN PROPERTY

In accordance with T Brothers Tile's policy, this is to notify all employees that illegal and unauthorized drugs, drug paraphernalia, narcotics, alcohol, stolen property, controlled dangerous substances and firearms are not permitted on any T Brothers Tile property, including real, personal or otherwise. Possession, use and/or distribution of such items by a person at any installation, property or facility poses a serious threat to the safety of employees, guests and operations.

SEARCH, INSPECTION AND TESTING

T Brothers Tile reserves the right, at any time that it deems circumstances warrant, to have authorized personnel conduct searches or inspections of employees' personal effects, including but not limited to lockers, lunch boxes, baggage, vehicles and quarters, for the purpose of determining if any employees are in possession of illegal or unauthorized items. Employees shall not consume any alcohol for at least four (4) hours prior to reporting to work. Any company employee at any time during the employee's working hours, may be requested by authorized personnel to report immediately to a physician, nurse, medical clinic, laboratory or hospital designated by the company for alcohol and/or drug testing. Urine testing of employees shall be conducted only under the following circumstances: new employees or employees returning to work after a period of absence or lay-off; any employee involved in an accident or incident, whether or not it results in personal injury to anyone; other employees working with the involved employee; at any time the company deems that circumstances warrant it.

Any company employee will be subject to disciplinary action up to and including immediate discharge if any one of the following should occur:

1. Employee refuses to submit to search or inspection for illegal and unauthorized items and/or testing for the presence of alcohol, drugs or other controlled substances.
2. Employee is found to be in possession of any illegal or unauthorized items.
3. Employee's test results confirm the presence of alcohol, drugs and/or other controlled substances.

Searches and/or tests will be conducted from time to time without prior announcement. T Brothers Tile not only has the right, but the obligation, to conduct searches, inspections and testing to ensure a safe and healthy working environment on its properties, facilities and installations. When appropriate, such items discovered through company searches may be taken into custody and turned over to the proper law enforcement authorities.

This company policy applies to all employees, or representatives of contractors or sales companies having



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business with T Brothers Tile.

I have read, understand and agree to comply with "Company Policy" as stated.

Signature

Date

Print name



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Exhibit I

ALCOHOL AND DRUG SCREENING CONSENT FORM

I, _____, do hereby authorize T Brothers Tile, its parent corporation or their affiliates or subsidiaries or any doctor, clinic, laboratory or medical facility, designated by it, to collect blood, urine and other samples for alcohol and drug screening as required.

I understand that all alcohol and drug screening test results and evaluations will not be considered confidential information by the Medical Department and may be discussed with and/or made available to company management. I further understand in accordance with the company's Statement of Policy on Alcohol and Drug Abuse, that the results of this testing may affect my employment status with the company.

Signature

Date

Print name

Witness Signature

Date

Witness Print name



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APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job application by T. Brothers Tile LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of T. Brothers Tile LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / General Manager of the Company. Both the undersigned and T. Brothers Tile LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature

Date

Print name



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EMPLOYEE INSURANCE COVERAGE ACCEPTANCE / WAIVER FORM

ALL BENEFITS PROGRAMS ARE AVAILABLE AFTER 90 DAYS OF FULL-TIME EMPLOYMENT

Below costs are PER WEEK COSTS, taken automatically as pre-tax deductions from your paycheck

HEALTH INSURANCE COVERAGE

Employee Only	Employee & Spouse	Employee & Dependents	Family
\$ 31.93	\$ 96.17	\$ 89.74	\$ 173.26

Sign only one of the following

I would like enrollment information

I would like to waive coverage at this time

Employee Signature

Employee Signature

DENTAL INSURANCE COVERAGE

Employee Only	Employee & Spouse	Employee & Dependents	Family
\$ 9.84	\$ 22.44	\$ 18.90	\$ 31.89

Sign only one of the following

I would like enrollment information

I would like to waive coverage at this time

Employee Signature

Employee Signature

401(k) Retirement Account

At this time the company offers a 10% match of employee contributions to a 401(k) retirement account through our Nationwide Life Insurance plan. i.e. A pre-tax contribution of \$100 by an employee would be matched with a \$10 contribution to that employee's account by the company.

Sign only one of the following

I would like enrollment information

I would like to waive coverage at this time

Employee Signature

Employee Signature

Date

Prices effective as of 12/01/2009

Form W-4 (2010)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit **F** _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, complete all worksheets that apply.
 { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ► 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.		OMB No. 1545-0074 2010	
1 Type or print your first name and middle initial.		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____	
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7 _____					
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (Form is not valid unless you sign it.) ►				Date ►	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions 1 \$ _____
- 2 Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$	
\$8,400 if head of household						
\$5,700 if single or married filing separately						
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) 5 \$ _____
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 - 120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 - 105,000 -	12						
105,001 - 115,000 -	13						
115,001 - 130,000 -	14						
130,001 - and over	15						

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

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

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

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

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

Form I-9, Employment Eligibility Verification

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

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

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

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

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

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

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

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

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

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

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

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be unexpired

LIST A

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

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

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

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

MEJORES DE SEGURIDAD EN EL TRABAJO

Alte y Aprende Sus Derechos y Responsabilidades



La División de Relaciones Industriales del Departamento de Comercio e Industrias de Navarra ayuda a las empresas a mejorar como un lugar de trabajo seguro y saludable. Este folleto explica cuales son las deberes y responsabilidades de ambos, empresarios y empleados, para crear un ambiente de seguridad en el trabajo.

DERECHOS Y RESPONSABILIDADES DEL EMPLEADO



Si observa algún peligro, reportado a su supervisor. Es el deber de su trabajo, darle su apoyo a la seguridad para que se resuelva el problema. Si usted cree que el peligro aún existe, está en su derecho de presentar una queja a la Sección de Ejecución de Seguridad y Salud Ocupacional del Departamento de Relaciones Industriales, Departamento de Comercio e Industrias de Navarra. Ellos no le darán su nombre a su empresa.

Existen leyes que le protegen a usted en caso de ser castigado por presentar una queja de seguridad y salud. Si usted cree que la ley no está siendo respetada por presentar una queja, antes de 90 días de la fecha de su castigo para presentar una queja por discriminación con la Sección de Ejecución de Seguridad y Salud Ocupacional de la División de Relaciones Industriales del Departamento de Comercio e Industrias de Navarra.

La mayoría de los incidentes ocurren en el trabajo sin ordenes por el Seguro de Compensación a Trabajadores, desde incidentes y lesiones hasta accidentes serios. La robótica comienza en el primer minuto que usted empieza a trabajar.

Es su responsabilidad reportar inmediatamente cualquier herida que ocurra en el trabajo. Si el incidente le impide que entre al sitio de trabajo de regreso de accidente industrial (Incapacidad) dentro de seis días de trabajo después de haber recibido el reembolso para compensación de parte del doctor o psicólogo (Incapacidad C-4).

Recuerde, que es fraude presentar un reclamo para el seguro por incidente industrial, si usted no ha sido afectado en el trabajo. Presentar un reclamo falso resultará no sólo en la pérdida de sus beneficios, sino también la posible imposición de multas adicionales y/o encarcelamiento.

La Ley de Seguridad y Salud Ocupacional de Navarra fue creada para que usted pueda realizar su trabajo en un ambiente seguro y saludable. Pero es usted el que tiene que estar seguro de que está funcionando. Estos son algunos consejos para ayudarse a protegerse en el trabajo.

Conozca y siga todas las Reglas de Seguridad Establecidas Por:

- Su Empresa
- La Ley de Seguridad y Salud Ocupacional de Navarra
- La Unión de Relaciones Industriales, Sección de Ejecución de Seguridad y Salud Ocupacional

Usted puede obtener copias de todas las normas de seguridad y salud de Navarra en la Sección de Comercio e Industrias, División de Relaciones Industriales de Navarra. También, su empleador debe de tener un programa escrito de seguridad ocupacional.

Si su empleador le exige el uso de equipo de protección personal, tal como casco, zapatos de seguridad,



reflexos de seguridad, ropa reflectante, o pinchos para los ojos, usted es responsable de ponerlos y/o usar el equipo de seguridad.

No quite ningún instrumento de seguridad o protección de los máquinari. Si lo hace y resulta herido, usted perderá algunos beneficios.

Si usted como Utilitar en la manera segura, los procedimientos y el equipo e la maquinaria, asegúrese de preguntarle a su supervisor.

Seguridad en el Lugar de Trabajo Responsabilidad de Todos.

Yo he (asegure para esta) _____ kido el folleto, _____ visto el audio, unido "La Seguridad en el Lugar de Trabajo: Sus Derechos y Responsabilidades" y he comprendido los deberes y responsabilidades para la seguridad en el lugar de trabajo.

Nombre del Empleado _____ Fecha _____
 Firma _____
 Lugar donde vio el audio(s) _____
 Nombre de la empresa (Letra de Imprenta) _____
 Firma del empleado (representante) _____

Con letra e impreso que no cree sea esta (firma) podrá ponerse en contacto con su supervisor, con el personal del U de trabajadores o la División de Relaciones Industriales del Departamento de Comercio e Industrias de Navarra.

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 Reno (775) 686-6714
 Elko (775) 778-3312