

New Hire Data Sheet

Employee

Emp No

Hire Date

Sa l u t a t i o n	
F i r s t N a m e	
M i d d l e N a m e / I n i t i a l	
L a s t N a m e	
P r e f e r e d N a m e	
S S N	
M a i d e n N a m e	
S t r e e t A d d r e s s	
S t r e e t A d d r e s s 2	
C i t y	
S t a t e	
Z i p	
H o m e P h o n e	
D a t e o f B i r t h	
D a t e o f H i r e	
R a c e	
M a r i t a l S t a t u s	
G e n d e r	
D r i v e r s L i c e n s e N u m b e r	
D L S t a t e	
D L E x p i r a t i o n	
EMERGENCY CONTACT INFORMATION	Address same as employee
N a m e	
A d d r e s s	
C i t y	
S t a t e	
Z i p	
P h o n e	
R e l a t i o n s h i p t o e m p l o y e e	

New Hire Data Sheet

Name

EN

Hire Date

Starting Wage		Per	
Position			
Location			
Department			
Supervisor			
Direct Deposit			
Bank 1			
Routing 1			
Acct # 1			
Contribution Type		\$ Amount	
Account Type			
Bank 2			
Routing 2			
Acct # 2			
Contribution Type		\$ Amount	
Account Type			
Bank 3			
Routing 3			
Acct # 3			
Contribution Type		\$ Amount	
Account Type			
Other			



Direct Deposit Agreement Form For

Authorization Agreement

I hereby authorize **Peach State Truck Centers, LLC**, to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize **Peach State Truck Centers** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Peach State Truck Centers** 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.

This agreement will remain in effect until **Peach State Truck Centers** 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. You may designate up to three accounts for direct deposit. One choice **must** be remaining balance.

Account Information

Account # 1

Name of Financial Institution	Contribution Type	
Routing Number	Amount	
Account Number	Account Type	

Account # 2

Name of Financial Institution	Contribution Type	
Routing Number	Amount	
Account Number	Account Type	

Account # 3

Name of Financial Institution	Contribution Type	
Routing Number	Amount	
Account Number	Account Type	

Employee Signature _____

Date

Form W-4 (2012)

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 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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 \$1,900 of child or dependent care expenses for which you plan to claim a credit	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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight 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 	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. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and 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 (\$10,000 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. 	

----- Separate 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; text-align: center;">2012</div>
1 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 2012, 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 ▶		
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 _____ (This 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) _____

THIS FORM MAY BE REPRODUCED.

Employee: Complete Form A-4 and file it with your employer. Otherwise, tax will be withheld without exemption.

Employer: Keep this certificate on file. If an employee is believed to have claimed more exemptions than that which they are legally entitled to claim, the Department should be notified. Any correspondence concerning this form should be sent to the AL Dept of Revenue, Withholding Tax Section, PO Box 327480, Montgomery, AL 36132-7480 or by fax to 334-242-0112. Please include contact information with your correspondence.

Penalties: Section 40-18-73, Code of Alabama 1975. Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A-4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Exempt Status: Military Spouses Residency Relief Act. This exemption applies to a spouse of a US Armed Service member who is present in Alabama in compliance with military orders and who maintains domicile in another state. Employee should provide their employer with valid military identification and a copy of a current leave and earnings statement or Form DD-2058. Complete line 6 on front of Form A-4 if you qualify for this exemption.

Exempt Status: No tax liability. An exemption from withholding may be claimed if you filed an Alabama income tax return in the prior year, had a zero tax liability on that return, and you anticipate a zero tax liability on your current year return. If you had any tax withheld in the prior year and did not receive a full refund of that amount, you will not qualify and should complete the front of Form A-4.

CHANGES IN EXEMPTIONS: You may file a new certificate at any time if the number of your exemptions INCREASE. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) You no longer provide more than half of the support for someone you previously claimed a dependent exemption for.

DECREASES in exemption, such as the death of a spouse or dependent, will not require the filing of a new exemption certificate until the following year.

DEPENDENTS: To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

PLEASE CUT HERE

FORM
A-4 REV. 11/10

ALABAMA DEPARTMENT OF REVENUE
Employee's Withholding Exemption Certificate

EMPLOYEE'S FULL NAME	SOCIAL SECURITY NO.
HOME ADDRESS	CITY STATE ZIP CODE
SIGNED _____	DATE _____

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. See reverse side for penalty details.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-4 and file it with your employer.
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption.
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption.
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications.
5. Additional amount, if any, you want deducted each pay period. \$
6. **Exempt Status:** If you meet the conditions set forth under the Military Spouses Residency Relief Act and will have no Alabama income tax liability, skip lines 1-5, write "EXEMPT" on line 6, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 for the documentation you must provide to your employer in order to qualify.
7. **Exempt Status:** If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim an exemption from Alabama withholding tax. Skip lines 1-6, write "EXEMPT" on line 7, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 to be sure you qualify.

LINE 8 BELOW TO BE COMPLETED BY YOUR EMPLOYER

8. TOTAL EXEMPTIONS (Example: Employee claims "M" on line 3 and 2 on line 4. Employer should use column headed M-2 in the Withholding Tax Tables and Instructions for Employers.)	EMPLOYER FEIN	EMPLOYER STATE ID
EMPLOYER NAME		

EMPLOYEE CONFIDENTIALITY AND NON-SOLICITATION AGREEMENT

THIS EMPLOYEE CONFIDENTIALITY AND NON-SOLICITATION AGREEMENT (“Agreement”) is made by and between **Peach State Truck Centers** (“Employer”) and the undersigned employee (“Employee”).

WHEREAS, Employee desires to give, and Employer desires to receive from Employee, a covenant to maintain confidentiality and a covenant against solicitation, in accordance with the terms set forth below.

NOW, THEREFORE, in consideration of the foregoing, of the mutual promises herein contained, and of other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending legally to be bound, hereby agree as follows:

- 1. LOYALTY.** Employee agrees to exert Employee's best efforts in the performance of Employee's duties as an employee of Employer and to remain loyal to Employer during the term of such employment. Employee represents that Employee is not presently engaged in nor shall Employee during the term of employment with Employer enter into any employment or agency relationship with any third party whose interest might conflict with those of Employer. Employee does not presently nor shall Employee during the term of Employee's employment with Employer possess any significant interest in any third party's business whose interest might in any way conflict with those of Employer.
- 2. CONFIDENTIALITY. A.** During my employment and for a period of two (2) years after my employment ends (regardless of the reason), I, Employee, will maintain in confidence and, except as necessary to perform my duties as an employee for Peach State Truck Centers, not use or disclose any confidential business information. For this purpose, “confidential business information” means all non-public information of a competitively sensitive nature concerning Employer, including any non-public information (regardless of whether in writing or retained as personal knowledge) concerning research and development; operational costs and processes; pricing, cost or profit factors; quality programs (including, but not limited to, fuel sales programs, tank monitoring, inventory control, vehicle tracking, environmental compliance programs and information technology development); annual and long-range business plans; marketing plans and methods; customers or suppliers; contracts and bids; and personnel. This is in addition to the legal rights of Employer in any trade secrets.

B. Employee shall hold in a fiduciary capacity for the benefit of Employer all information described in Subsection A above, along with any and all confidential information concerning inventions, discoveries, concepts, ideas, improvements or know how, discovered or developed by Employee, solely or jointly with other employees, during the term of this Agreement, which may be directly or indirectly useful in or related to the business of Employer or its affiliates, or may be within the scope of its or their research or development work.

C. Employee agrees to return all Employer property and all documents related to the Employer upon termination of employment. Such property includes Employer credit cards, pagers, cell phones, company-issued keys, equipment, client lists, files, documents, laptop computers, computer printouts or software, computer CD-ROMs, zip drives and their contents, and any other computerized information, as well as brochures, plans, records, drawings, materials, papers and copies thereof. It is specifically agreed that any documents, card files, notebooks, programs, etc. containing customer information are the property of the Employer regardless of by whom they were compiled.

3. COVENANTS AGAINST SOLICITATION. A. Non-Solicitation. For a period of two (2) years after my employment ends (regardless of the reason), I will not solicit, or attempt to solicit, directly or indirectly, any customer for the purpose of selling or licensing products or services that are then competitive with products and services that I sold while I was employed by Employer; provided, however, that this restriction shall apply only to customers with whom I actually have material contact (meaning direct interaction, such as through sales calls, presentations, or other business dealings) in the course of performing my employment duties for Employer within two (2) years before the date my employment ends.

B. No-Hire. For a period of two (2) years after my employment ends (regardless of the reason), I will not solicit or in any manner encourage employees of Employer, with whom I became familiar while employed by Employer, to leave the employ of the Employer.

4. ACCOUNTING FOR PROFITS. Employee covenants and agrees that, if Employee shall violate any covenants or agreements in Section 3 hereof, Employer shall be entitled to an accounting and repayment of all profits, compensation, commissions, remunerations or benefits which Employee directly or indirectly has realized and/or may realize as a result of, growing out of or in connection with any such violation; such remedy shall be in addition to and not in limitation of any injunctive relief or other rights or remedies to which Employer is or may be entitled at law or in equity or under this Agreement.

5. INJUNCTION. Irreparable harm shall be presumed if Employee breaches any covenant contained in this Agreement. This Agreement is intended to protect the proprietary rights of Employer in many important ways. Even the threat of a breach of the covenant set forth in Paragraph 3 as to solicitation or the covenant as to employees or even the threat of any misuse of the Confidential Information, or Trade Secrets of Employer would be extremely harmful since they are essential to the business of Employer. Employee agrees that any court of competent jurisdiction may immediately enjoin any breach of this Agreement by Employee upon the request of Employer and Employee specifically releases Employer from the requirement to post any bond in connection with temporary or interlocutory injunctive relief to the extent permitted by law.

6. SEVERABILITY. Should any provision of this Agreement or any other term of my employment prove invalid, unenforceable or ineffective for any reason, including (without limitation) as a result of the breach by either party of such term or provision, the remainder of the Agreement shall nonetheless be fully enforced to the fullest extent permitted by law,

regardless of whether the invalid, unenforceable or ineffective term or provision is facially severable from the remainder of the Agreement.

7. **BURDEN AND BENEFIT.** This Agreement shall be binding upon, and shall inure to the benefit of, Employer and Employee, and their respective heirs, personal and legal representatives, successors and assigns.
8. **NOTICES.** Any notice required to be or otherwise given hereunder shall be sufficient if in writing, and sent by certified or registered mail, return receipt requested, first-class postage prepaid, as follows:

If to Employer: Peach State Truck Centers, Inc
6536 Crescent Blvd.
Norcross, GA 30071

If to Employee:

or to such other address designated by either party following notice to the other.

9. **ENTIRE AGREEMENT.** This Agreement contains the entire agreement and understanding by and between Employer and Employee with respect to the confidentiality provision and the covenant against solicitation herein referred to, and no representations, promises, agreements or understandings, written or oral, not herein contained shall be of any force or effect. No change or modification hereof shall be valid or binding unless the same is in writing and signed by the party intended to be bound.

IN WITNESS WHEREOF, Employer and Employee have duly executed this Agreement under seal as of the date set forth below.

EMPLOYER

By: Bill Garrett _____

Title: Human Resources Manager _____

Date: _____

EMPLOYEE

Name: _____

Signature: _____

Date: _____



Peach State Truck Centers

Uniform Agreement

I understand and agree that any uniforms furnished to me by Peach State Truck Centers (The Company) or their authorized uniform vendor will remain the property of the Company and/or their chosen uniform vendor.

Further, I understand and agree that maintenance of the uniform components is my responsibility and I may be charged a portion of the weekly charge by the uniform vendor to cover cleaning, etc. And , I agree that if my employment with the Company terminates for any reason I will either return all of the uniforms or components, or I will be charged for their replacement and by signing this document I authorize deductions, to the extent allowed by law, to be deducted from my earnings to cover the cost of these replacements.

Employee Name _____

Employee Signature _____

Date _____

NO HARASSMENT POLICY

Peach State Truck Centers does not and will not tolerate harassment of our employees. The term “harassment” includes, but is not limited to, slurs, jokes and other verbal, graphic or physical conduct relating to an individual’s race, color, sex, religion, national origin, citizenship, age or handicap. “Harassment” also includes sexual advances, request for sexual favors, unwelcome or offensive touching, and other verbal, graphic or physical conduct of a sexual nature.

VIOLATION OF THIS POLICY WILL SUBJECT AN EMPLOYEE TO DISCIPLINARY ACTION, UP TO AND INCLUDING IMMEDIATE DISCHARGE.

If you feel that you are being harassed in any way by a co-worker or by an employee or a customer or vendor, you should notify your supervisor or manager immediately. The matter will be thoroughly investigated and, where appropriate, disciplinary action will be taken.

You should also be aware that no supervisor or other member of management has the authority to suggest to any employee that the employee’s continued employment or future advancement will be affected in any way by that employee’s entering in (or refusing to enter into) any form of personal relationship with the supervisor or member of management.

If you feel that a supervisor or member of management has acted inconsistently with this policy, or you feel that your complaint concerning a co-worker or an employee or customer or vendor has not been handled to your satisfaction, please contact either the Secretary/Treasurer or Human Resources Administrator immediately.

Your complaint will be kept as confidential as possible and you will not be penalized in any way for reporting such conduct.

Please do not assume that the Company is aware of your problem. It is your responsibility to bring your complaints and concerns to our attention, so that we can help resolve them.

I have read the above policy and understand its provisions.

Employee Signature

Date

SAFETY POLICY STATEMENT

Peach State Truck Centers is dedicated to a safe and healthful work environment. The Company has adopted certain mandatory safety practices. One of these practices is dictated by government standards (OSHA) and that is wearing of steel-toed shoes in heavy truck service areas.

We expect all employees to abide by these requirements and to observe all safety rules at all times. Employees in the Parts and Service Departments, who are involved in lifting or mechanical work, are required to **wear steel-toed shoes at all times**. In addition to the employees mentioned above, individual department managers may designate others who must also wear these safety items. Refusal to do so may result in the employee being fined as follows:

First Offense	\$10.00
Second Offense	\$15.00
Third Offense	\$25.00

Fines will be paid through payroll deduction. When an employee reaches the third offense stage, dismissal from our employ will be strongly considered. The elimination of unnecessary loss of work time or, more importantly, a serious accident to one of our employees, is a total company shared responsibility.

Prevention is the key.

The safety of every employee is a matter of greatest concern and demands the maximum effort from everyone.

Back supports are recommended, but not mandatory at this time.

I have read the above policy and agree to abide by its terms.

Employee Signature

Date

Peach State Truck Centers
Confidential

ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE SAFETY POLICY

This will acknowledge that I have received my copy of the Peach State Truck Centers (The Company or Dealership) Safety Policy and that it is my responsibility and obligation to familiarize myself with its contents.

I agree to abide by the policy guidelines as a condition of my employment and my continued employment at Peach State Truck Centers. I understand that if I have questions, at any time, regarding this Safety Policy, I will consult with my immediate supervisor.

Please read the Safety Policy carefully to ensure that you understand this policy before signing this document. My signature below certifies that I understand the foregoing agreement

I ATTEST TO THE FACT THAT I HAVE RECEIVED THE PEACH STATE TRUCK CENTERS SAFETY POLICY AND I UNDERSTAND THAT I AM RESPONSIBLE FOR READING AND FOLLOWING THE SAFETY RULES AND PROCEDURES IN EACH SECTION OUTLINED IN THIS POLICY.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.

Print Full Name

Date

Signature

ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK

This will acknowledge that I have received my copy of the Peach State Truck Centers (The Company or Dealership) Employee Handbook and that it is my responsibility and obligation to familiarize myself with its contents.

The Employee Handbook covers many important Dealership policies, including, among other things:

- Drug and Alcohol Policy
- Equal Employment Opportunity Policy
- No Harassment Policy
- Problem-Solving Procedure
- Electronic Communications Policy

I understand that this handbook represents the current policies and procedures and that any and all policies or practices can be changed at any time by the Company. The Company retains the right to add, change, or delete wages, benefits, policies, and all other working conditions at any time.

I understand that nothing in the Employee Handbook creates or is intended to create a promise or representation of continued employment and that my employment, position, and compensation at the Company are "at-will", and may be changed or terminated at the will of the Company. I understand that I have the right to terminate my employment at any time, with or without cause or notice, and that the Company has a similar right. I further understand that my status as an "at-will" employee may not be changed except in writing signed by the President.

My signature below certifies that I understand the foregoing agreement and that at-will status is the sole and entire agreement between the Company and me concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings and representations (whether written or oral) concerning my employment with the Company.

I ATTEST TO THE FACT THAT I HAVE RECEIVED THE PEACH STATE TRUCK CENTERS, LLC HANDBOOK AND UNDERSTAND THAT I AM RESPONSIBLE FOR READING AND FOLLOWING THE POLICIES AND PROCEDURES IN EACH SECTION OUTLINED IN THIS HANDBOOK.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.

Print Full Name

Date

Signature