



## Personnel Action Request

Employee Type ☐ New Hire ☐ Re-Hire ☐ Current Employee

Position: \_\_\_\_\_

☐ Full - Time ☐ Part-Time

Store Location: Eminence

Employee Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Local School District: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Section 1: NEW EMPLOYEES ONLY:

Pay Rate: \_\_\_\_\_ ☐ Hourly ☐ Salary

Hire Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Federal Tax Status: ☐ Single ☐ Married ☐ Married filing at Single Rate

Number of Exemptions: Federal: \_\_\_\_\_ State: \_\_\_\_\_

Additional Withholding: Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_

### Section 2: CURRENT EMPLOYEES ONLY:

#### Eligible for Rehire

( ) Termination Date: \_\_\_\_\_ ☐ Voluntary ☐ Involuntary ☐ Yes ☐ No

Explanation: \_\_\_\_\_

( ) Pay Rate Change: From: \_\_\_\_\_ To: \_\_\_\_\_

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

Department Change: Current: \_\_\_\_\_ New: \_\_\_\_\_

( ) Store Transfer: Current: \_\_\_\_\_ New: \_\_\_\_\_

( ) Employee Status: Current: \_\_\_\_\_ New: \_\_\_\_\_

( ) Change of Address: (indicate new information in the top section).

( ) Change in other Personal Information: (indicate new information in Section 1).

Store Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Central Office Use Only:

Received by Personnel: \_\_\_\_\_ National Origin: \_\_\_\_\_



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

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

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

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

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

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

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

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

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

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

**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page





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

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

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

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

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

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

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

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

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

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

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

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

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

# Form W-4 (2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____				
<b>B</b>	Enter "1" if: <table><tr><td>• You're single and have only one job; or</td><td rowspan="3">} . . . . .</td></tr><tr><td>• You're married, have only one job, and your spouse doesn't work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You're single and have only one job; or	} . . . . .	• You're married, have only one job, and your spouse doesn't work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	<b>B</b>	_____
• You're single and have only one job; or	} . . . . .						
• You're married, have only one job, and your spouse doesn't work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____				
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____				
<b>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>							
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b>	_____				
<b>H</b>	Add lines A through G and enter total here. <b>(Note: This may be different from the number of exemptions you claim on your tax return.)</b> ►	<b>H</b>	_____				
For accuracy, <b>complete all worksheets that apply.</b> <table><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.							
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.							
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.							

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
► <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2017</b>			
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>		\$	
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►		<b>7</b>			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►					
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	



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

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

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

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

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

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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

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

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

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

## INSTRUCTIONS

**1. NUMBER OF EXEMPTIONS.**—Do not claim more than the correct number of exemptions. However, if you have unusually large amounts of itemized deductions, you may claim additional exemptions to avoid excess withholding. You may also claim an additional exemption if you will be a member of the Kentucky National Guard at the end of the year. If you expect to owe more income tax for the year than will be withheld, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld.

**2. CHANGES IN EXEMPTIONS.**—You may file a new certificate at any time if the number of your exemptions **INCREASES**.

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 an exemption is divorced or legally separated, or claims their own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.
- (c) Your itemized deductions substantially decrease and a Form K-4A has previously been filed.

**OTHER DECREASES** in exemption, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

**3. DEPENDENTS.**—To qualify as your dependent (line 4 on reverse), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must not be claimed as an exemption by such person's spouse, and (c) must be a citizen of the United States, or a resident of the United States, Canada, or Mexico, or (d) must have lived with you for the entire year as a member of your household or be related to you as follows:

your child, stepchild, legally adopted child, foster child (if he lived in your home as a member of the family for the entire year), grandchild, son-in-law, or daughter-in-law;

your father, mother, or ancestor of either, stepfather, stepmother, father-in-law, or mother-in-law;

your brother, sister, stepbrother, stepsister, brother-in-law, or sister-in-law;

your uncle, aunt, nephew, or niece (but only if related by blood).

**4. PENALTIES.**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.



Print Full Name \_\_\_\_\_

Print Home Address \_\_\_\_\_

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS	
EMPLOYEE:  File this form with your employer. Otherwise, he must withhold Kentucky income tax from your wages without exemption.	1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" _____
	2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate. (a) If you claim both of these exemptions, enter "2" _____ (b) If you claim one of these exemptions, enter "1" _____ (c) If you claim neither of these exemptions, enter "0" _____
	3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents): (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4" _____ (b) If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4" _____
EMPLOYER:  Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Revenue Cabinet should be so advised.	4. If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4" _____
	5. National Guard exemption (see instruction 1) _____
	6. Exemptions for Excess Itemized Deductions (Form K-4A) _____
	7. Add the number of exemptions which you have claimed above and enter the total _____ \$ _____
	8. Additional withholding per pay period under agreement with employer. See instruction 1 _____

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date \_\_\_\_\_ Signed \_\_\_\_\_



# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

## Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_\_

**For Employer's Use Only**Employer's name Saver Group, INC Telephone no. 2704658675 EIN ► \_\_\_\_\_Street address 95 London DriveCity or town, state, and ZIP code Campbellsville, KY 42718Person to contact, if different from above Brandi Humphrey Telephone no. 2704658675Street address 95 London DriveCity or town, state, and ZIP code Campbellsville, KY 42718If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ► \_\_\_\_\_

Date applicant:

Gave information	_____	Was offered job	_____	Was hired	_____	Started job	_____
---------------------	-------	--------------------	-------	--------------	-------	----------------	-------

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**Employer's signature ►****Title****Date**

## Privacy Act and Paperwork Reduction Act Notice

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** . . . 6 hr., 27 min.

**Learning about the law  
or the form** . . . . . 24 min.

**Preparing and sending this form  
to the SWA** . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

## PARENT/GUARDIAN STATEMENT OF CONSENT

In accordance with 803 KAR 1:100, Section 3(2)(a) of the Kentucky Child Labor Law (Employment of Minors 16 or 17 Years of Age), permission is hereby granted for the employment of :

_____	_____
(Full Name of Minor)	(Street Address)
_____	_____
(City) (Zip)	(Date of Birth) (Social Security Number)

to work in excess of thirty (30) hours in any one work week, not to exceed forty (40) hours in any one work week when school is in session, at the following place of business:

\_\_\_\_\_  
(Name of Busniess)

_____	_____	_____
(Address at which minor will be employed)	(City)	(Zip)
_____	_____	_____
(Signature of Parent or Guardian)	(Date)	

**ATTENTION PARENT/GUARDIAN:** This consent remains in effect for this business location until parent or guardian contacts the employer and provides a notification withdrawing this consent. This consent statement shall remain at the employer's place of business.



# **SNAP Training**



All employees must complete SNAP training within the first 30 days of employment and at least once each calendar year. SNAP training consists of watching a video and reviewing the guidebook.

Employee's Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Store Location: \_\_\_\_\_

1<sup>st</sup> Training Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Store Manager's Signature: \_\_\_\_\_

Training Materials reviewed: \_\_\_\_\_ Video \_\_\_\_\_ Guidebook

2<sup>nd</sup> Training Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Store Manager's Signature: \_\_\_\_\_

Training Materials reviewed: \_\_\_\_\_ Video \_\_\_\_\_ Guidebook

3<sup>rd</sup> Training Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Store Manager's Signature: \_\_\_\_\_

Training Materials reviewed: \_\_\_\_\_ Video \_\_\_\_\_ Guidebook

4<sup>th</sup> Training Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Store Manager's Signature: \_\_\_\_\_

Training Materials reviewed: \_\_\_\_\_ Video \_\_\_\_\_ Guidebook

5<sup>th</sup> Training Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Store Manager's Signature: \_\_\_\_\_

Training Materials reviewed: \_\_\_\_\_ Video \_\_\_\_\_ Guidebook

6<sup>th</sup> Training Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Store Manager's Signature: \_\_\_\_\_

Training Materials reviewed: \_\_\_\_\_ Video \_\_\_\_\_ Guidebook

Keep original at store level for future training documentation and send copy to office for filing purposes.

## **Acknowledgement**

Employee shall be an at-will employee whose employment may be terminated at any time, for any reason, with or without advance notice, and nothing shall be construed to grant the Employee any right to continued employment or employment for any specific period of time. Even though Employee may receive paychecks directly from Saver Group, Inc., the Employee is not an employee of Saver Group, Inc. Employee understands that he/she is employed by Saver Systems, LLC and assigned to the Eminence Save-A-Lot store.

---

Employee Print Name

---

Employee Signature

---

Date

# ACKNOWLEDGEMENTS

## EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

Initial \_\_\_\_\_

The employee handbook describes important information about Saver Group Inc., Saver Systems LLC, Saver Systems of Eastern Kentucky LLC, West Irvine Plaza LLC, Saver Systems of S.E. Ohio LLC, Saver Systems of Ohio LLC, Saver Systems of Virginia LLC, Saver Systems of North Carolina LLC, and Saver Systems of Berea LLC (hereinafter referred to as Saver Group), and I understand that I should consult the Human Resources Director regarding any questions not answered in the handbook.

I have entered into my employment relationship with Saver Group voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or Saver Group can terminate the relationship at will, for any reason, at any time, so long as there is no violation of applicable federal or state law. No one can alter my status as an at-will employee except in writing specifically referencing me, my employment and signed by the President of Saver Group.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to Saver Group's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the President and the Board of Directors of Saver Group has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received notice that copies of the handbook will be kept in the break room and/or on the job site for my review and reading. If I desire a copy of the handbook, one will be supplied to me upon my request to the Human Resource Department at the Corporate office, call 1-270-465-8675. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

## ACKNOWLEDGEMENT OF CONFIDENTIALITY PROVISION:

Initial \_\_\_\_\_

I understand that Saver Group, Inc. has agreed to protect the confidentiality of all confidential, proprietary or trade secret information concerning the Save-A-Lot Program. As an employee of Saver Group, I understand that the policy is not to disclose any confidential, proprietary information or trade secret information with respect to the Save-A-Lot program to any third party. Confidential information may include, without limitation, procedures, operations and data used in the Program, know how, practices, methods of promotion, advertising and production, pricing and product information, forms, layout/design information, manuals, computer software and other technical information.

## RETAIL PROCEDURE GUIDE ACKNOWLEDGEMENT:

Initial \_\_\_\_\_

I have read and understand the material in the Retail Employee Policies and Procedures Guide concerning Saver Group, Inc. policies and procedures.

I understand that a copy of this booklet is available in the store for my review.

I realize that policies may be added, modified or deleted from time to time and that I will be required to comply with new or revised policies and procedures upon oral or published notification.

I understand that violation of the Company's policies and procedures may result in discipline, up to and including termination, depending on the type and severity of the violation.

I HAVE READ THE ABOVE ACKNOWLEDGEMENT FORMS AND UNDERSTAND IT IS MY RESPONSIBILITY TO READ AND ABIDE BY THESE POLICIES.

EMPLOYEE'S NAME (printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_  
(Date)

Witness: \_\_\_\_\_

---

I HAVE BEEN SHOWN AND HEREBY ACKNOWLEDGE MY ACCESS TO THE EMPLOYEE HANDBOOK

Employee Signature: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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

Effective July 2002

## Saver Group, Inc. Employee Dress Code

Saver Group, Inc. and its Save A Lot stores strive to provide an attractive, pleasant and professional environment for both our employees and our customers. Just as we always expect our shelves, racks, coolers and freezers to look clean and attractive, we expect every employee to always look professional as well.

With the above in mind, **effective July, 2002**, the following employee dress code will be implemented in order to achieve uniformity and professionalism at each store.

### I. Saver Group Required Dress and Appearance:

- ◆ Employees will be issued either two (2) company shirts, vests, or smocks at time of hire. The company will provide one (1) new item of apparel each year per employee.
- ◆ Company issued apparel must be worn with a name badge at all times while working in the store.
- ◆ One Save A Lot cap will be provided for each meat & produce department employee. All employees while working in the meat & produce departments must wear caps or hairnets. Save A Lot caps will be available for other employees who wish to wear them while working in the store.
- ◆ Employees will be responsible for keeping their apparel clean and neat at all times.
- ◆ Additional apparel may be purchased at the employee's expense including lost or torn items.

### II. The following is required for Saver Group, Inc. Save A Lot employees:

1. Pressed/Ironed company shirt, vest, or smock.
2. Clean modest shirt with collar under the vest.
3. Regular fitted pants worn at or near the waistline.
4. Save A Lot caps for meat/produce employees.

**Note: Management reserves the right to determine dress that is appropriate and/or inappropriate for all employees.**

I have read and understand the Saver Group Dress Code and hereby agree to comply with these requirements.

### III. Employees of Saver Group, Inc. Save A Lot stores WILL NOT BE ALLOWED to wear the following:

1. Patched, baggy and/or low hanging pants.
2. Sleeveless shirts, T-shirts, belly shirts or tank tops.
3. Shorts of any type.
4. Apparel with "off color" quotations, sayings or advertising.
5. Open toed footwear of any type including sandals.
6. Facial jewelry or tongue rings.
7. Bandanas worn around the head, arms or legs.
8. Sweat pants.
9. Non- Save A Lot caps or hats.
10. Short skirts or short dresses.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date





1. As an employee of Saver Group, Inc., a part of my responsibility and job description when operating a cash register is to receive money from customers, make change as appropriate, and take checks and other instruments of payment in accordance with company policy.

2. I have read the "Employee Retail Guide" of Saver Group, Inc., and that I understand that I am responsible for any money shortage as to my register for the period the register is operated by me. I further understand that I am responsible for any uncollected checks and other instruments of payment taken by me at my register contrary to the stated company policy in the Employee Retail Guide, which the company to be willful and intentional conduct in disregard of Saver Group, Inc's interests. I fully understand these policies and the reason for them, and I accept them as a condition of my employment.

## Till Accountability Procedures

1. All cashiers operating a register must verify that till count is accurate prior to starting their shift and are responsible for their individual till from the beginning of the shift to the end of the shift. At no time are two or more people to be operating on the same cash till. Any shortages are subject to the “Cashier Agreement Policy” listed above.

2. If a cashier's register is needed during a break, store management will have the cashier pull their till and walk them to the safe where they will deposit their till until the break has ended.

3. All cashiers must count down their tills at the end of their shift and verify the procedure with a member of management. Note: Cashiers should NOT be running “X Reads” to compare their counts against.

4. Each member of management will have their own till to place into a register which will be operated solely by that manager.

5. Members of management are responsible for ensuring the integrity of all single accountability tills.

Employee	Date
----------	------

---

Supervisor
Date

August 2003

## **PALLET JACK SAFETY PROCEDURES**

- Do **NOT** operate Pallet Jack (Manual or Electric) until trained and authorized by your supervisor.
- Always check Pallet Jack (Manual or Electric) to see that it is in good working order before attempting to handle a load.
- Notify your supervisor about any faulty equipment immediately.
- Always examine pallet before attempting to move it. Determine that load is not severely shifted or too tall to go through doorways.
- When pulling loads always be watchful for any overhead obstructions.
- Make sure Jack is in pallet straight and in the center of the pallet.
- Never attempt to lift load with one fork.
- Use both hands when jacking up a manual Pallet Jack to prevent muscle strain.
- When pulling Pallet Jack, make sure it is in the neutral position. This will reduce fatigue.
- When pulling heavy pallets, pulling on wet floor, or on a grade, have someone assist by pushing pallet or holding back on pallet, whichever is needed.
- Swing wide on corners to avoid hitting door frames, merchandise, and wing displays.
- Use **Extra** caution when operating jack on a grade. Never turn sharp on a grade.
- Use wall of truck bed as a brake along with helper to keep heavy loads at a controlled speed.
- **Always** let Jack down when stocking on the sales floor or anytime the Jack is left unattended.
- Do not bump or hit walls or counters when parking pallets. This can damage walls, knock counters out of alignment, and damage product with a only a slight bump.
- Make sure Pallet Jack is at a complete stop and in down position before releasing handle.
- Keep all body parts (hands, arms, feet, etc) from getting underneath a pallet when it is in a raised position.
- Pallet Jacks are for work only. Horseplay, including riding the jacks, is strictly prohibited.

I acknowledge I have read and understand I am to abide by these procedures and any other rule and procedures my supervisor may instruct me of during my training.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date



## **MEAT DEPARTMENT SAFETY POLICY**

**SAVER GROUP, INC. & SAVER TARHEEL, LLC ("Saver") WANTS TO PROVIDE A SAFE WORKING ENVIRONMENT FOR ALL EMPLOYEES. WE WILL PROVIDE ALL SAFETY EQUIPMENT NECESSARY. IT IS THE RESPONSIBILITY OF THE STORE MANAGERS, MEAT MANAGERS, AND SUPERVISORS TO SEE THAT OUR SAFETY POLICIES AND PROCEDURES ARE FOLLOWED. FAILURE TO COMPLY WITH THESE RULES WILL LEAD TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.**

### **Policies**

- Only Authorized Personnel are allowed in the Meat Department.
- Meat Department Employees must be 18 years of age.
- No horseplay, loud music, or disturbing noises are allowed.
- All new or inexperienced meat employees must be trained and fully educated on the proper use of equipment and protective devices.
- All meat personnel will use all safety equipment/materials provided by Saver.
- All defective equipment must be reported to the Meat Supervisor immediately.
- Outdated meat must be cut open and thrown away.

### **Body Mechanics and Housekeeping**

- LIFT WITH YOUR LEGS not your back.
- USE a cart to move heavy boxes from the cooler or truck to the cutting room.
- Floors should be free of holes, tripping hazards, boxes, etc.
- Cooler and cutting room floors should be free of trash, water and meat trimmings.
- If there is an injury, proper procedures must be used to clean the area of any blood.

### **Protection**

- A CUT RESISTANT GLOVE WILL BE WORN ON THE NON-CUTTING HAND WHILE CUTTING MEAT.
- Each employee should have two cut resistant gloves.
- A cutting glove should be on both hands when washing, rinsing, and sanitizing knives and equipment.
- Do not use a Cut Resistant Glove when operating equipment.

### **ALWAYS**

- 1) Use the Protective Push Guard when using the meat saw.
- 2) Use the Protective Cover when using the meat tenderizer.
- 3) Use the Protective Guard – NEVER push meat on the slicer with your hand.
- 4) Keep your knives sharpened. Dull knives cut more people than sharp knives.
- 5) If you drop a knife, let it fall.
- 6) Put unused knives on the magnetic strip.
- 7) Carry knives with the blade pointing down to avoid cutting someone else.
- 8) Make sure that when using the saw the floor is dry to ensure good footing.
- 9) Wear clothes that are not loose fitting.
- 10) WHEN CLEANING/BREAKING DOWN EQUIPMENT – UNPLUG ALL EQUIPMENT.

### **NEVER**

- 1) SPLIT TURKEYS, TURKEY BREASTS, OR HAM HOCKS ON THE MEAT SAW.  
*This is extremely dangerous and is against the Health Laws.*
- 2) Take a knife onto the Sales Floor.
- 3) Store boxed meat more than FIVE boxes high. Keep storage at eye level. Maximum weight 40 lbs.
- 4) Use equipment if it's not working properly or if the safety device is broken or missing. Unplug equipment, put a sign on it, and notify management ASAP.
- 5) Sell, grind, cut, or give away outdated product.

### **MAKE SAFETY A PRIORITY!**

### **NO PIECE OF MEAT IS WORTH YOUR HAND!**

I have completely read and fully understand the meat department safety procedures outlined on this page and agree to follow these procedures at all times while working in the meat department.

Employee

Date

Supervisor

Date



**Employment Application**  
(Please Print Clearly)

Position Applied For \_\_\_\_\_ Referral Source \_\_\_\_\_

(How did you hear about us?)

Name \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Last First M.I.

Address \_\_\_\_\_

Street

City

State

Zip Code

Phone Number \_\_\_\_\_

Indicate Availability To Work: ☐ Full Time ☐ Part Time ☐ Days ☐ Evenings

Date Available For Work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Have you ever been employed here before: ☐ Yes ☐ No If yes, give dates and positions \_\_\_\_\_

Are you legally eligible for employment in this country: ☐ Yes ☐ No

If you are under 18, can you furnish a work permit? ☐ Yes ☐ No If No, please explain \_\_\_\_\_  
(if required)

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No

If yes, please provide date(s) and details \_\_\_\_\_

Drivers license number if driving may be required in position for which you are applying \_\_\_\_\_ State \_\_\_\_\_

Please indicate availability to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

**Employment History**  
(List previous employers beginning with most recent)

Employer \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor & Title \_\_\_\_\_ May we contact: ☐ Yes ☐ No

Position \_\_\_\_\_ ☐ Full Time ☐ Part Time ☐ Temporary

Employment Dates (mm/yy): From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Ending Salary: \_\_\_\_\_

Summarize type of work performed and job responsibilities \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor & Title \_\_\_\_\_ May we contact: ☐ Yes ☐ No

Position \_\_\_\_\_ ☐ Full Time ☐ Part Time ☐ Temporary

Employment Dates (mm/yy): From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Ending Salary: \_\_\_\_\_

Summarize type of work performed and job responsibilities \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

(OVER)

Employer \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor & Title \_\_\_\_\_ May we contact: ☐ Yes ☐ No

Position \_\_\_\_\_ ☐ Full Time ☐ Part Time ☐ Temporary

Employment Dates (mm/yy): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Salary: \_\_\_\_\_

Summarize type of work performed and job responsibilities \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Education**

Type	Name and Location	Courses Taken	Graduated		
			Yes	No	Enrolled
High School					
College					
University					
Other					

**References**

(Please list three references that are not related to you and are not previous supervisors)

Name	Company and Title	Business Telephone	Home Telephone

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## REQUIRED HEALTH STATUS REPORTING FOR FOOD EMPLOYEES

All food employees must report to the person in charge information about their health and activities as they relate to diseases that are transmissible through food. All food handlers shall report the information in a manner that allows the person in charge to reduce risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of diagnosis without symptoms, if the food employee:

1. Has the following symptoms:

- a. Vomiting
- b. Diarrhea
- c. Jaundice
- d. Sore throat with fever
- e. A lesion containing pus, such as a boil, or infected wound that is open or draining and is:
  - a. On the hands or wrists, unless an impermeable cover such as finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover,
  - b. On exposed portions of the arms, unless the lesion is protected by an impermeable cover, or
  - c. On other parts of the body, unless the lesion is covered by a dry, durable, tight fitting bandage;

2. Has an illness diagnosed by a health practitioner due to:

1. Salmonella Typhi
2. Shigella spp.
3. Enterohemorrhagic or Shiga Toxin-Producing Escherichia Coli
4. Hepatitis A virus
5. Norovirus

Ohio Uniform Food Code adds these other pathogens:

1. Salmonella spp.,
2. Entamoeba histolytica,
3. Campylobacter spp.,
4. Vibrio cholera,
5. Cryptosporidium,
6. Cyslospora,
7. Giardia,
8. Yersinia

3. Had a previous illness, diagnosed by a health practitioner, within the past 3 months due to Salmonella Typhi, without having antibiotic therapy, as determined by a health practitioner;

4. Has been exposed to, or is the suspected source of, a confirmed disease outbreak, because the employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected or ill with:

1. Salmonella Typhi within the last 14 days of the last exposure,
2. Enterohemorrhagic or Shiga Toxin-Producing Escherichia Coli or Shigella spp. within the past 3 days of last exposure;
3. Hepatitis A virus within the last 30 days of last exposure,
4. Norovirus within the past 48 hours of last exposure

5. Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

1. Salmonella Typhi within the last 14 days fo the last exposure,
2. Enterohemorrhagic or Shiga Toxin-Producing Escherichia Coli or Shigella spp. within the past 3 days of last exposure;
3. Hepatitis A virus within the last 30 days of last exposure,
4. Norovirus within the past 48 hours of last exposure

The person in charge is required by law to report the food employee's illnesses resulting from the following pathogens to the local health department and exclude them from the establishment: Norovirus, Salmonella typhi, Shigella spp., Shiga toxin-producing E. coli, Hepatitis A virus.

I have read and understand the actions required of me in the *Required Health Status Reporting for Food Employees* and agree to comply with the reporting requirements specified above. I also understand that should I experience one of the above symptoms or high risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to stop working until such symptoms or illness have resolved, I understand that failure to comply with the terms of this agreement could lead to action by the regulatory authority that may jeopardize my employment and may involve legal action against me..

Employee Name (print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Name (print) \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

# **Handbook Policy Focus**

## **703 Sexual and Other Unlawful Harassment**

Effective Date: 10/1/1999

Revision Date: 9/1/15

Saver Group is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, or any other legally protected characteristic will not be tolerated. Saver Group provides ongoing sexual harassment training to ensure you the opportunity to work in an environment free of sexual and other unlawful harassment.

Sexual harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list of sexual harassment examples:

- \* Unwanted sexual advances.
- \* Offering employment benefits in exchange for sexual favors.
- \* Making or threatening reprisals after a negative response to sexual advances.
- \* Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons or posters.
- \* Verbal conduct that includes making or using derogatory comments, epithets, slurs, or jokes.
- \* Verbal sexual advances or propositions.
- \* Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, or invitations.
- \* Physical conduct that includes touching, assaulting, or impeding or blocking movements.

Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of employment; (2) submission or rejection of the conduct is used as a basis for making employment decisions; or, (3) the conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

If you experience or witness sexual or other conduct which could be a violation of this policy, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the Human Resources Director Brandi Humphrey, or Larry Noe at 270-465-8675 or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. To the extent possible, your confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, you will be informed of the outcome of the investigation, to the extent possible.

Any supervisor or manager who becomes aware of possible conduct which could be a violation of this policy, must immediately advise the Human Resources Director Brandi Humphrey, or Larry Noe at 270-456-8675 so it can be investigated in a timely and confidential manner. Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.



### **711 Tobacco Usage**

Effective Date: 3/1/17

Revision Date:

For the protection of our employees, customers, and products, Saver Group prohibits the usage of tobacco products, including but not limited to cigarettes, cigars, vapor, and smokeless, in the following areas:

- Interior of any Save-A-Lot Store, this includes, but is not limited to the sales floor, office, break room, backroom, restrooms, and meat/produce department.
- Within 5 feet of any exterior door

Employees must be on a break or lunch to use any tobacco products. Anyone using tobacco products in a prohibited area or while on the clock is subject to disciplinary action, up to and including termination of employment.

### **504 Use of Telephones and Electronic Devices**

Effective Date: 10/1/1999

Revision Date: 7/1/15

Employees may be required to reimburse Saver Group for any charges resulting from their personal use of the telephone.

To ensure effective telephone communications, employees should always use the approved greeting and speak in a courteous and professional manner. Please confirm information received from the caller, and hang up only after the caller has done so.

Employees should exercise responsibility in all use of Company telephones. Some personal calls of necessity are to be expected, but should be limited to three (3) minutes or so in order to not be disruptive of usual business functions. Immediate cooperation of all employees is requested regarding telephone usage. To insure cooperation with this policy, telephone usage may be monitored.

During work time, employees are not permitted to use personal cellular telephones or electronic devices. Cellular telephones and electronic devices should be kept in the associates' locker or vehicle and only used during breaks or meal times. If emergency circumstances arise, associates must contact their store manager and/or supervisor before using the cellular telephone or electronic devices during work time or in work areas. The company will not be liable for the loss of personal cellular phones nor electronic devices brought into the workplace.

Employees who violate this policy will be subject to disciplinary action, up to and including termination.

Personal telephone calls or those pertaining to a personnel issue or other confidential matter should never be taken on the sales floor. If you are unable to get to a private location (i.e. company vehicle or private office), you should postpone the call for a later time.

### **Acknowledgement**

I acknowledge that I receive training regarding the prevention of sexual harassment and a copy of Saver Group's Harassment Policy #703. I agree to abide by the principles that were explained in this training. I understand that if I have any questions that were not addressed in training or if I encounter any problems, I can contact the Human Resources Department at 270-465-8675.

By signing, I also acknowledge that I have read policy #711 and #504 of the handbook and agree to abide by these policies.

---

Signature

---

Date

---

Witness



## **EMPLOYEE PURCHASE POLICY**

**The purpose of this policy is to ensure there are clear guidelines to all employee purchases that protect The Saver Group, & Saver Tarheel LLC from any unnecessary monetary loss.**

- 1. All purchases are to be made while the employee is off the clock. This means prior to clocking in, while on break, lunch, or after you have clocked out for the day.**
- 2. The receipt for your purchase or purchases should be attached to the actual product.**
- 3. No merchandise can be consumed prior to paying for it.**
- 4. No product is allowed to be store expensed for your consumption at anytime. For example we do not allow store expensed coffee, coffee filters, cups, plates, sugar, creamer, etc. These must be purchased and the receipt must be attached.**
- 5. At no time is anyone allowed to accept Out Of Date merchandise from any vendor for consumption or any other reason.**
- 6. At no time is it allowed that merchandise be marked down for an employee without store manager approval; IE close dated, out of date merchandise.**

**Any violation of the above mentioned policy can result in disciplinary action up to and including discharge and or legal action being taken.**

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



## Loss Prevention Policy

Saver Group, Inc. and Saver Tarheel LLC are equal opportunity employers that strive to provide a safe and secure working environment for all associates.

It is the responsibility of each and every associate of Saver Group, Inc. and Saver Tarheel LLC to do their part to help protect the assets of their respective Company. These assets include, but are not limited to, the Company's money, merchandise, property, and most importantly, the associates themselves.

Unfortunately, you may sometimes encounter other employees (including your Store Manager or Assistant Manager) and/or customers engaging in dishonest activities within your store. These employees and/or customers may attempt to convince you to become involved in these dishonest and illegal activities.

We take these incidents very seriously and reserve the right to prosecute any associate or customer that violates our Loss Prevention policies.

Below is a summary of some of the policies and procedures that are utilized by the Companies to protect our assets and our associates (The list is not exhaustive).

Please take the time to read and initial by each policy or procedure indicating that you have read and understand each of them.

1. \_\_\_\_\_ All register Transactions such as refunds, voids, order cancels, etc. are monitored by the system, which produces the Cashier Performance Report in your store and at our corporate office. Unusual register activity will be noticed quickly by your Store Manager and your Operational Supervisor.
2. \_\_\_\_\_ The Store Manager or Assistant Manager must approve all refund transactions. Many of these refund transactions will be verified through phone calls to the customer.
3. \_\_\_\_\_ All associates are required to have their packages and bags checked or inspected by the Store Manager or Assistant Manager when departing the store. In the case of a Store Manager or Assistant Manager's package or bag, another associate should perform the inspection.
4. \_\_\_\_\_ Associates are not allowed to have a cell phone when working at the register. Cell phones should be kept in the associate's locker or in their vehicle.
5. \_\_\_\_\_ Many locations have camera systems installed, both covert and overt, to view associate and customer activity. These systems are designed to provide a safe work environment and serve as a deterrent to internal and external theft. The Assistant & Store Manager, Operations Supervisor, as well as other supervisors will review these videos on a regular basis.
6. \_\_\_\_\_ The Company employs "Plain Clothes Surveillance Teams" and Mystery Shoppers that assist in monitoring activity in stores based on associate or customer feedback. These "teams" will monitor opening activity, closing activity, basic operations, and make purchases to ensure Company policies and procedures are being followed.
7. \_\_\_\_\_ All transactions are time and date stamped in our registers. This allows a Store Manager, Assistant Manager or Loss Prevention to check register activity/history through a detailed transaction report of all register transactions.
8. \_\_\_\_\_ We have available for all employees a confidential hotline (1-877-407-8675) that is monitored by the upper management of our company only. This allows you to confidentially report integrity issues (such as theft) and other issues that may concern you.
9. \_\_\_\_\_ Giving away merchandise without charging the customer or associate receiving the merchandise (also known as "Sweethearting," "Sliding," and "Hooking Up") is stealing. You will be terminated and/or prosecuted if it is found that you engaged in this activity.

*Our company is serious about protecting our associates and our assets. We reserve the right to terminate / prosecute any associate or customer that violates our Loss Prevention policies.*

I, \_\_\_\_\_ commit that I will follow the Company's Loss Prevention policies in order to help prevent losses to the Company.

\_\_\_\_\_  
Associate - Date

\_\_\_\_\_  
Store Manager - Date



## **Training Acknowledgement**

### **WIC Training**

I, \_\_\_\_\_, completed WIC training on  
(Print Name)  
\_\_\_\_\_ at \_\_\_\_\_. I understand all  
(Date) (Location)  
guidelines must be followed. Failure to comply with these guidelines,  
including fraudulent transactions or negligence on my part may result in  
disciplinary action up to and including termination.

\_\_\_\_\_  
(Signature/Date)

\_\_\_\_\_  
(Trainer's Signature/Date)

### **Safety Training Video**

I, \_\_\_\_\_, acknowledge that I have watched the  
(Print Name)  
safety video on Saver Group's website. I understand that safety is very  
important and agree to follow all safety tips and policies that are given to  
me.

### **GOT Video**

I, \_\_\_\_\_, acknowledge that I have watched  
(Print Name)  
the GOT video. I understand what GOT is and will use this technique to  
deliver the best possible service to all of our customers.

Please fill in the following:

G = \_\_\_\_\_ O = \_\_\_\_\_ T = \_\_\_\_\_

\_\_\_\_\_  
(Signature/Date)

# **Opening and Closing Policy (for Saver Key Holders)**

**Saver Group and Saver Tarheel companies are committed to providing the best Service possible for our customers which includes posting Store Hours.**

**It has been our longstanding policy to:**

**Open (unlock) the store at the scheduled time.**

**You can open a few minutes early if customers are waiting.**

**Close (lock) the store after the scheduled time.**

**We do not turn customers away if they are entering the store as we are closing.**

**Each customer should be treated with the same great service whether it is 9:05 in the morning or 5 minutes after closing.**

**I have read the above policy and understand my responsibilities to the customer. I also understand failure to adhere to this policy will result in termination.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date





## **Kentucky Tobacco Acknowledgement Form**

### **Purchase by persons under the age of 18 years:**

- I understand it is illegal for anyone under age 18 to buy, attempt to buy, to receive, or to use a false or misleading proof of age for the purpose of purchasing or receiving any tobacco product or cigarette wrapping papers.

### **Sale or distribution to persons under the age of 18 years:**

- I understand it is illegal to sell or give tobacco products to anyone under the age of 18.
- I understand I **MUST** check photo identification of customers trying to buy tobacco products if the customer appears to be under age 27.
- I understand the law prohibits any person from sending, assisting, aiding or abetting a person less than 18 years of age in purchasing, attempting to purchase, or receiving tobacco products.

### **Penalties of Law:**

- I understand that sales or distribution of tobacco products, as well as assisting, aiding, or abetting in the purchase or receiving of tobacco products to anyone under the age of 18, is considered a misdemeanor offense.
- Kentucky law imposes fines of not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500) for a first violation and a fine of not less than five hundred dollars (\$500) nor more than one thousand dollars (\$1000) for any subsequent offense.

### **“We Card” Training:**

- I completed “We Card” Training and fully understand the procedures and requirements of a lawful tobacco transaction as outlined by the training.

**I HAVE READ AND UNDERSTAND THIS TOBACCO ACKNOWLEDGMENT FORM. I FURTHER ACKNOWLEDGE THAT FAILURE TO ABIDE BY THE LAWS OF KENTUCKY GOVERNING THE SALE/PURCHASE OF TOBACCO PRODUCTS COULD RESULT IN CRIMINAL CHARGES NAMING ME AS DEFENDANT. IN ADDITION, FAILURE TO OBEY THE LAW OR “WE CARD” TRAINING SHALL RESULT IN TERMINATION OF MY EMPLOYMENT.**

EMPLOYEE’S NAME (PRINTED): \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE’S SIGNATURE: \_\_\_\_\_

**KENTUCKY TOBACCO PRODUCTS**  
**SALES COMPLIANCE STATEMENT**

I understand that under the law of the Commonwealth of Kentucky it is illegal to sell or distribute tobacco products to persons under the age of eighteen (18) years and that it is illegal for persons under the age of eighteen (18) years to purchase tobacco products.

**Business Name** \_\_\_\_\_

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

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

Pursuant to KRS Chapter 438.045 a compliance statement must be signed by each retail sales clerk maintained at each establishment and be available for inspection by the Kentucky Department of Agriculture, Division of Regulation and Inspection.

**First Time Offense Fines are as Follows:**

1. **Clerks selling tobacco to a minor** \_\_\_\_\_ **\$100.00**
2. **Vending machine violation** \_\_\_\_\_ **\$250.00**
3. **Not having signed statement from clerk** \_\_\_\_\_ **\$100.00**
4. **Not having warning to minor sign posted** \_\_\_\_\_ **\$100.00**
5. **Giving free tobacco products (samples) to minors** \_\_\_\_\_ **\$1000.00**



KENTUCKY TOBACCO PRODUCTS  
SALES COMPLIANCE STATEMENT

I understand that under the law of the Commonwealth of Kentucky it is illegal to sell or distribute tobacco products to persons under the age of eighteen (18) years and that it is illegal for persons under the age of eighteen (18) years to purchase tobacco products.

Business Name \_\_\_\_\_

Date \_\_\_\_\_

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

Pursuant to KRS Chapter 438.045 a compliance statement must be signed by each retail sales clerk maintained at each establishment and be available for inspection by the Kentucky Department of Agriculture, Division of Regulation and Inspection.

First Time Offense Fines are as Follows:

1. Clerks selling tobacco to a minor \_\_\_\_\_ \$100.00
2. Vending machine violation \_\_\_\_\_ \$250.00
3. Not having signed statement from clerk \_\_\_\_\_ \$100.00
4. Not having warning to minor sign posted \_\_\_\_\_ \$100.00
5. Giving free tobacco products (samples) to minors \_\_\_\_\_ \$1000.00

**Keep this form in shed (or store if no shed) and in a folder with other signed forms.**



## **NEW HIRE PAPERWORK KENTUCKY**

Directions: Urgent forms must be completed and e-mailed/faxed to payroll before a new employee begins work. Please send the original copy of these forms to payroll in the weekly packet along with the remainder of new hire forms not designated as urgent.

### **URGENT FORMS**

- 1. I-9 (must be accompanied by 2 forms of valid ID – check expiration date)**
- 2. W-4**
- 3. K-4**
- 4. Personnel Action Request Form**
- 5. Direct Deposit or Global Cash Card Enrollment Form**

### **OTHER NEW HIRE FORMS**

- 6. Application**
- 7. LLC Acknowledgment Form (Not needed from Harrodsburg or Campbellsville Tobacco Shed)**
- 8. Acknowledgment Form**
- 9. Form 8850 (2 pages) (Work Opportunity Tax Credit)**
- 10. Job Description**
- 11. Cashier's Agreement/Cash Till Accountability**
- 12. Dress Code**
- 13. Pallet Jack Procedure Form**
- 14. Meat Safety Policy Health Status Reporting**
- 15. Policy Focus**
- 16. Employee Purchase Policy**
- 17. Tobacco Acknowledgement ("We Card" Training Included)**
- 18. Open/Close Policy**
- 19. Training Acknowledgment**
- 20. Loss Prevention**
- 21. SNAP Training**