

EMPLOYEE INFORMATION SHEET

Personal:

Name _____

Address _____

City/State _____ Zip _____

Home Phone _____ Mobile Phone _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Address _____

City/State _____ Zip _____

Home Phone _____ Mobile Phone _____

Name _____ Relationship _____

Address _____

City/State _____ Zip _____

Home Phone _____ Mobile Phone _____

Special Medical Information

Signature _____ Date _____

SEpeo

Southeastern Companies

ENROLLMENT AGREEMENT FORM

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
Number/Street City State Zip Code County

Phone: () _____ Social Security Number _____

Emergency Contact:

Name: _____ Telephone () _____

Veteran Status (check one): <input type="checkbox"/> Non Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Veteran		Race (check one): <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Two or more races		Date of Birth: _____	

COMPENSATION AND HIRE INFORMATION

(To be completed by Supervisor)

Your Company Name: _____
Hire Date with Southeastern: _____ Hire Date with your Company: _____
Title: _____ Rate of Pay: \$ _____
Workers' Comp Code: _____ Division/Department: _____

Pay Type:	FLSA Status:	Pay Cycle:	Status:
<input type="checkbox"/> Hourly	<input type="checkbox"/> Exempt	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Full Time
<input type="checkbox"/> Salaried	<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Part Time
<input type="checkbox"/> Commission		<input type="checkbox"/> Other:	

Form W-4 (2008)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if: **B** _____

- 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.

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

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

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

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

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

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. **G** _____

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children.

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

For accuracy, **complete all worksheets that apply.**

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

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

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

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,000 \text{ if head of household} \\ \$ 5,450 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Instructions**Please read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at www.uscis.gov.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Form I-9, Employment Eligibility Verification

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

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

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

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

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

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

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

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

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

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

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

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

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

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

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

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

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

LIST A

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

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Eligibility**

OR

AND

1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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

MUST BE SIGNED AND RETURNED TO SOUTHEASTERN TO COMPLETE ENROLLMENT

SOUTHEASTERN STAFFING, INC. POLICIES

1. The facts set forth in my application are true and complete.
2. I understand that, if employed, false statements, omissions, or misleading statements on this application shall be considered cause for dismissal.
3. If my employment is terminated because of such omissions or misleading statements, I agree that my employers will not be held liable in any respect.
4. I understand in consideration of my hiring by Southeastern Staffing, Inc. ("Southeastern") as an at-will leased employee of Southeastern, acknowledge and agree to the following: I have been hired as an at-will employee of Southeastern which is an employee leasing company, there is no contract of employment that exists between me and the client to which I have been assigned, nor between Southeastern and me and Southeastern has no liability with regard to any employment agreement.
5. I understand, if employed by Southeastern Staffing, Inc. and/or its affiliates, my employment relationship shall be an "at will" employment relationship as allowed by law. This means that I will be able to terminate the employment relationship at any time for any reason and Southeastern Staffing, Inc. and/or its affiliates will likewise be able to terminate my employment relationship at any time for any reason not prohibited by law.
6. I understand I will not have a written contract of employment and there will be no definite term to my employment relationship with Southeastern Staffing, Inc. and/or its affiliates, such as a contract for one or more years.
7. I understand my employment with Southeastern Staffing, Inc. and/or its affiliates will include an initial introductory period (unless otherwise indicated) where my performance shall be closely evaluated to determine whether my skills match the needs of the position.
8. I also agree that while I am a leased employee of Southeastern, if Southeastern does not receive payment from Client for services which I perform as a leased employee, Southeastern will still pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. I understand and agree that Southeastern has no obligation to pay me any other compensation or benefit unless Southeastern has specifically, in a written agreement with me, adopted the client's obligation to pay me such compensation or benefit. I understand that the client to which I am assigned at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee even if Southeastern is not paid by the client to which I am assigned. I understand and agree that Southeastern does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick or other paid time off pay, or for any other payment, where payment for such items has not been received by Southeastern from the client to which I am assigned.
9. Southeastern Staffing, Inc. has a very strict "No Drugs/Alcohol Policy" and I have signed a consent form to submit to a drug/alcohol screening. I understand my failure to comply with this agreement may be grounds for my termination.
10. If I sustain an injury on the job, I will immediately inform my supervisor. My supervisor will provide a list of approved Doctors, a chain of custody form and a drug-testing site. I understand my failure to go to an approved Doctor or to submit to drug testing may jeopardize my workers' compensation benefits. Additionally, I understand if my failure to use personal protective equipment or to follow safety rules results in an on-the-job injury/illness a reduction in my workers' compensation benefits will occur.
11. I understand the claim will be denied if an on-the-job injury/illness occurs and I fail to report the injury/illness within 30 days of the initial manifestation.
12. I understand and will comply with Safety rules, regulations and hazardous communication programs explained to me in orientation.
13. In recognition of the fact that any work related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of Southeastern or against Southeastern based on the same injury or injuries, and to the extent permitted by law, **I hereby waive and forever release any rights I might have** to make claims or bring suit against any client or customer of Southeastern or against Southeastern for damages based upon injuries which are covered under such workers' compensation statutes.
14. I have been informed and I agree that if my assignment with any Southeastern client to which I am assigned ends for any reason, I must report back to Southeastern within seventy-two (72) hours for possible reassignment and that unemployment benefits may be denied me if I fail to do so.
15. In addition, I also agree that if, at any time during my employment, I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, retaliation, national origin, handicap, disability, or marital status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact Southeastern's Human Resources Director at 1-800-868-1016 in order to obtain assistance in the resolution of such matters.

I have read and fully understand the statements regarding policies and procedures and agree to the same. I understand my failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

I understand Southeastern Staffing, Inc. and/or its affiliates take their responsibility as employers very seriously and go to great lengths and expense to provide a safe work environment and workers' compensation insurance for employees. I also understand Southeastern Staffing, Inc. and/or its affiliates will deal promptly with legitimate claims and investigate any fraudulent claims.

Your Signature _____ Date _____

Your Name (Please print) _____ Company Name _____

Witness Signature _____ Date _____

Witness Name (Please print) _____ Company Name _____

MUST BE SIGNED AND RETURNED TO SOUTHEASTERN TO COMPLETE ENROLLMENT

SOUTHEASTERN STAFFING, INC. GENERAL SAFETY RULES

The company has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules and other safety rules that apply to your job.

1. Report an injury to your supervisor immediately. Report any observed unsafe condition to your supervisor immediately.
2. If you do not have current First Aid Training, do not move or treat an injured person unless further immediate danger exists.
3. Appropriate clothing and footwear must be worn on the job at all times as applicable to job duties and work-sites.
4. You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
5. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, maintained in good condition and worn when required. A hard hat must be worn where the hazard of falling objects exists.
6. Goggles & rubber gloves must be worn when working with liquid chemicals. Protective gloves must be worn when handling metals or glass objects.
7. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training. Maintain a general condition of good housekeeping in all work areas at all times.
8. Riding on equipment not designed for such purposes is prohibited at all times (i.e. forklifts, hoist hooks, etc.).
9. Obey safety signs and tags. Never remove or bypass safety devices, machine guards or lockout/tag outs.
10. Do not approach operating machinery from the blind side; let the operator see you.
11. Learn where the fire extinguishers and first aid kits are located.
12. When operating or riding in company vehicles or using your personal vehicle for business purposes, be a defensive driver, fasten your seat belt, obey all traffic laws and do not drive under the influence of drugs or alcohol.
13. Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and ignoring of established safety rules are leading causes of employee injury.

SOUTHEASTERN EMPLOYEE SUBSTANCE ABUSE POLICY

The policy of the Company is to maintain a drug and alcohol free work environment that is safe and productive for all our employees and others conducting business with our Company. To meet these objectives the following policy has been adopted:

The unlawful use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs or alcohol while on the Company or client premises or while performing services for our Company or client is strictly prohibited.

In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

Pre-employment: As may be required/requested by our Company or clients.

Post-Accident: Any employee involved in an accident/injury while performing services for our Company or client, that results in property damage or bodily injury requiring medical treatment, will be required to submit to a substance abuse screening.

Reasonable Suspicion: Testing may be conducted due to suspicion that a substance abuse problem exists.

Random: Unannounced testing of randomly selected employees may be performed.

Compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination. Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable State law.

SOUTHEASTERN DRUG & ALCOHOL SCREEN AUTHORIZATION & CONSENT

For the period of employment with Southeastern Staffing, Inc., I hereby authorize and give full permission for Southeastern Staffing, Inc. and/or their medical company physician to send specimen of my urine and/or blood to a laboratory for a screening test using S.A.M.H.S.A. standards for the presence of illegal drugs, alcohol or prescription medication taken without a prescription.

I will hold all parties harmless, including Southeastern Staffing, Inc. and/or its affiliates, from any liabilities due to my refusal to test and/or the reporting of any results of such test.

This policy and authorization has been explained to me in a language I understand. If you have any questions regarding this policy or my test results will be answered by a representative of Southeastern Staffing, Inc. and/or its affiliates. Because Southeastern Staffing, Inc. and/or the Client Company are incurring all costs for testing, I understand that this is a legally binding document.

WHEN AN ON-THE-JOB ACCIDENT OR INJURY OCCURS, I UNDERSTAND SOUTHEASTERN STAFFING, INC. WILL REQUIRE A POST-ACCIDENT DRUG AND/OR ALCOHOL SCREEN TEST. MY REFUSAL TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING MAY BE GROUNDS FOR TERMINATION. THIS IS IN ACCORDANCE WITH SOUTHEASTERN STAFFING, INC. POLICY.

The results of these tests may be released to Southeastern Staffing, Inc., any other joint employer, appropriate insurance carriers and Government Agencies for purposes of determining the validity of compensation claims.

Please
Initial

SOUTHEASTERN AUTHORIZATION FOR THE RELEASE OF INFORMATION INCLUDING CRIMINAL RECORDS

In connection with my application for employment, including contract for services, with Southeastern Staffing, Inc., (the "Company"), I authorize the Company and their representative agents to solicit information about my background including information about my employment, education, driving record and criminal record.

I release the Company, their representative employees, agents and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such informational reports

Please
Initial

Signature

Printed Name

Social Security Number

Direct Deposit

Your paycheck will be automatically deposited into your bank account beginning the 3rd Pay Period after submission of this request form. You may use any bank.

Authorization Agreement for Automatic Deposits (ACH Credits)

Client Name: _____

Employee Name: _____ SS #: _____

I (we) hereby authorize Southeastern Companies, Inc./Global Employment Solutions, Inc. hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, (hereinafter called DEPOSITORY), to credit and/or debit the same to such account.

Depository (Bank) Name _____

City _____ State: _____ Zip: _____

Account 1	Account 2
Account #: _____	Account #: _____
Transit/ABA #: _____	Transit/ABA #: _____
Type: (Checking / Savings)	Type: (Checking / Savings)
Amount: _____	Amount: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Signed: _____ Date: _____

Please Attach a Sample Voided Check or Deposit Slip. We Can Not Process Your Direct Deposit Without One. Thank You!

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