

APPLICATION FOR EMPLOYMENT/ CONTRACTOR

Applicant Information

Name/
Business
Name:

Date: _____

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email

Position Applied for: _____

Date Available: _____ Years of Experience: _____ Desired Salary: \$ _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Emergency Contact

Name: _____

Phone Number: _____ Relationship: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. ☐ Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table> or <table border="1"><tr><td colspan="9">Employer identification number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>	Social security number													-					Employer identification number													-				
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Employer identification number																																					
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	<table border="1"><tr><td>Signature of U.S. person ▶</td><td>Date ▶</td></tr></table>	Signature of U.S. person ▶	Date ▶
Signature of U.S. person ▶	Date ▶		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (<i>See instructions</i>)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ 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: _____ OR 2. Form I-94 Admission Number: _____ OR 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.")

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

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

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.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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. 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		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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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.



1001 North 23rd Street
Post Office Box 44187
Baton Rouge, LA 70804-4187

(O) 225-342-7866
800-201-2493
(F) 225-219-5968

Bobby Jindal, Governor
Curt Eysink, Executive Director

Office of Workers' Compensation Administration
Second Injury Board

LA OWCA Second Injury Board Knowledge Questionnaire

The following questionnaire should only be completed by individuals that have been hired for employment. Your employer may ask that you complete this questionnaire following your initial hire and periodically thereafter.

The questionnaire may be used in the establishment of prior knowledge for the purpose of obtaining Second Injury Fund relief from the Second Injury Board. The Second Injury Board may reimburse your employer for workers' compensation claims that meet certain criteria should you become injured on the job. This reimbursement in no way affects the benefits owed to you by your employer or their insurance company under the Louisiana Workers' Compensation Act, La. R.S. 23:1021-1361.

WARNING

FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF YOUR WORKERS COMPENSATION BENEFITS UNDER LA R.S. 23:1208.1.

Employer: _____

Employee Name: _____

Date of Birth (mm/dd/yyyy): _____ Male: ☐ Female: ☐

Soc. Sec. # (last 4 digits only): _____

Home Address: _____

Telephone Number: (____) _____

Employee Signature: _____ Date: _____

Employer Witness: _____ Date: _____

PAGE ____ OF ____

SIB FORM D 12/10

Please place a check in the appropriate box next to each medical condition listed below. Each illness or condition requires a Yes (Y) or No (N) answer. For all conditions that you check yes, write a brief explanation on the Explanation Page.

Disease and Other Medical Conditions [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

Y N	Y N	Y N	Y N
☐ ☐ Diabetes	☐ ☐ Cerebral Palsy	☐ ☐ Arthritis	☐ ☐ Heart Disease/Heart Attack
☐ ☐ Silicosis	☐ ☐ Tuberculosis	☐ ☐ Parkinson's	☐ ☐ Congestive Heart Failure
☐ ☐ Varicose Veins	☐ ☐ Multiple Sclerosis	☐ ☐ Brain Damage	☐ ☐ Vision Loss, one or both eyes
☐ ☐ Asbestosis	☐ ☐ Post Traumatic Stress	☐ ☐ Asthma	☐ ☐ Disability from Polio
☐ ☐ Hyperinsulinism	☐ ☐ Osteomyelitis	☐ ☐ Dementia	☐ ☐ Psychoneurotic Disability
☐ ☐ Alzheimer's	☐ ☐ Nervous Disorder	☐ ☐ Thrombophlebitis	☐ ☐ Ruptured or Herniated Disc
☐ ☐ Emphysema	☐ ☐ Muscular Dystrophy	☐ ☐ Arteriosclerosis	☐ ☐ Ankylosis or Joint Stiffening
☐ ☐ Hearing Loss	☐ ☐ Migraine Headaches	☐ ☐ Hodgkin's	☐ ☐ High/Low Blood Pressure
☐ ☐ COPD	☐ ☐ Mental Retardation	☐ ☐ Cancer	☐ ☐ Carpal Tunnel Syndrome
☐ ☐ Hypertention	☐ ☐ Kidney Disorder	☐ ☐ Double Vision	☐ ☐ Compressed Air Sequelae
☐ ☐ Head Injury	☐ ☐ Loss of Use of Limb	☐ ☐ Mental Disorders	☐ ☐ Disease of the Lung
☐ ☐ Epilepsy	☐ ☐ Seizure Disorder	☐ ☐ Hemophilia	☐ ☐ Coronary Artery Disease
☐ ☐ Stroke	☐ ☐ Sickle Cell Disease	☐ ☐ Bleeding Disorder	☐ ☐ Heavy Metal Poisoning

Surgical Treatment [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

Y N

☐ ☐ Spinal Disc Surgery	Year (approximate if unsure) _____
☐ ☐ Spinal Fusion Surgery	Year (approximate if unsure) _____
☐ ☐ Amputated Foot	Left ☐ Right ☐ Year (approx. if unsure) _____
☐ ☐ Amputated Leg	Left ☐ Right ☐ Year (approx. if unsure) _____
☐ ☐ Amputated Arm	Left ☐ Right ☐ Year (approx. if unsure) _____
☐ ☐ Amputated Hand	Left ☐ Right ☐ Year (approx. if unsure) _____
☐ ☐ Knee Replacement	Left ☐ Right ☐ Year (approx. if unsure) _____
☐ ☐ Hip Replacement	Left ☐ Right ☐ Year (approx. if unsure) _____
☐ ☐ Other Joint Replacement	Joint _____ Year _____
☐ ☐ Other Surgical Procedure	Procedure _____ Year _____

Employee Signature: _____ Date: _____

Employer Witness: _____ Date: _____

EXPLANATION PAGE

Please use the space below to explain the illnesses and/or conditions that you checked a Yes (Y) or any other medical conditions that may not be listed on this form. Ask your employer for additional copies of this page if needed.

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes ☐ No ☐

Are you taking medication for this condition? Yes ☐ No ☐

Do you have any permanent restrictions for this condition? Yes ☐ No ☐

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes ☐ No ☐

Are you taking medication for this condition? Yes ☐ No ☐

Do you have any permanent restrictions for this condition? Yes ☐ No ☐

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes ☐ No ☐

Are you taking medication for this condition? Yes ☐ No ☐

Do you have any permanent restrictions for this condition? Yes ☐ No ☐

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes ☐ No ☐

Are you taking medication for this condition? Yes ☐ No ☐

Do you have any permanent restrictions for this condition? Yes ☐ No ☐

Brief Explanation: _____

Employee Signature: _____ Date: _____

Employer Witness: _____ Date: _____

Please answer the following questions.

1. Has any doctor ever restricted your activities? Yes ☐ No ☐

If "Yes," please list the restrictions: _____

Were the restrictions: Permanent _____ Temporary _____

Are you currently restricted? Yes ☐ No ☐

What is the medical condition for which you are restricted? _____

2. Are you presently treating with a doctor, chiropractor, psychiatrist, psychologist or other health-care provider? Yes ☐ No ☐

Please list the medical condition being treated: _____

Doctor's Name: _____ Specialty: _____

Doctor's Address: _____

3. If you are presently taking prescription medication other than those listed on the Explanation Page, please complete the requested information below.

Medication: _____ Prescribing Doctor: _____

Medication: _____ Prescribing Doctor: _____

4. Have you ever had an on the job accident? Yes ☐ No ☐

If you answered "YES," please provide the date for each injury and the nature of the injury:

How long were you on compensation? _____

Name of Employer: _____

5. Has a doctor recommended a surgical procedure, which has not been completed prior to this date, including but not limited to knee, hip or shoulder replacement? Yes ☐ No ☐

If you answered YES, please provide:

Recommended surgery: _____

Approximate date of recommendation: _____

Doctor's Name: _____ Specialty: _____

Doctor's Address: _____

Employee Signature: _____ Date: _____

Employer Witness: _____ Date: _____

WARNING

FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF YOUR WORKERS COMPENSATION BENEFITS UNDER LA R.S. 23:1208.1.

I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in loss of my workers compensation benefits should I become injured on the job.

Employee Signature: _____ Date: _____

Employee Printed: _____

I am an authorized representative of the employer designated to obtain and review the information provided by the employee on this questionnaire. I have confirmed that the employee understands the consequences associated with providing false information or omitting pertinent information. I have confirmed that the employee is able to read and understand the information provided on this questionnaire or I have personally read the questionnaire to the employee. I have provided the employee with as many copies of the Explanation Page as needed. I have confirmed the number of and labeled the pages of this questionnaire.

Employer Witness: _____ Date: _____

Employer Witness Printed: _____

Title: _____

RZI LIGHTING
Workplace Substance Abuse Policy
Certificate of Agreement

Please Read before signing.

I do hereby certify that I have received and read RZI LIGHTING'S Workplace Substance Abuse Policy regarding the abuse of illegal and/or unauthorized drug/alcohol and the situations requiring drug screening. I have had the entire policy explained to me.

I understand that the following violations of the Workplace Substance Abuse Policy will result in the disciplinary action up to and including discharge, even for a first offense.

- A. Use, consumption or presence in the body of alcohol or illegal substances during working time.
- B. Abuse, misuse, sale or distribution of prescription drugs, controlled substances, over-the-counter medications or other impairing substances during working time.
- C. Possession, use, sale, distribution or concealment of illegal substance devices for the purposes of using illegal substances during working time or in the workplace or on RZI LIGHTING premises.

I understand and agree to submit to drug screening for the presence of drug/alcohol, under the conditions of reasonable suspicion, for cause/post-incident testing, random testing, post-accident testing and post-rehabilitation testing.

I understand and agree that compliance with the Workplace Substance Abuse Policy is a condition of employment and if violated, I am subject to disciplinary action up to and including DISCHARGE. I understand and agree that if I test positively or fail to comply with a request to submit to a drug screening, I may be terminated.

I acknowledge that I have given a copy of the Workplace Substance Abuse Policy and I expressly consent to all of its provisions, understanding that strict compliance is a condition of my continued employment at RZI Lighting.

Do not sign if you have not read this agreement.

Date / Time: _____

Applicant: _____

Employee Social Security Number: _____

Witness: _____



Contractors Rules and Regulations

RZI Labor IS PLEASED TO HAVE YOU AS A CONTRACTED TECHNICIAN.

WELCOME TO RZI LIGHTING!

Our Standards of Excellence

As a Contracted Tech, you will be expected to uphold the RZI Labor Standards of Excellence when on an assignment with our Clients. We will offer you assignments. Any questions you may have regarding your , your pay rates or benefits must be directed to the Employer and not our Clients for resolution. The issues that relate directly to the tasks performed in the role of your position should be directed to your Client Supervisor. Though you are assigned to our Client, you are not eligible for any of the benefits offered to their regular full or part-time employees.

CONTRACTOR SAFETY RULES AND REGULATIONS

This information sets forth RZI Labor policy with regards to safety rules and regulations. The intent of this policy is to provide sufficient information to allow you, the contractor, to conduct your services here as safely as possible. Any questions or comments pertaining either to the information or safety in general, should be directed to RZI Labor Coordinator or any of the RZI Management personnel.

SAFETY, HEALTH AND SECURITY RULES AND REGULATIONS

1. All Contract Techs performing work for RZI Labor must adhere in detail to the Safety, Health and Security rules. The contractor will remove and Replace any contract employee who fails to comply with these rules. All Interpretations will be made by the designated representative for RZI Labor.

2. RZI Labor General Terms and Conditions shall apply to all contractor work.

A. The contractor shall comply with all federal, state and local safety regulations.

B. The use of or the possession of alcoholic beverages or nonprescription drugs is not permitted on any site/ premises while performing services for RZI Labor.

C. All unusual incidents should be reported immediately to the RZI Labor representative, (accidents, damage to property, etc.)

Client Work is Confidential

It is the RZI Labor policy that all information concerning our Clients (such as their personal traits) and their businesses (such as their business plans and operations) is to be kept strictly confidential by you and is not to be discussed with anyone within or outside of RZI Labor, other than your RZI Labor Representative, both during and after your work as an Contractor. You are obligated to treat and maintain all confidential information of the RZI Labor Clients, such as trade secrets, as strictly private and confidential. Your failure to do so may not only be grounds for termination.

Assignments are Temporary

All assignments are temporary and range in length from one day to six months or more. Please understand that the Client has the right to end your assignment at any time.

Dress Appropriately for Each Assignment

Some Client locations have a more formal dress code while others are more casual. The labor coordinator will tell you what to expect. The dress code will consist of:

Black Polo or black tee

Black pants

Black shoes.

Arrive Ready and Willing to Work

Remain positive and flexible as you may be asked to do many things to help out in the area to which you are assigned. However, if you are asked to do something that you are unsure of, express that uncertainty to your Client Supervisor. Let us know at once if the tasks you are being asked to do differ from what your RZI Labor Representative told you to expect.

Be Professional and Don't Make or Take Personal Phone Calls

Avoid personal conversations on any of the Client's communication systems. Personal cell phone calls should only be done during lunch or break, not during work.

Smoking

Because of the various health and safety hazards that smoking may present and the requirements of local ordinances, smoking is often prohibited in our Clients' facilities at all times. You are expected to comply with the established policy at our Clients as it relates to smoking on their property.

Unacceptable Conduct

Certain conduct, including, but not limited to, the following activities, may be considered cause for immediate termination:

- Theft of property from RZI Lighting or any Client;
- cashing a paycheck after a stop-payment has been ordered, and the replacement check has been issued and/or cashed;
- divulging Client trade secrets or other company information;
- falsifying information on your application, including falsifying your right to work document(s) and /or abilities to perform essential functions of the job;
- falsifying time records (hours, signatures, etc.)
- Failure to show up timely for a job assignment, including unauthorized tardiness, absence from work, or from your assigned work area;
- Willful or negligent destruction of company property;
- Unauthorized use of company material, time, equipment or property;
- Insubordination while at a Client facility or RZI Labor office;
- fighting, horseplay, practical jokes, or other disorderly conduct which could offend others or which may endanger the well-being of any Associate or company operations;
- Negligence in observing fire prevention and safety rules;
- harassing, threatening, intimidating, or coercing other Associates or our Clients, or interfering with the performance of other Associates or our Clients; and
- walking off your assignment.

These guidelines merely outline RZI Labor Policy. They should not be interpreted to create any expressed or implied contractual rights between the RZI Lighting and the Contractor.

When we call you with an assignment, your RZI Representative will tell you:

- The Jobsite
- What time work begins and scheduled to end.
- What skills are required.
- How long the job will last.
- Who you report to.
- What you'll be doing and any special protective clothing or equipment you'll have to wear.
- How much the assignment will pay?

Attendance and Punctuality Expectations

We are committed to providing our Clients with Techs who recognize and value their responsibilities and who are motivated to perform throughout the length of their assignment.

If you are going to be late or absent once you have been placed on an assignment, you MUST immediately contact your RZI Representative. Failure to do so may be grounds for termination from your assignment.

Payroll Information

Payday is two weeks following the last day of a job.

- a. Accurately and completely fill out the time record, include your name, dates and hours worked.
- b. Please submit a change of address form if you have moved since last payment was issued.

If you have elected to receive a paper paycheck, your check will be mailed to the address we have on file.

In January, you will receive a Form 1099 for wages earned the previous year through the RZI Labor.

There will be a minimum 10 day waiting period from the date the check was mailed for all Stop Payment requests.

Please contact a RZI Lighting Representative if you have additional questions regarding pay procedures or if you need to change any information we currently have on file. Questions about your pay are only to be directed to Representative.

Please leave a message at **(504)525-5600** or E-mail us at Payroll@rzilighting.com

We will get back to you with a prompt response.

I have read, understand and agree to all of the above.

Signature

Print Name

Date _____



RZI Lighting is pleased to have you as a Contracted Technician. Please read the information below:

Payroll will be issued 2 Weeks after show closing.

Please notify RZI Labor if you have a change of address or phone number.

Hourly Labor Rate Parameters

Pay

Monday thru Sunday 6am – 12am

Straight Time

If Show Starts 12am -5:59am

Time and a Half

Monday thru Sunday After 8 Hours

Time and a Half

After 5 Consecutive Hrs W/O Meal Break

Time and a Half

Monday thru Sunday After 12 Hours

Double Time

If you have any questions regarding payroll,

please leave a message at **(504) 620-5602**

or

email us at [**Payroll@rzilighting.com**](mailto:Payroll@rzilighting.com).

We will get back to you with a prompt response.

Thanks,

RZI Labor Management



Employee Direct Deposit Enrollment Form

Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____
(referred to herein as "Employer")

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit #
(A 9-digit number always
between these two marks)

Checking Account #

Check #
(this number matches the number in
the upper right corner of the check—
not needed for sign-up)

Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings ☐ Other I wish to deposit: \$ _____ . ____ or ☐ Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings ☐ Other I wish to deposit: \$ _____ . ____ or ☐ Entire Net Amount

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings ☐ Other I wish to deposit: \$ _____ . ____ or ☐ Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.