Reset Form

INTERIOR INSTALLATION SERVICES, INC.

P.O. Box 10236 • Green Bay, WI 54307 • Ph: 920-965-0204 • Fax: 920-321-3003

Employment Application

Interior Installation Services, Inc. (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Personal Information

First Name and Middle Initial	Last Name

Address

Phone Number	Email

Position Applied for	Date Available

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

If so, may we contact your current employer? ☐ Yes ☐ No

Are you able to travel for extended periods of time? ☐ Yes ☐ No

Likelihood of driving a company vehicle is probable. Do you have a regular, valid driver's license? ☐ Yes ☐ No

Will you be able to perform the essential job functions for the position you are applying for, with or with out reasonable accommodation? If no, please explain. ☐ Yes ☐ No

_____

How were you referred to Interior Installation Services, Inc.? _____

Union Information

Name of Local Union

Union Local Number	City of Union

Status with Union	Wage Rate
Journeyman ☐ Apprentice ☐ Apprentice Year or %: _____ Other ☐ _____	

Emergency Contact Information

Name	Phone Number

Address

Relationship to Employee

Education

	Name and Location of School	Years Completed	Degree or Diploma	Course of Study
High School or last grade completed				
College or Technical School				
Other Schooling or Training				

Employment History: Record of past two employers, list positions starting with most recent.

Company	Phone Number
Address	

Position/Title	Salary	Employed from _____ to _____ (MM/YYYY) (MM/YYYY)

Company	Phone Number
Address	

Position/Title	Salary	Employed from _____ to _____ (MM/YYYY) (MM/YYYY)

References: List 2 professional references, do not include relatives.

Name	Phone
Occupation	Years Known

Name	Phone
Occupation	Years Known

Experience: Check your experience/skill level obtained in the following areas. You may add comments to explain.

Skill	None	Limited	Extensive	Comments
Carpentry Skills				
Metal racking installation	☐	☐	☐	
Hanging aerial signage	☐	☐	☐	
Installation of casework	☐	☐	☐	
Installation of countertops	☐	☐	☐	
Installation of wood and plastic laminate	☐	☐	☐	
Trim/Millwork Carpenter Skills				
Installation of crown moldings: butt joint, miter joint, outside corner miter and scarf joint.	☐	☐	☐	
Scribing of casings and moldings	☐	☐	☐	
Installation of wood base and casings: butt joint, miter joint, outside corner miter and scarf joint.	☐	☐	☐	
Installation of interior and exterior doors and hardware	☐	☐	☐	
Drywall/Metal Stud Framing Skills				
Drywall Installer	☐	☐	☐	
Taping Drywall Finisher	☐	☐	☐	
Metal Stud Framing	☐	☐	☐	
Flooring Skills				
Carpeting	☐	☐	☐	
Hardwood Flooring	☐	☐	☐	
Ceramic Tile	☐	☐	☐	
VCT Flooring	☐	☐	☐	
Sheet & Luxury Vinyl	☐	☐	☐	
Glass and Glazing Skills				
Glass and Glazing	☐	☐	☐	
Construction of Technical Skills				
Understands and can interpret blueprints and as-built, qualifies and adheres to required construction specifications	☐	☐	☐	

Skill	None	Limited	Extensive	Comments
Computer Skills				
Basic Computer Skills	☐	☐	☐	
Microsoft Word	☐	☐	☐	
Microsoft Excel	☐	☐	☐	
Other Area of Special Skills or Training				
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

Job Safety

	Yes	No		Yes	No
Do you have a current CPR certification?	☐	☐	Do you have certification for forklift operation?	☐	☐
Do you have a current First Aid certification?	☐	☐	Do you have certification for aerial lift operation?	☐	☐
Do you have an OSHA 10-hour training?	☐	☐	Do you have a CDL License?	☐	☐
Do you have an OSHA 30-hour training?	☐	☐			

Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete a Voluntary Self Identification Form each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. The information requested below is used by Interior Installation Services, Inc. only as it related to our Affirmative Action plan and will be kept separate from all other personnel records only accessed by the Human Resources Department.

Name	Decline Self- Identification I do not wish to self-identify ☐	Gender Male ☐ Female ☐

Race/Ethnicity			
	☐ American Indian or Alaskan Native	☐ Black or African American (Not Hispanic or Latino	☐ Asian (Not Hispanic or Latino)
	☐ Native Hawaiian or Other Pacific Islander	☐ Hispanic or Latino	☐ White (Not Hispanic or Latino)
	☐ Two or More Races (Other than Hispanic or Latino)		

Statement

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading, or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company. I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into an agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. I hereby acknowledge that I have read and agree to the above statements.

Signature _____ Date _____

INTERIOR INSTALLATION SERVICES, INC.

P.O. Box 10236 • Green Bay, WI 54307 • Ph: 920-965-0204 • Fax: 920-321-3003

Direct Deposit Authorization You may have up to 2 direct deposit accounts, one with flat amount and remainder to account 2

Name (First, Last)

Account 1	**Account 2** (Remainder of your paycheck to be deposited into this account)
Type Checking ☐ Savings ☐	Type Checking ☐ Savings ☐
Banking Routing Number (ABA Number)	Banking Routing Number (ABA Number)
Account Number	Account Number
Dollar Amount to be deposited in Account 1 $	Dollar Amount to be deposited in Account 2 $

****MUST ATTACH VOIDED CHECK(S) OR LETTER FROM BANK WITH ACCOUNT & ROUTING NUMBERS TO SET UP DIRECT DEPOSIT****

I authorize Interior Installation Group, Inc. to initiate deposits (credits) to the financial institution(s) indicated above. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in force and effect until termination of my employment with Interior Installation Group, Inc.

Signature _____ Date _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500 . . . . . $

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
Interior Installation Services, Inc PO Box 10236, Green Bay WI 54303		

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

CAUTION ***Multiple jobs.*** *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** $ _____

2 Enter:
- $29,200 if you're married filing jointly or a qualifying surviving spouse
- $21,900 if you're head of household
- $14,600 if you're single or married filing separately

. . . . . **2** $ _____

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** $ _____

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . **4** $ _____

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $ _____

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 with no other entries on the form; 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$780	$850	$940	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,370
$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$240	$870	$1,020	$1,020	$1,020	$1,540	$1,870	$1,870	$1,870	$1,870	$1,910	$2,040
$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$510	$850	$1,020	$1,020	$1,020	$1,020	$1,220	$1,870	$1,870	$1,870	$1,960
$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

WT-4

Employee's Section (Print clearly)

Employee's legal name *(first name, middle initial, last name)*			Social security number	☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note**: If married, but legally separated, check the Single box.
Employee's address *(number and street)*			Date of birth	
City	State	Zip code	Date of hire	

FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3

1. (a) Exemption for yourself – enter 1 . . . . . _____
   (b) Exemption for your spouse – enter 1 . . . . . _____
   (c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent . . . . . _____
   (d) Total – add lines (a) through (c) . . . . . [ ]
2. Additional amount per pay period you want deducted (if your employer agrees) . . . . . _____
3. I claim complete exemption from withholding (see instructions). Enter "Exempt" . . . . . _____

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature _____ Date Signed _____ , _____

EMPLOYEE INSTRUCTIONS:

- **WHO MUST COMPLETE:**
  Effective on or after January 1, 2020, every newly-hired employee is required to provide a completed Form WT-4 to each of his or her employers. Form WT-4 will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 provided to employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

  You must complete and provide your employer a new Form WT-4 within 10 days if the number of exemptions previously claimed DECREASES.

  You may complete and provide to your employer a new form WT-4 at any time if the number of your exemptions INCREASES.

  Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

- **UNDER WITHHOLDING:**
  If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

- **OVER WITHHOLDING:**
  If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

WT-4 Instructions – Provide your information in the employee section.

- **LINE 1:**
  (a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

  (c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

- **LINE 2:**
  Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

- **LINE 3:**
  Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

  You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must complete and provide a new Form WT-4 to your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is completed and provided to your employer before that date.

Employer's Section

Employer's name Interior Installation Services, Inc				Federal Employer ID Number
Employer's payroll address *(number and street)* PO Box 10236		City Green Bay	State WI	Zip code 54303
Completed by	Title	Phone number ( )	Email	

EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than $200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-2772 or (608) 266-2776.

EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit https://dwd.wi.gov/uinh/ to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit dwd.wi.gov/uinh/ for more information.

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

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

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
Interior Installation Services, Inc	PO Box 10236, Green Bay, WI 54303

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

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		**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.** 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. 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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **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 individual's status or parole 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.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		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		
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				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Form **8850**
(Rev. March 2016)
Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8850 and its separate instructions is at *www.irs.gov/form8850.***

OMB No. 1545-1500

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**

Background Screeners of America

18344 Oxnard St. Suite #101
Tarzana, CA 91356
Tel: 866-570-4949 | Fax: 866-570-5656
clientservices@wescreenusa.com

Disclosure And Authorization For Consumer Reports

Disclosure

In connection with my application for employment (including contract or volunteer services) or application for tenancy with Interior Installation Services, Inc, at PO Box 10236, Green Bay, WI 54303, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

California, Minnesota and Oklahoma Residents:

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

I have read and I understand this page. → _____ **Applicant Initials**

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:	**First:**	**Middle:** Please check box if you do not have a middle name. ☐
Social Security #:	**Date of Birth:**	
Email: (This is a required Field)		
Current Address:	**Previous Address:**	
Street: Apt or Unit #: City: State: Zip:	Street: Apt or Unit #: City: State: Zip:	
Drivers Lic. #:	**State Issuing:**	
Former Name/Alias:		

X_____ **Date:**_____

Applicant Signature

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.
For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identity theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

Applicant Copy

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Applicant Copy

INTERIOR INSTALLATION SERVICES, INC.

P.O. Box 10236 • Green Bay, WI 54307 • Ph: 920-965-0204 • Fax: 920-321-3003

Acknowledgement of Receipt of the IIS Company Policies

I acknowledge that I have received a copy of Interior Installation Services, Inc.'s Company Policies, containing; workplace rules and guidelines, general safety rules, equal employment opportunity and affirmative action policy, harassment policy, drug free workplace policy, electronic devices policy and social media policy. I acknowledge it is my responsibility to read, understand and follow these policies. I understand that if I do not understand this policy or its requirements and protections, I will speak to the superintendent/foreman or HR personnel.

_____ _____

Signature Date

_____

Printed Employee Name

INTERIOR INSTALLATION SERVICES, INC.

P.O. Box 10236 • Green Bay, WI 54307 • Ph: 920-965-0204 • Fax: 920-321-3003

APPLICANT COPY

TEAR OFF POLICY DOCUMENT FOR PERSONAL RECORDS

IIS Company Policies

Last Revised: 06.26.2023

Workplace Rules and Guidelines

Good employee relations are very important to the employer as well as the employee. Every effort must be made by leaders and employees to continually strive to improve working conditions and maintain productivity. Good relations can best be accomplished where there is a clear understanding concerning the policies of the Company, to include but not limited to the following is a list of acts that violate company policy. **Employees guilty of such violations are subject to disciplinary action or immediate termination.**

- Consumption of alcoholic beverages or controlled substances during working hours (immediate termination).
- Possession of any type of firearms (immediate termination) and the police department will be contacted immediately.
- Unjustified or excessive absenteeism.
- Reporting to work unfit to perform the assigned work.
- Late reporting to the work area.
- Unauthorized absence from the work area.
- Unauthorized breaks away from assigned work area.
- Excessive time spent performing assigned work.
- "No Smoking" rules must be observed in posted areas.
- Disregard of a direct order.
- Loss of or careless handling of company materials, tools or equipment.
- Falsification/misrepresentation of any records or documents.
- Theft of any kind (immediate termination).
- Failure to wear safety (PPE) personal protective equipment.
- Failure to comply with all procedural requirements for an industrial injury.
- Failure to comply with Company Safety Policy.
- Seat belts will be worn in all company vehicles.
- Two consecutive "no, call/no, show" days are assumed that the employee has self-terminated their employment.
- The company reserves the right to drug/alcohol testing for cause and post-accident.

Employees will be held responsible for avoiding unsafe acts and situations, which might injure him/her or his/her co-workers, the public or property. Employees shall abide by the company safety rules and supervisor's instructions. Ignorance of or disregard for rules and instructions will not be tolerated and may be cause for disciplinary action, up to and including discharge. In general, their direct Supervisor will hold employees accountable for the following:

- Work safely by following all safety rules, procedures, and policies.
- All employees must wear the proper (PPE) personal protective equipment. Including but not limited to, safety glasses, gloves, hard hat, boots and safety vests when applicable.
- Ask your supervisor for information on how to use safety equipment properly.
- Immediately notify your job site Foreman, Superintendent and the Safety Director of any on the job accident, injury or illness.
- Operate all equipment in the manner for which it is designed. Read all appropriate operating instructions prior to use. Equipment should not be used if you do not have the proper training.
- Contact your supervisor immediately if you observe a safety hazard, or you have a safety suggestion. Submit confidential written safety suggestions to the Safety Director.
- Complete an accident report form as soon as possible in the event you have an on the job injury or accident. You may obtain this form from your Supervisor. If you have any questions while completing the form, you should ask your Supervisor or the Safety Director.
- Participate in all company sponsored safety training and safety committee meetings. When requested, you will be required to read all materials, and attend special training classes that are given for your benefit.

General Safety Rules

- All persons shall follow these safe practice rules, render every possible aid to safe operations and report all unsafe conditions or practices to the proper authority.
- Foreman shall insist on employees observing and obeying every rule, regulations and order as is necessary to safely conduct the work.
- All employees shall be given frequent accident prevention instructions. Instructions should be given at least once a month.
- The use of any alcohol or illegal drugs is prohibited. Anyone known to be under the influence of alcohol or drugs shall be removed from the job site immediately.
- Horseplay, and other unsafe acts which tend to have an adverse influence on the safety or wellbeing of the employees is prohibited.
- Work shall be well planned and supervised to prevent injuries in the handling of heavy materials and in working together with equipment.
- No one shall knowingly be permitted or required to work while his/her ability or alertness is so impaired by fatigue, illness or other causes that might unnecessarily expose him or others to injury.
- Employees working for extended periods of time on their knees are required to wear knee pads.
- Employees should be aware that all guards and other protective devices are in proper places and adjusted. Any deficiencies should be promptly reported to the foreman or superintendent.
- Workers shall not handle or tamper with any electrical equipment, machinery, air or water lines in a manner not within the scope of their duties, unless they have received instructions from their foreman.
- All injuries shall be reported promptly to an authorized representative of the employer so that arrangements can be made for medical or first aid treatment.
- When lifting heavy objects, use the large muscles of the leg instead of the smaller muscles of the back.
- Shoes shall be of a sturdy work boot. Shoes with thin or badly worn soles shall not be worn.
- Do not throw material, debris or other objects from buildings or structures until proper precautions are taken to protect others from falling objects.
- Employees should avoid the use of extension ladders when carrying loads. Such ladders may provide adequate strength, but the rung position and rope arrangement make such climbing difficult and hazardous.
- Arrange work so that you are able to face ladder and keep a three-point contact while climbing.
- A-frame ladders shall not be used in a lean-to position. Ladders must be opened and used as intended.
- Do not attempt to handle over-sized material or equipment by yourself. Ask for help or assistance from your supervisor.
- Any damage to scaffolds or supporting structures must be repaired or reported promptly to the foreman.
- Keep all power tools in good working condition and turn in damaged equipment.
- All power cords are to be color coded and will have the proper ground.
- Do not lift or lower portable electric tools by means of the power cord. Use a rope.
- Do not leave the cords of portable electric tools where forklifts and scissors will run over them.
- In locations where the handling of a portable power tool is a problem, try using a tool tether or attaching to a stable object, means of a rope or similar support of adequate strength.

Machinery and Vehicles

- Do not attempt to operate machinery or equipment without permission, unless it is one of your regular duties and you are properly trained to use such tools or equipment.
- Loose or frayed clothing, jewelry, etc., shall not be worn around moving machinery or other sources of entanglement.
- Do not work under vehicles supported by jacks or chain hoists without protective blocking that will prevent injury should jacks or hoists fall.
- Air hoses should not be disconnected at compressors until hose line has been bled.
- Do not use an air hose to blow dust and debris off of your body; doing so will make you extremely combustible.

Note: Participate in this program and make safety a part of your operation and you will find the safe way becomes the most efficient way. If you have any questions or problems or do not understand any of the safety rules in this policy, contact your foreman.

Equal Employment Opportunity and Affirmative Action Policy

The Company is an Equal Opportunity Employer. It is our policy to administer all of our employment practices, including those pertaining to recruitment, hiring, placement, transfer, promotion or demotion, rates of pay or other forms of compensation, layoff or termination and selection for training in a nondiscriminatory manner without regard to race, color, national origin, sexual orientation, age, religion, veteran status, disability, history of disability or perceived disability or any other basis prohibited by applicable federal, state or local fair employment laws or regulations.

Workplace Violence and Harassment Prevention Policy

The Company is committed to preventing workplace violence and to maintaining a safe work environment. Company has adopted the following guidelines to deal with intimidation, harassment or other threats of or actual violence that may occur onsite or offsite during work-related activities.

Workplace Violence Prohibited

All employees, customers, vendors and business associates should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horseplay" or other conduct that may be dangerous to others. Conduct that threatens, intimidates or coerces another employee, customer, vendor or business associate will not be tolerated. Company resources may not be used to threaten, stalk or harass anyone at or outside the workplace.

Indirect or direct threats of violence, incidents of actual violence, and suspicious individuals or activities should be reported as soon as possible to a foreman, supervisor, manager or owner of the Company. When reporting a threat or incident of violence, the employee should be as specific and detailed as possible. Employees should not place themselves in peril, nor should they attempt to intercede during an incident.

Employees should promptly inform a manager of a protective or restraining order that they have obtained that lists the workplace as a protected area. Company will promptly and thoroughly investigate all reports of threats of violence or incidents of actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as possible. Company will not retaliate against employees making good-faith reports of violence, threats, or suspicious individuals or activities.

Anyone found to be responsible for threats of or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

Workplace Harassment Prohibited

The Company prohibits any conduct, whether intentional or unintentional, which results in prohibited harassment or discrimination of employees based on their race, color, national origin, sex, sexual orientation, age, religion, veteran status, disability, or any other legally protected characteristic. In accordance with Title VII of the Civil Right Act, the Company defines one type of illegal harassment, sexual harassment, as “any unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature either verbal or physical” where:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
- Submission to or rejection of such conduct by an individual is used as basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

Each employee must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment, discrimination or sexual harassment. The following are illustrations of actions that this Company deems inappropriate behavior (these examples are not intended to be all-inclusive).

- A supervisor tells an employee or implies that he or she can earn a promotion, salary increase or other favorable employment terms by providing any form of sexual favor to the supervisor or by dating the supervisor.
- A supervisor downgrades an employee’s performance rating or takes other negative action toward his or her employment status because he or she turned down the supervisor’s request for any sexual favor or date.
- An employee or supervisor gives unwelcome hugs, kisses, massages or makes other unwelcome physical contact with another employee.
- An employee or supervisor tells jokes or stories which are sexually offensive or degrading to another employee due to his or her race, color, national origin, sex, sexual orientation, age, religion, veteran status, disability or other legally protected characteristic.
- An employee or supervisor uses profanity which is sexually offensive, or which is disregarding to another employee due to his or her race, color, national origin, sex, sexual orientation, age, religion, veteran status, disability or other legally protected characteristic.
- An employee or supervisor makes offensive gestures of a sexual nature or repeatedly stares at him or her.
- An employee or supervisor makes unwelcome comments about the appearance, anatomy, race, color, national origin, sex, sexual orientation, age, religion, veteran status, disability or other legally protected characteristic.
- The workplace contains pictures of naked or scantily clothed men or women, or pictures or text which are sexually offensive or degrading to another employee due to his or her color, national origin, sex, sexual orientation, age, religion, veteran status, disability or other legally protected characteristic.
- An employee or supervisor repeatedly asks another for a date after being turned down in a manner that does not invite further invitation.
- An employee of a contractor, vendor or subcontractor repeatedly propositions an employee or engages in the type of behavior set forth above.
- A customer of the Company repeatedly propositions an employee or engages in the type of behavior set forth above.

- All employees, from management and owners to the part-time employees, are responsible for adhering to the provisions of this policy in maintaining a pleasant work environment for all employees that is free from harassment and discrimination.

Workplace Violence and Harassment Reporting Procedures

Do not let the problem continue. The first and most important thing an employee must do is speak up. If the Company is not aware of the situation, it cannot help to resolve it.

- If an employee feels that he or she has experienced or witnessed conduct which he or she believes is inconsistent with this policy, the employee should immediately report the conduct to:
    - A foreman
    - A superintendent
    - A manager
    - David Martin, 920-490-3104
- Your complaint or allegation of violence, harassment or discrimination will be investigated promptly. If it is determined that any supervisor or other employee has engaged in prohibited violence, harassment or discrimination in violation of this policy, appropriate discipline will be imposed, up to and including termination. All complaints and their solutions shall be handled in a confidential manner.
- Employees can raise concerns and make reports without fear of reprisal. Any form of retaliation against an employee who files a complaint or cooperates in an investigation is strictly prohibited. If you feel you have been retaliated against, immediately report your complaint of retaliations as set out above. Any retaliatory actions towards the person who filed the complaint or toward any person(s) involved in any violence, discrimination, harassment and/or sexual harassment incident (including witnesses) will result in appropriate disciplinary action, up to and including termination.
- Any foreman, superintendent or any other individual who witnesses prohibited conduct or who is made aware of a complaint regarding violent, harassment, discrimination and/or sexual harassment must immediately report the complaint to a person of authority as outlined above.

Drug-Free Workplace Policy

The following policy is required by the Drug-Free Workplace Act and complies with applicable law concerning drug use in the workplace.

- Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. It is our intent and obligation to provide a drug-free, healthful and safe work environment.
- The unlawful manufacture, distribution, possession or use of a controlled substance on the Company's premises or while conducting the Company's business off its premises is absolutely prohibited. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.
- Employees must report any conviction under a criminal drug statute for violations occurring on or off the Company's premises while conducting company business. A report of a conviction must be made within seven (7) days after the conviction.
- The Company recognizes drug dependency as an illness and a major health problem. The Company also recognizes drug abuse as a potential health, safety and security problem. Employees needing help in dealing with such problems are encouraged to use our employee assistance program and health insurance programs. (Further information about these programs is available from the Payroll and Benefits Department.) Conscientious efforts to seek such help will not jeopardize any employee's job and will not be noted in any personnel record.

Electronic Devices Policy

The Company issues Company electronic devices, in addition to those located an Employee's desk, to select company representatives who are required to be **in close contact** with the Company at all times. At times, employee may purchase its own electronic device with Company paying the monthly charges for service and loading Company software on the device. These devices are also considered Company electronic devices under this Agreement. These electronic devices include but are not limited to, iPhone, iPad, standard cellphone, desktop computer, laptop, hotspot, GPS, and accessories, (collectively "electronic devices"), whether one (1) or more. While electronic devices are a necessary convenience of the business world, we require that our Employees follow the guidelines listed below for their own and others' safety.

Policy

All Employees are required to be professional and conscientious at all times when using Company electronic devices. Upon receipt of Company electronic devices utilizing voicemail, Employee will set up Employee's voicemail which follows the Company voicemail script.

Usage

It is the Company's policy that representatives of our organization who are issued electronic devices understand the electronic devices are issued for business use. Company electronic devices are for use by employees only. Employee's family and friends are not authorized to use Employee's Company electronic devices.

Employees are expected to make every effort to not exceed the current contracted allowed data. Employees must use the Wi-Fi whenever possible to minimize data usage. Employees who need assistance in setting up home Wi-Fi on electronic devices should contact IT. The Hot Spot feature is for business use only, and, must be turned off when not in use.

Cellular phone bills are reviewed when they arrive. Any employee who exceeds their contracted allowed data is subject to additional usage review. In consideration of Company paying the monthly cost of Employee's cellphone, it is the expectation of Company that Employee will remain in contact with Company at all times (during work, personal/vacation, etc.). Further, it is expected Employee will answer telephone calls, and, return voicemails, emails and texts as soon as reasonably possible.

Employees are expected to protect Company electronic devices from loss, damage or theft. In an effort to secure sensitive Company data on electronic devices, employees are required to have 'remote-wipe' security codes installed by IT prior to using. Company electronic devices are subject to location tracking to prevent theft of both the physical device and the information contained within, pushing application updates, keeping all electronic devices current, and management of inventory. Employees must immediately notify their supervisor or IT in the event electronic devices are lost, stolen or damaged. If IT is unable to repair the device, the employee will be responsible for the cost of the replacement. Employee agrees to reimburse the Company for lost or stolen electronic devices. Employees may receive disciplinary action up to and including termination of employment for repeated damage to electronic devices caused willfully by the Employee.

Driving

Company has a zero-tolerance policy regarding using electronic devices while driving, except if using a hands-free option. To protect the safety of our employees and others, if you are not using a hands-free option, it is imperative that you pull over and stop at a safe location to dial, receive, view and/or send information or converse on electronic devices in any way. Texting and sending/viewing emails while driving is specifically prohibited. Employees who are charged with traffic

violations resulting from or in connection with the use of their Company electronic devices will be solely responsible for all liabilities that result from such actions. Employees may receive disciplinary action up to and including termination of employment for using electronic devices while driving as stated above.

Restrictions on Authorized Use

While at work, employees are expected to exercise discretion in using their personal devices and Company electronic devices. Excessive personal calls, emails or text messages during the workday, regardless of the device used, can interfere with employee productivity and be distracting to others. To assist in reducing costs, necessary personal calls, emails, browsing, etc., Employee should be cognizant of data usage on Company's electronic device. Employees must handle personal matters on non-work time. Managers reserve the right to request Employees' Company cellphone bills and use reports for calls and messaging made during working hours to determine if use is excessive.

Additional electronic communication and internet use restrictions include:

- Company electronic devices may not be used for transmitting, retrieving or storing any communications of a defamatory, discriminatory, harassing or pornographic nature. Any viewing or downloading of illicit material in an email form, on an internet website, or the forwarding of such illicit material, is prohibited. Sending harassing, obscene or threatening electronic mail, or voicemail, is prohibited.
- The following actions are forbidden; using disparaging, abusive, profane or offensive language; creating, viewing or displaying materials that might adversely or negatively reflect upon the Company or be contrary to Company's best interests; and engaging in any illegal activities, including piracy, cracking, extortion, blackmail, copyright infringement, and unauthorized access of any Company-provided electronic devices.
- Employees may not copy, retrieve, modify or forward copyrighted materials, except with permission or as a single copy to reference only.
- Employees may not take photographs of client's employees, client's customers or client's facilities without the specific authority of the client. Clients have a right to privacy and confidentiality. The taking, forwarding and/or storing of illicit photographs is prohibited. The Company electronic devices camera is for Company use, i.e., to take pictures of the job site, documentation, products and information as is required for work ONLY.
- Employees must not use the electronic devices in a way that disrupts its use by others. Employees may not send or receive large files that could be saved and/or transferred via thumb drives. Employees are prohibited from sending or receiving files that are not related to work.
- Employees should not open suspicious e-mails, pop-ups or downloads. Contact IT with any questions or concerns to reduce the release of viruses or to contain viruses immediately.
- Internal and external e-mails are considered business records and may be subject to discovery in the event of litigation. Be aware of this possibility when sending e-mail within and outside the Company.
- Employee is prohibited from sending, receiving, distributing or disclosing Company's confidential and proprietary information.
- Company is not responsible for material viewed or downloaded by employees. Employees accessing the internet do so at their own risk.
- Employees shall have no expectation of privacy in their use of Company's electronic devices.
- Social media sites are restricted from use on Company electronic devices.
- **Company may request to view content, including internet usage, on Employee's Company electronic devices, which violate Company's Electronic Devices Policy. The Company's representatives are authorized to access, inspect, review and/or remove any materials a user creates, stores, accesses, sends, transmits, or receives using Company's electronic devices.**

Termination of Employment

Upon resignation or termination of employment the employee will return the Company electronic devices to their immediate supervisor or as otherwise directed. All Company data will be removed by the IT department upon termination. If employee has personally purchased their electronic device, they will retain the device only. All information and numbers associated with or on the device is the property of Company and will be removed. Company is the owner of cellphone numbers. If Employee adds their own Apple ID to Company's electronic device, Employee is required to remove it prior to returning the device(s).

Violations of Policy

Failure to follow Company's Electronic Devices Policy and procedures may result in disciplinary action, up to and including termination of employment, as well as possible legal consequences.

Company reserves the right to amend or alter the terms of this policy.

Social Media Policy

Company and its associated companies (hereafter collectively referred to as the "Company") actively participate in posting to its social media pages, or future or other existing pages, including but not limited to, Facebook, Twitter, LinkedIn, YouTube and Google+, Instagram, Houzz, Pinterest, Yelp and Snapchat. The Company, and its associated companies, utilize social media to showcase its products, services and employees, while highlighting its commitment to giving back to the community.

This policy is intended to help employees of Company, make decisions about the appropriate use of social media. As a valued member of the team, we ask that you keep the following social media guidelines in mind when posting to any of the Company's' business pages, or regarding Company and/or business interests, on your personal page(s).

Your Personal Actions Reflect on the Company

By identifying yourself as a Company employee—whether it's stating it in your post or listing it on your profile—you are an online reflection of the Company. Before posting, ask yourself what you would think about the comment if you saw it coming from someone else's page. Deleting a post does not guarantee it's removed from public view, given how easy it is for someone to take a screenshot.

- Company prohibits you from posting disparaging or defamatory statements about the Company or its business interests, its affiliates, customers, clients, business partners, suppliers, vendors or other stakeholders. You should also avoid social media communications that might be misconstrued in a way that could damage the Company's goodwill and business reputation, even indirectly.
- Never disclose commercially sensitive, anti-competitive, private or confidential information, including but not limited to Company's financial, operational or legal information, including trade secrets. It is strictly prohibited to post comments, attach pictures, video, or links, regarding any Company internal and external projects without prior written authorization.

- Uploading, posting comments, attaching pictures and videos or posting links about Company sponsored events, regarding Company paid hotels/vehicles or in any other capacity representing the Company, is prohibited without prior written approval.
- Uploading, posting, forwarding or posting a link to pornographic material, false and defamatory statements, employee harassment or privacy violation materials, materials which are offensive, obscene, criminal, violent, derogatory or may cause embarrassment to our companies, our clients or our employees is strictly prohibited.
- Respect the privacy of others. Don't share the personal information of others without written consent, and refrain from referencing offline conversations online.
- Social media pages may not be accessed during your normal working hours, except for business use.
- Respect the opinions of others. A public forum is not an appropriate place for arguments that may reflect poorly on you, your co-workers or Company. Make it clear that the personal views and opinions expressed are your own and avoid getting into online "shouting matches."
- When in doubt, ask! If you notice any content posted on social media about the company (whether complementary or critical) please report it to the Marketing Department. (Nicole at n.jensky@hjmartin.com or call 920-321-3018).
- Use of social media websites may be monitored and, where breaches of this policy are discovered, action may be taken against the employee.
- We reserve the right to restrict or prevent access to certain social media websites on Company owned electronic devices. Monitoring is only carried out to the extent permitted or as required by law and as necessary and justifiable for business purposes.

If an individual or member of the media contacts you for any reason, please refer them to Edward Martin or David Martin for an official statement. This policy does not form part of any contract of employment and it may be amended at any time.

We appreciate your attentiveness to ensure the integrity of everyone's social media experience.

If you ever have a question or issue you would like to address regarding this policy, we encourage all employees to speak openly to their supervisor, David Martin or Edward Martin.

Theft Policy

Stealing from the Company is like stealing from you. Losses from theft immediately affect our ability to increase salaries and can jeopardize the profitability of the Company.

Property theft of any type will not be tolerated. We consider property theft to be the unauthorized use of company services, facilities, or the taking of any company property for personal use. The following list of examples is not all inclusive, but provides illustrations of several activities which are unacceptable:

- Purchase of company products offered to employees at a discount for persons other than immediate family.
- Removal of company products from the premises unless accompanies by a purchase receipt.
- Using company time for personal endeavors.
- Dishonesty and falsifying your timecard. This includes putting a start time earlier than when you came in, putting inaccurate/false personal mileage down or not submitting your time off. This could be grounds for immediate dismissal.
- Using company vehicles and/or gasoline for personal use.
- Using company computers, telephones, long distance, tools, leftover materials from jobs, company credit cards, and postage or other items for personal use.

Theft, including unauthorized possession or removal of company property, is a very serious offense. Employees violating this policy will be subjected to discipline up to and including possible termination and legal prosecution.

Uniform and Apparel Policy

Company issues uniforms to employees who work directly with the public to reflect the professional image of the Company. Also, employees may wear Company-branded apparel which promotes the Company. We require that our employees follow the guidelines listed below.

Policy

- All employees are required to be professional and conscientious at all times, understanding he or she is the "face" of the Company, and to wear a uniform where applicable. Each employee who wears a uniform or Company branded apparel understands he or she is promoting the Company and agrees to present in a professional manner at all times.
- A number of uniforms are checked out to each employee, free of charge. All uniforms remain the property of Company during the course of your employment and are expected to be returned in a reasonable state upon termination of your employment.
- It is expected that employees treat their uniforms with reasonable care. Company will replace pieces of the uniforms upon reasonable 'wear and tear'.
- If the employee has lost an article of their uniform and replacement is required, employee will be responsible for the replacement value of the uniform(s).
- Any abuse, breach or failure to follow or adhere to this policy may be considered by Company to be misconduct and may lead to disciplinary action.
- Upon resignation or termination of employment the employee will return all articles of uniforms checked out to the employee. Employee will be responsible for the replacement value of the uniform(s), and, requested to sign a payroll deduct form to have the costs taken out of their last paycheck. Company-branded apparel purchased by the employee remains the employee's property, however, after employment, employee continues to be bound by this policy in acting in a respectful manner while wearing Company-branded apparel.
- Failure to follow Company's Uniform and Apparel Policy and procedures may result in disciplinary action, up to and including termination of employment.
- Company reserves the right to amend or alter the terms of this policy.