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EMPLOYER DOCUMENTS AND FORMS
REQUIRED IN CALIFORNIA

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Fax (805) 987-7148

The attached material must not be considered legal advice. The sample forms and policies are for educational purposes only. We strongly recommend that you consult with legal counsel before adopting or implementing any of the attached sample forms and policies so as to avoid potential liability.

EMPLOYEE RELATIONS POLICY WITH ACKNOWLEDGMENT

A. POLICY AGAINST DISCRIMINATION.

_____ (the "Company") is committed to providing a work environment that is free of discrimination. In keeping with this commitment, the Company maintains a strict policy prohibiting unlawful discrimination. This policy applies to all employees of the Company, including supervisors and non-supervisory employees. The policy also, applies to non-employees of the Company including clients, customers, vendors and any other person doing business with the Company.

All aspects of employment with the Company will be governed on the basis of merit, competence and qualifications and will not be influenced in any manner by an individual's race, ancestry, color, religion, national origin, marital status, sex (including sexual harassment and gender identity), sexual orientation, disability (physical or mental including HIV/AIDS diagnosis), pregnancy, medical condition (cancer and genetic characteristics), age or exercising the right to any legally provided leave of absence in the application of any policy, practice, rule or regulation.

All decisions made with respect to recruiting and hiring, evaluations and promotions for all job classifications will be based solely on individual qualifications as related to the requirements of the position. Likewise, all other personnel matters such as compensation, benefits, transfers, lay offs, training, educational opportunities and programs will be administered free from any illegal discriminatory practices.

B. POLICY AGAINST HARASSMENT, INCLUDING SEXUAL HARASSMENT.

The Company is also committed to providing a work environment that is free of harassment, including sexual harassment.

Sexual harassment includes:

1. Unwanted sexual advances;
2. Offering employment benefits in exchange for sexual favors;
3. Making or threatening reprisals after a negative response to sexual advances;
4. Visual conduct: leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters;
5. Verbal conduct: making or using derogatory comments, epithets, slurs, and jokes;

6. Verbal sexual advances or propositions;
7. Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes, or invitations; and
8. Physical conduct: touching, assault, impeding or blocking movement.

C. COMPLAINT AND INVESTIGATION PROCEDURE.

Any form of discrimination or harassment, including sexual harassment, is absolutely prohibited. Any incident of possible discrimination or harassment should be brought immediately to the attention of the Human Resources Department of the Company which will thoroughly investigate the matter in confidence. After reviewing all the evidence, the Company will make a determination concerning whether reasonable grounds exist to believe that harassment has occurred.

Disciplinary action, up to and including discharge, will be taken against any employee who is found to have engaged in harassment.

No employee shall be subjected to any form of retaliation for reporting any violation of this policy truthfully and in good faith.

HARASSMENT BY NON-EMPLOYEES.

In addition, the Company will take all reasonable steps to prevent or eliminate sexual harassment by non-employees including customers, clients and suppliers who are likely to have workplace conduct with our employees.

**EMPLOYEE RELATIONS POLICY ACKNOWLEDGMENT
EMPLOYEE RELATIONS POLICY ACKNOWLEDGMENT**

I have read and received a copy of the Company's Employee Relations Policy, including the policies against discrimination and harassment, including sexual harassment, and fully understand my obligations and responsibilities as outlined therein.

Signed: _____ Date: _____

Signed: _____ Date: _____

Witness: _____ Date: _____

POLÍTICA DE RELACIONES DE EMPLEADOS CON RECONOCIMIENTO

A. POLÍTICA CONTRA LA DISCRIMINACIÓN

DMSI (la Compañía”) está comprometida a proveer un ambiente libre de discriminación. Para cumplir con este compromiso, la Compañía mantiene una política estricta prohibiendo la discriminación ilegal. Esta política se aplica a todos los empleados de la Compañía, incluyendo supervisores y empleados que no son de supervisión. La política también se aplica a personas que no son empleadas por la Compañía, incluyendo clientes, suministradores y cualquier otra persona que tenga contacto de trabajo con la Compañía.

Todo aspecto de empleo con la Compañía será gobernado a base de mérito, aptitud y capacidades y no será influenciado de ningún modo por raza, ascendencia, color, religión, origen nacional, estado civil, sexo (incluyendo acoso sexual e identidad de género), embarazo, orientación sexual, incapacidad (física o mental incluyendo diagnóstico de HIV/SIDA), condición médica (cáncer y características genéticas), edad o por ejercer el derecho a cualquier ausencia legal en la aplicación de cualquier política, práctica, regla o regulación.

Todas las decisiones hechas acerca de reclutamiento y empleo, evaluaciones y promociones para todas las clasificaciones de trabajo serán basadas solamente en las capacidades individuales relacionadas a los requisitos de la posición. Igualmente, todos los demás asuntos del personal como compensación, beneficios, transferencias, despido temporal, entrenamiento, oportunidades y programas educativos serán administrados libre de cualquier práctica discriminatoria ilegal.

B. POLÍTICA CONTRA EL HOSTIGAMIENTO, INCLUYENDO ACOSO SEXUAL

La Compañía también esta comprometida a proveer un ambiente de trabajo libre de hostigamiento, incluyendo acoso sexual.

Acoso sexual incluye:

1. Avances sexuales no deseados;
2. Ofrecer beneficios de empleo a cambio de favores sexuales;
3. Hacer o amenazar de represalias después de recibir una respuesta negativa a un avance sexual;
4. Conducta visual: mirada de reojo lasciva; hacer gestos sexuales; desplegar objetos o retratos, caricaturas o carteles sexualmente sugestivos;
5. Conducta verbal: hacer o usar comentarios, epítetos, calumnias o chistes derogatorios;
6. Avances o proposiciones sexuales verbales;
7. Abuso verbal de una manera sexual, comentarios gráficos verbales acerca del cuerpo de un individuo, palabras sexualmente degradantes usadas para describir a un individuo, cartas, notas o invitaciones obscenas o sugestivas; y

8. Conducta física: tocar, asaltar, impedir u obstruir el movimiento.

C. PROCEDIMIENTO DE QUEJA E INVESTIGACIÓN

Cualquier tipo de discriminación o hostigamiento, incluyendo el acoso sexual, es absolutamente prohibido. Cualquier incidente de posible discriminación o hostigamiento debe ser llevado de inmediato a la atención del Director de Recursos Humanos, o cualquier otro miembro de la administración, quién investigará completamente el asunto en confianza. Después de revisar toda la evidencia, la Compañía determinará si existen motivos razonables que indiquen que el hostigamiento o acoso sexual ha ocurrido.

Acción disciplinaria, hasta e incluyendo despido del trabajo, será tomada en contra de cualquier empleado que se determine ha participado en hostigamiento o acoso sexual.

Ningún empleado será sujeto a alguna forma de represalia por reportar honestamente y en buena fe cualquier violación de esta política.

HOSTIGAMIENTO O ACOSO DE PARTE DE NO-EMPLEADOS

Adicionalmente, la Compañía tomará todos los pasos razonables para prevenir o eliminar el hostigamiento o acoso sexual de parte de personas que no son empleadas por la Compañía, incluyendo clientes y suministradores quienes tengan contacto de trabajo con nuestros empleados.

RECONOCIMIENTO DE LA POLÍTICA DE RELACIONES DE EMPLEADOS

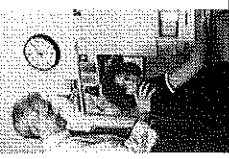
Yo he recibido y leído una copia de la Política de Relaciones de Empleados de la Compañía, incluyendo la política en contra de la discriminación y el hostigamiento, incluyendo el acoso sexual, y entiendo completamente mis obligaciones y responsabilidades bajo esta política.

Firma: _____

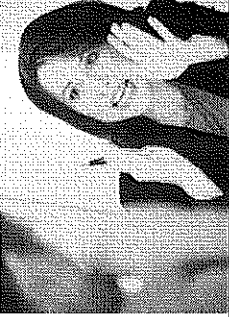
Fecha: _____

Testigo: _____

Fecha: _____



The definition of sexual harassment includes many forms of offensive behavior.



An employer might avoid liability if

- the harasser is not in a position of authority, such as a lead, supervisor, manager or agent;
- the employer had no knowledge of the harassment;
- there was a program to prevent harassment; and
- once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment.

Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within one year of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish discrimination occurred and settlement efforts fail, the Department may file a formal accusation. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed by DFEH on behalf of the complaining party.

If the Commission finds that discrimination has occurred, it can order remedies including:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement

- Back pay or promotion

- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see DFEH publication 159 "Guide for Complainants and Respondents."

For more information, contact DFEH toll free at (800) 884-1684
 Sacramento area & out-of-state at (916) 227-0551
 TTY number at (800) 700-2320
 or visit our web site at www.dfeh.ca.gov

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.



State of California
 Department of Fair Employment & Housing

Sexual Harassment

The Facts About Sexual Harassment

The Fair Employment and Housing Act (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Actual or threatened retaliation
- Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
- Making or using derogatory comments, epithets, slurs, or jokes
- Sexual comments including graphic comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
- Physical touching or assault, as well as impeding or blocking movements

The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

Employers' Obligations

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.
- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
 - Fully inform the complainant of his/her rights and any obligations to secure those rights.
 - Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
 - Take prompt and effective corrective action if the harassment allegations are proven. The employer must take

appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the complainant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant's damages, if any.

- Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH 162) in the workplace (available through the DFEH toll-free number [800] 884-1684 or web site).
- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. **However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.**

- All employees should be made aware of the seriousness of violations of the sexual harassment policy. Supervisory personnel should be educated about their specific responsibilities. All employees must be cautioned against using peer pressure to discourage harassment victims from complaining.

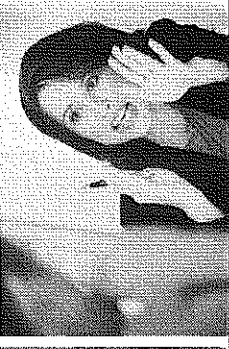
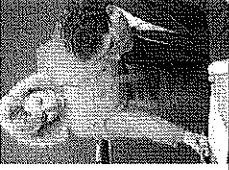
- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability if harassment should occur despite preventive efforts.

Employer Liability

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and nonsupervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a **nonemployee** (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the nonemployee.



La definición de acoso sexual incluye muchas maneras de conducta ofensiva.

Departamento de Igualdad en el Empleo y la Vivienda

- El acosador no tenía un puesto de autoridad, como por ejemplo supervisor, jefe, gerente o agente;
- El empleador desconocía el acto de acoso;
- En su empresa existía un programa de prevención de acoso; y
- Una vez que tuvo conocimiento del acto de acoso, el empleador tomó medidas inmediatas para eliminarlo.

Interposición de una Queja

Los trabajadores o los postulantes a un empleo que crean haber sido víctimas de acoso sexual, pueden presentar una queja por discriminación ante DFEH dentro de un año a partir de la fecha en que ocurrió dicho acto.

La función de DFEH es ser un investigador neutral de los hechos ocurridos y trata de asesorar a las partes a que resuelvan su disputa en forma voluntaria. Si no se puede llegar a un acuerdo voluntario, y existen pruebas que señalan que se ha quebrantado la ley, DFEH puede emitir una acusación y litigar el caso ante la Comisión de Igualdad en el Empleo y la Vivienda, o en un tribunal civil.

Si la Comisión falla que la discriminación ha ocurrido, puede ordenar soluciones que pueden incluir:

- De cada empleador o persona que violó la ley, multas o pago de compensaciones por el sufrimiento emocional causado;
- El emplear o restituir al puesto a la persona contra quien se discriminó;
- El pago de sueldos perdidos o el ascenso;
- Cambios en las políticas o reglamentos de la empresa.

Los empleados también pueden entablar una demanda de propia cuenta en una corte civil después de

haber interpuesto una queja con DFEH y de haber recibido la Notificación del Derecho a Querrellarse.

Para más información, vea la publicación de DFEH 159, "Guía para los Denunciantes y los Demandados."

Para recibir información adicional, comuníquese con DFEH al número sin cargo (800) 884-1684 área de Sacramento y fuera del Estado al

(916) 478-7200

número TTY (800) 700-2320

o visite nuestro sitio en la red: www.dfeh.ca.gov

De acuerdo con el Código de Gobierno de California y los requisitos de la Ley de Americanos con Discapacidades, esta información está disponible en Braille, letra grande, disco de computadora y cassette como una acomodación razonable para personas con discapacidades. Para informarse de como puede recibir una copia de esta información en un formato alternativo, por favor comuníquese con el departamento a los números que se indican anteriormente.



State of California
Department of Fair Employment & Housing

DFEH-1855 (1/07)

Acoso Sexual

La Realidad Acerca del Acoso Sexual

La *Ley de Igualdad en el Empleo y la Vivienda* (FEHA) define el acoso sexual como un acto que se basa en el sexo, o de índole sexual; acoso debido al sexo del individuo; y acoso debido a embarazo, nacimiento, o estado de salud relacionados con los mismos. La definición de acoso sexual incluye muchas formas de conducta ofensiva, incluyendo el acoso a una persona del mismo sexo que el del acosador. Lo que se indica a continuación es una lista parcial de las distintas clases de acoso sexual:

- Insinuaciones de índole sexual indeseadas
- Ofrecimiento de beneficios de empleo a cambio de favores sexuales
- Represalia o amenaza de represalias
- Miradas lascivas, gestos de tipo sexual, o mostrar objetos insinuantes, como fotografías, caricaturas, o posters
- Hacer comentarios que menosprecian a una persona, usar palabras soeces, comentarios insinuantes o bromas del mismo tipo
- Comentarios de índole sexual, incluyendo comentarios gráficos acerca del cuerpo de una persona, usando palabras degradantes para describir a un individuo, cartas insinuantes u obscenas, mensajes o invitaciones.
- Manoseo o agresión física, como también el bloquear o impedir el movimiento de una persona

Obligaciones de los Empleadores

Todos los empleadores deben adoptar las siguientes medidas contra el acoso sexual:

- Aplicar todas las medidas necesarias en la prevención de la discriminación y acoso. En el caso que se cometa un acto de acoso: tomar acción efectiva para impedir cualquier otro acto de acoso en el futuro, como también corregir cualquier consecuencia derivada del mismo.
- Desarrollar e implementar una política de prevención de acoso sexual proporcionando un mecanismo para que los trabajadores puedan presentar los reclamos y para que el empleador pueda investigar las quejas. Estas políticas deberían incluir disposiciones para:
- Informar al reclamante de sus derechos y de cualquier otra medida a adoptar para preservar aquellos derechos.
- Realizar una investigación completa y efectiva. Se deberá realizar las indagaciones correspondientes con todas las personas que posean información al respecto. Se debe llegar a una determinación y comunicar los resultados de las misma al reclamante, al presunto acosador, y si es apropiado, a todos aquellos involucrados directamente en el asunto.
- Si el acoso sexual es comprobado, se debe adoptar de inmediato y sin demora una medida correctiva. El empleador debe tomar medidas apropiadas para parar el acoso y asegurarse de que no continúe. El empleador también le

debe informar al denunciante sobre las acciones que se han tomado para que el acoso no vuelva a ocurrir. Finalmente, se deben tomar medidas para remediar las pérdidas o daños incurridos por el denunciante, si los hubiera.

- Colocar el poster (DFEH 162) del Departamento de Igualdad en el Empleo y la Vivienda (Department of Fair Employment and Housing (DFEH)) en el lugar de trabajo (disponible a través del número de publicaciones de DFEH [916] 478-7201 o el sitio en la red).
- Distribuir entre todos los trabajadores un folleto informativo acerca del acoso sexual. El empleador puede distribuir este panfleto (DFEH 185) o imprimir un documento equivalente que cumpla con los requisitos dispuestos por el artículo 12950(b) del Código del Gobierno. **Este folleto puede ser duplicado tantas veces como sea necesario. Sin embargo, este panfleto no puede ser utilizado en reemplazo de la política de prevención del acoso sexual, que todos los empleadores deben tener.**
- Se deberá informar a todos los trabajadores acerca de la gravedad del incumplimiento de la política de acoso sexual. Se deberá educar al personal de supervisores acerca de sus responsabilidades específicas en esta materia. Se debe advertir a todos los trabajadores de las consecuencias a que se exponen si presionan a sus compañeros para disuadirlos de presentar una queja.
- La ley no sólo dispone que se implemente un programa para eliminar el acoso sexual en el lugar de empleo, sino que es la vía más práctica del empleador para así evitar o limitar la responsabilidad civil si el acoso sexual ocurre a

pesar de las medidas de prevención implementadas.

Responsabilidad Civil del Empleador

Todos los empleadores, sin tomar en cuenta el número de trabajadores en sus empresas, están incluidos en la sección de acoso sexual dispuesta por FEHA. En general, los empleadores son responsables por los actos de acoso cometidos por sus supervisores o agentes. Los acosadores, incluyendo el personal de supervisión o personal sin responsabilidades de supervisión, pueden exponerse a que se les haga responsables por el acoso a un trabajador(a) o compañero(a) de trabajo o por ayudar e incitar en un acto de acoso sexual.

Además, la ley dispone que los empleadores adopten "todas las medidas necesarias para prevenir que ocurra el acoso sexual." Si un empleador no ha cumplido con aplicar estas medidas preventivas, se le puede hacer responsable por el acto de acoso. Asimismo, una víctima podría tener el derecho de que se le compense por los daños contra su persona, aunque no se le haya negado una oportunidad de trabajo y aunque la víctima no haya sufrido ninguna pérdida en sus ingresos o beneficios.

Además, si un empleador sabe o debería haber sabido que una persona que no pertenece al personal de su empresa ha acosado sexualmente a un trabajador, un postulante a un empleo, o a un individuo que proporciona servicios a su empresa, y dicho empleador no cumple con tomar una medida correctiva adecuada e inmediata, se le podría hacer responsable por el acto de acoso sexual.

Un empleador podría evitar la responsabilidad civil en el caso que:

NOTICES TO POST

Employers are required to have posted in an area accessible and conspicuous to all employees the notices outlined in the following listing. The notices are required by both state and federal regulations.

You may obtain copies of these required notices from the local offices of the state and federal government. However, please do not rely on any advice or information which anyone at these various agencies provide to you concerning compliance with laws and regulations without also obtaining the advice of a labor attorney. The information provided by these agencies may not be accurate legal advice.

1. California Industrial Welfare Commission Orders 1 through 17 to be updated each time there is a revision or on January 1st of each new year;
2. Federal minimum wage and maximum hours [U.S. Department of Labor];
3. California minimum wage [Division of Labor Standards Enforcement];
4. California Department of Fair Employment and Housing Notice entitled "Discrimination in Employment is Prohibited by Law" [Department of Fair Employment and Housing];
5. Federal Equal Employment Opportunity Commission Notice [Equal Employment Opportunity Commission];
6. The Federal Age Discrimination in Employment Notice [Equal Employment Opportunity Commission];
7. Each employer must post a notice of the regular payday and the time and place of payment. [Division of Labor Standards and Enforcement];
8. Every employer is required to post a notice identifying the current workers' compensation insurance carrier or other entity that is responsible for claims adjustment. [Obtain from your workers' compensation insurance carrier];
9. Each employer must post in a conspicuous place the following pursuant to California Administrative Code Section 9883:

"Your employer or its insurance carrier may not be liable for the payment of Workers' Compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social or athletic activity which is not part of the employee's work related duties."

10. Each employer must post California notices concerning unemployment insurance and disability insurance (Form DE1857A Rev. 28) and advise employees of their rights by distributing a pamphlet entitled "Disability Insurance Provisions" (Form DE2515). [California Employment Development Department--check phone book for local office];
11. Each employer must post at least ten (10) days before a statewide election a notice regarding time off for voting;
12. Each employer must post the notice regarding the Employee Polygraph Protection Act issued by the Wage and Hour Division of the United States Department of Labor [U.S. Department of Labor];
13. Every employer must post the notice entitled, "Safety and Health Protection on the Job." [U.S. Department of Labor];
14. The State of California requires employers to post warning notices pursuant to Proposition 65 and the Health and Safety Code whenever a business "exposes" someone to chemicals known to cause cancer or reproductive harm. [California Health and Safety Code];
15. Each employer must post the notice concerning the Americans with Disabilities Act (ADA). [Equal Employment Opportunity Commission];
16. Each employer must post the amended poster prepared by the Department of Fair Employment and Housing which provides information relating to the illegality of sexual harassment. [Department of Fair Employment and Housing];
17. Each employer must post the notice entitled, "Whistle Blower Rights and Responsibilities." [California Labor Code Section 1102.5];
18. Each employer must post the notice regarding the California Paid Family Leave Act (Notice effective 7/1/04). [Employment Development Department];
19. Emergency phone numbers [Title 8, California Code of Regulations, Construction Safety Orders section 1512];
20. No smoking signage [Labor Code Section 6404.5(c)(1).
21. Log and summary of occupational injuries and illnesses [Title 8, California Code of Regulations, Division of Labor Statistics and Research Sections 14300 et seq.];
22. California pregnancy disability leave, DFEH notice A;
23. Federal and state family and medical leave, CFRA DFEH notice B and FMLA U.S. Department of Labor form WH 1420.

PLEASE SEE CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS WEB SITE AT WWW.DIR.CA.GOV/WP TO ORDER MOST OF THE ABOVE NOTICES ON LINE, E-MAIL OR FAX.

U.S. DEPARTMENT OF LABOR (818) 240-5274
300 So. Glendale Avenue, Suite 400
Glendale, California 91205

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT & HOUSING (213) 439-6799
611 West Sixth Street, Suite 1500
Los Angeles, California 90017

DIVISION OF LABOR STANDARDS ENFORCEMENT (213) 620-6330
320 West Fourth Street, Suite 450
Los Angeles, California 90013

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (213) 894-1000
Roybal Federal Building
255 East Temple Street, 14th Floor
Los Angeles, California 90012

CALIFORNIA CHAMBER OF COMMERCE (800) 331-8877
May be of assistance in obtaining some of the
above notices.

NEW HIRE CHECKLIST

The following items must be signed and contained in every new hire employee packet. If a document does not apply, please write N/A. Please initial that the document has been presented to the employee and signed.

Employment Application (completed, dated and signed by applicant)	(Optional)	_____
Labor Code Section 2810.5 for New Hires	(Mandatory)	_____
Post-Hire Employee Data Sheet	(Optional)	_____
Federal Form W-4 - Employee Withholding Allowance	(Mandatory)	_____
California State Form DE-4 Employees Withholding Allowance Certificate	(Mandatory)	_____
I-9 Form - (completed by applicant and company representative)	(Mandatory)	_____
Voluntary Information Form	(Optional)	_____
Authorization to obtain Investigative Report	(Optional)	_____
Notification of Request for Investigative Consumer Report	(Optional)	_____
Workers' Compensation Benefits Statement and Physician Election Form (English and Spanish/Acknowledgment)	(Mandatory)	_____
MPN Implementation Notice (Form 3841)	(Mandatory)	_____
State Disability Insurance Booklet-DE2515 (English/Spanish)	(Mandatory)	_____
EDD For Your Benefit Booklet-DE2320	(Mandatory)	_____
Family Care and Medical Leave and Pregnancy Disability Leave Notice (State)	(Optional)	_____
Family and Medical Leave Act of 1993 (Federal)	(Optional)	_____
California Paid Family Leave-DE2511 (English and Spanish)	(Mandatory)	_____
Department of Fair Employment and Housing Sexual Harassment Pamphlet (English and Spanish)	(Mandatory)	_____
Company's Sexual Harassment Policy with Acknowledgment	(Mandatory)	_____
Company's Drug and Alcohol Policy with Acknowledgment	(Optional)	_____
Employee Handbook	(Optional)	_____
Employee Handbook Acknowledgment of Receipt	(Optional)	_____
Insurance Premium Authorization	(Optional)	_____
Unearned Vacation Agreement	(Optional)	_____
Supplies/Uniform Cost Authorization	(Optional)	_____
Acknowledgment of Receipt of Mandatory Documents	(Optional)	_____

Date: _____ By: _____
Supervisor's Signature

Date: _____ By: _____
Employee Signature

EMPLOYMENT APPLICATION

GENERAL DATA

Last Name		First Name		Middle Name	
Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please specify for purposes of a reference check:					
Present Address		Number	Street	City	State Zip Code
Years at Above Address			Home Telephone Number ()		
Position Applying For					Date of Application
Full Time or Part Time			Shift or Hours Preferred		
Drivers License Number (if applicable)			Expiration Date		

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative of your household? ☐ Yes ☐ No

PERSONAL DATA

Person to notify in case of an Emergency:		Name	Home Telephone Number ()		
Present Address	Number	Street	City	State	Zip Code
<i>How did you learn of this job opening?</i> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
List membership in professional organizations which you feel would enhance your application. You may exclude any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members. _____ _____					

If under 18 years of age, can you after employment, submit a work permit? ☐ N/A ☐ Yes ☐ No

Have you ever been convicted of a crime (felony or misdemeanor) OTHER THAN (1) a marijuana-related conviction that occurred more than two years ago; and (2) an offense for which you were referred to, and participated in, any pre-trial or post-trial diversion program? ☐ Yes ☐ No

If yes, please state the date of conviction, the county and state, and the nature of the offense.

NOTE: An affirmative response to this question will not result in your automatic disqualification for employment.

SKILLS

Typing Speed (wpm):	Shorthand (wpm):
Machines Operated:	
Other Training/Skills (include bilingual ability if relevant to the position for which you are applying):	
Branch of Military Service:	State Dates: From To
State relative skills acquired during military service:	

PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License Number:	Expiration Date:	Type of License:	State:
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Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? ☐ Yes ☐ No

If "Yes," please explain: _____

EDUCATION

	HIGH SCHOOL	COLLEGE	TRADE, PROFESSIONAL SCHOOL OR OTHER
Name			
Address			
Number of Years			
Course or Major			
Diploma/Degree			

WORK EXPERIENCE

Last/Present Employer	Length of Service (Dates)		Duties Performed
Address	Start	Leave	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	Starting	Final	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	Start	Leave	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your Job Title	Starting	Final	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	Start	Leave	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate/Salary		
Your job Title	Starting	Final	
Reason For Leaving			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			

APPLICANT'S STATEMENT

I hereby certify that I have been informed of the duties, the hours and days of work of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, if I receive a job offer may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at-will," that I may resign at any time and the Company may terminate my employment at any time, with or without cause, and with or without notice, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by the President of the Company.

By:

Signature of Applicant

Date

FOR COMPANY USE ONLY

Interviewed: ☐ Yes ☐ No

Remarks: _____

Employed: ☐ Yes ☐ No

Starting Date: _____

Job Title: _____

Salary: _____

Dept: _____

By:

Name and Title

Date

(Revised 11-16-07)

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: _____

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): ☐ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission

☐ Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) ☐ Yes ☐ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☐ Yes ☐ No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: _____

WORKERS' COMPENSATION

Insurance Carrier's Name: _____

Address: _____

Telephone Number: _____

Policy No.: _____

☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

ACKNOWLEDGMENT OF RECEIPT (Optional)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgment of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

**Form I-9, Employment
Eligibility Verification**Department of Homeland Security
U.S. Citizenship and Immigration Services**Instructions****Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

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

When Should Form I-9 Be Used?

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

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

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

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

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

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

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

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

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

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

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

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

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

Privacy Act Notice

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

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

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

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

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

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

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

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

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

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

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

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

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

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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

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

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

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

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

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

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

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

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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	
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

MEAL AND REST PERIOD POLICY

Employees that are scheduled to work more than five (5) hours must take a thirty (30) minute uninterrupted meal period, off the clock, no later than the end of the fifth hour of work. Employees are entitled to be relieved of all their duties and free to take care of personal matters during that time. Employees that have a six (6) hour shift may voluntarily waive the meal period if they execute a Six Hour Shift Waiver Form. Please see the Human Resource Department.

The Company provides a paid ten (10) minute rest period for every four (4) hours of work or major fraction thereof. An employee who works between three and a half (3 1/2) to six (6) hours is entitled to one (1) ten minute break, an employee who works over six (6) hours is entitled to a second ten minute break. An employee that works less than three and a half (3 1/2) hours is not entitled to receive a paid ten (10) minute rest period. Please check with your supervisor for the appropriate time to take meal and rest breaks.

Meal periods and rest periods may not be waived to leave early nor may they be consolidated for a longer break or meal period.

It is against Company policy for any employee to perform work during meal or rest periods. It is against Company policy to return to work before the end of a 30 minute meal period or ten minute rest break. It is also against Company policy for employees to work "off the clock," that is, perform work without recording it as time worked on their timesheets.

Employees working more than ten (10) hours are entitled to a second meal period before end of the tenth hour of work, unless the employee voluntarily executes a Twelve Hour Shift Waiver Agreement and has taken the first meal period.

The undersigned acknowledges that he or she has read and understands the foregoing Meal and Rest Period Policy.

Employee Signature

Date

Full Name:
Address:
Phone No.:

Phone No.:

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